

## **Bundle Finance and Performance OPEN 16 July 2024**

### Agenda attachments

- ITEM 00 Agenda PDF
- 0 09:30 – OPENING ITEMS
- 1 Chair’s welcome, apologies, and confirmation of quorum
- 2 Board Member Register of Interests  
*Board Member Register of Interests*
- 3 Minutes of last meeting  
ITEM 03 2024-05-14 Draft OPEN F and P Minutes
- 4 Action log and matters arising  
ITEM 04.1 Action Log
- 4.1 ITEMS FOR APPROVAL, ASSURANCE AND DISCUSSION
- 5 09:35 – Operations Quarterly Report  
ITEM 05 Quarterly Review Q1 – July 2024 FINAL
- 6 09:45 – Financial Position for Month 3 24/25 – Presentation
- 7 10:05 – Monthly Integrated Quality Performance Report inc. Annual Review of Metrics  
ITEM 07 MIQPR SBAR FPC May June 2024  
ITEM 07.1 Annex 1 MIQPR FPC May June 2024
- 8 10:20 – Digital Reporting  
ITEM 08 Digital Reporting July 2024 – Cover Paper  
ITEM 08.1 Digital Reporting July 24\_ Open FPC
- 9 10:30 – Integrated Medium Term Plan (IMTP) 24/25 Delivery & Assurance Approach and Q1 Delivery & Assurance Update  
ITEM 09 240716 – Executive Summary – IMTP Delivery & Assurance Report  
ITEM 09.1 Appendix 1 – 240708 – IMTP Delivery & Assurance Report  
ITEM 09.2 Appendix 3 – Delivery & Assurance Status Definitions
- 9.1 10:55 – COMFORT BREAK
- 10 11:10 – Digital Plan Refresh 2024-2029  
ITEM 10 Digital Plan Refresh – 2024 – FPC  
ITEM 10.1 Appendix 1 – DRAFT Digital Plan 2024-29 v8  
ITEM 10.2 Appendix 2 – Digital Pillars 2024-29  
ITEM 10.3 Appendix 3 – DRAFT Integrated Equality Impact Assessment – Digital Plan 2024-29
- 11 11:25 – Information Governance Report  
ITEM 11 Information Governance Reporting July 2024 – Exec Summary for FPC  
ITEM 11.1 Appendix – IG Toolkit Improvement Action Plan v2 – FPC July 2024
- 12 11:35 – Annual Emergency Planning and Resilience Reports:  
*Item 12: Business Continuity Annual Report 2023/24*  
*Item 12.1: Annual Emergency Planning Report (incl. self-assessment against WG Framework)*  
*Item 12.2 WAST Incident Response Plan (IRP) v2.1*  
ITEM 12 WAST Business Continuity Annual Report 2023-24 FINAL FILE REPLACED  
ITEM 12.1 FP Committee report – NHS Emergency Planning Annual Report for WG July 24  
ITEM 12.1a 2023 – 24 Annual Report June 2024 FINAL\_jk signed  
ITEM 12.2 FP Committee report – IRP v2.1 July 24  
ITEM 12.2a WAST Incident Response Plan 2.1 – Partner Agency version
- 13 12:00 – Risk Management and Board Assurance Framework Report  
ITEM 13 Executive Summary Risk Management Report FPC 160724
- 13.1 CONSENT ITEMS  
*The items that follow are for information only. Should a member wish to discuss any of these items they are requested to notify the Chair so that time may be allocated to do so.*
- 14 Committee Highlight Report – 14 May 2024  
ITEM 14 Finance and Performance Committee Highlight Report May 2024
- 15 Cycle of Business Monitoring Report and Committee Priorities  
ITEM 15 Finance and Performance Committee Priorities and Cycle Monitoring Report

ITEM 15.1

ITEM 15.1a

16 Committee Annual Return 23/24 and ToR 24/25

ITEM 16 Finance and Performance Committee Annual Report 2023–24

ITEM 16.1 Finance and Performance Committee Terms of Reference 2024–25 – Approved by Trust Board 30052024

16.1 12:10 – CLOSING ITEMS

17 Reflections and Summary of Decisions/Actions

18 Any Other Business

19 Date and Time of Next Meeting 17 September 2024 – 09:30

| Length of Meeting:                                                                                                                                                                                 | 02:50         | Agenda Status: | [OPEN] FINANCE AND PERFORMANCE COMMITTEE - 16 JULY 2024                                                                                                                                                               |              |                    |                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------|-------------------|
| Time                                                                                                                                                                                               | Mins allotted | Agendum        | Title                                                                                                                                                                                                                 | Format       | Item for           | Item presented by |
| OPENING ITEMS                                                                                                                                                                                      |               |                |                                                                                                                                                                                                                       |              |                    |                   |
| 09:30                                                                                                                                                                                              | 00:05         | 1              | Chair's Welcome, Apols and Quorum                                                                                                                                                                                     | Verbal       | Information        | Chair             |
|                                                                                                                                                                                                    |               | 2              | Declarations of Interest                                                                                                                                                                                              | Verbal       | To State Conflicts | Chair             |
|                                                                                                                                                                                                    |               | 3              | Minutes of the Last Meeting: 14 May 2024                                                                                                                                                                              | Paper        | Approval           | Chair             |
|                                                                                                                                                                                                    |               | 4              | Action Log & Matters Arising                                                                                                                                                                                          | Paper        | Discussion         | Chair             |
| 09:35                                                                                                                                                                                              | 00:10         | 5              | Ops Report Q1 24/25                                                                                                                                                                                                   | Paper        | Information        | Lee Brooks        |
| FOR APPROVAL, ASSURANCE AND DISCUSSION                                                                                                                                                             |               |                |                                                                                                                                                                                                                       |              |                    |                   |
| 09:45                                                                                                                                                                                              | 00:20         | 6              | Financial Position for Month 3 24/25 [PPT]                                                                                                                                                                            | Presentation | Assurance          | Chris Turley      |
| 10:05                                                                                                                                                                                              | 00:15         | 7              | Monthly Integrated Quality Performance Report inc. Annual Review of Metrics                                                                                                                                           | Paper        | Assurance          | Rachel Marsh      |
| 10:20                                                                                                                                                                                              | 00:10         | 8              | Digital Reporting                                                                                                                                                                                                     | Paper        | Assurance          | Jonny Sammut      |
| 10:30                                                                                                                                                                                              | 00:25         | 9              | IMTP Delivery/Assurance - Progress Update                                                                                                                                                                             | Paper        | Assurance          | Rachel Marsh      |
| 10:55                                                                                                                                                                                              | 00:15         | COMFORT BREAK  |                                                                                                                                                                                                                       |              |                    |                   |
| 11:10                                                                                                                                                                                              | 00:15         | 10             | Digital Plan 2024-2029 - External Document for Board approval (Including EqIA)                                                                                                                                        | Paper        | Endorsement        | Jonny Sammut      |
| 11:25                                                                                                                                                                                              | 00:10         | 11             | Information Governance Reporting                                                                                                                                                                                      | Paper        | Assurance          | Jonny Sammut      |
| 11:35                                                                                                                                                                                              | 00:25         | 12             | Annual Emergency Planning and Resilience Reports:<br>12 Business Continuity Annual Report 2023/24<br>12.1 Annual Emergency Planning Report (inc. self-assessment against WG Framework)<br>12.2 Incident Response Plan | Paper        | Assurance          | Lee Brooks        |
| 12:00                                                                                                                                                                                              | 00:10         | 13             | Risk Management and Board Assurance Framework Report                                                                                                                                                                  | Paper        | Assurance          | Julie Boalch      |
| CONSENT ITEMS<br>The items that follow are for information only. Should a member wish to discuss any of these items they are requested to notify the Chair so that time may be allocated to do so. |               |                |                                                                                                                                                                                                                       |              |                    |                   |
| 12:10                                                                                                                                                                                              | 00:00         | 14             | Committee Highlight Report - 14 May 2024                                                                                                                                                                              | Paper        | Assurance          | Trish Mills       |
| 12:10                                                                                                                                                                                              | 00:00         | 15             | Cycle of Business Monitoring Report and Committee Priorities                                                                                                                                                          | Paper        | Assurance          | Trish Mills       |
| 12:10                                                                                                                                                                                              | 00:00         | 16             | Committee Annual Return 23/24 and ToR 24/25                                                                                                                                                                           | Paper        | Information        | Trish Mills       |
| CLOSING ITEMS                                                                                                                                                                                      |               |                |                                                                                                                                                                                                                       |              |                    |                   |
| 12:10                                                                                                                                                                                              | 00:10         | 17             | Reflections and Summary of Decisions/Actions                                                                                                                                                                          | Verbal       | Discussion         | Chair             |
|                                                                                                                                                                                                    |               | 18             | Any Other Business                                                                                                                                                                                                    | Verbal       | Discussion         | Chair             |
|                                                                                                                                                                                                    |               | 19             | Date & Time of the Next Meeting: 17 September 2024                                                                                                                                                                    | Verbal       | Information        | Chair             |
| 12:20                                                                                                                                                                                              | 02:50         | CLOSE          |                                                                                                                                                                                                                       |              |                    |                   |

LEAD PRESENTERS

| Name          | Position                                                 |
|---------------|----------------------------------------------------------|
| Julie Boalch  | Head of Risk/Deputy Board Secretary                      |
| Lee Brooks    | Executive Director of Operations                         |
| Rachel Marsh  | Executive Director of Strategy, Planning and Performance |
| Trish Mills   | Director of Corporate Governance/Board Secretary         |
| Joga Singh    | Chair and Non-Executive Director                         |
| Jonny Sammut  | Director of Digital Services                             |
| Andy Swinburn | Executive Director of Paramedicine                       |
| Chris Turley  | Executive Director of Finance and Corporate Resources    |

## UNCONFIRMED MINUTES OF THE MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE (OPEN SESSION) HELD ON 14 MAY 2024 VIA TEAMS

**Meeting started at 09:30**

### PRESENT:

|                        |                                               |
|------------------------|-----------------------------------------------|
| Joga Singh             | Non-Executive Director and Chair of Committee |
| Peter Curran           | Non-Executive Director                        |
| Professor Kevin Davies | Non-Executive Director                        |

### IN ATTENDANCE:

|              |                                                       |
|--------------|-------------------------------------------------------|
| Hugh Bennett | Assistant Director Commissioning and Performance      |
| Julie Boalch | Head of Risk/Deputy Board Secretary                   |
| Lee Brooks   | Executive Director of Operations                      |
| Fflur Jones  | Audit Wales                                           |
| Angela Lewis | Director of People and Culture                        |
| Osian Lloyd  | Head of Internal Audit                                |
| Steve Owen   | Corporate Governance Officer                          |
| Hugh Parry   | Trade Union Partner (Joined meeting during 37/24)     |
| Alex Payne   | Corporate Governance Manager                          |
| Jonny Sammut | Director of Digital Services                          |
| Chris Turley | Executive Director of Finance and Corporate Resources |

### Apologies

|               |                                                          |
|---------------|----------------------------------------------------------|
| Bethan Evans  | Non-Executive Director                                   |
| Rachel Marsh  | Executive Director of Strategy, Planning and Performance |
| Trish Mills   | Director of Corporate Governance/Board Secretary         |
| Damon Turner  | Trade Union Partner                                      |
| Liam Williams | Executive Director of Quality and Nursing                |

## 33/24 PROCEDURAL MATTERS

The Chair welcomed all to the meeting and reminded attendees that the meeting was being audio recorded. Members noted that any declarations of interest were contained within the Trust's Register of Interests. There were some minor changes being made to the register which were being addressed, but they did not conflict with today's meeting.



## Minutes

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

## Action Log

Minute 24/24: Strategic Demand and Capacity review. *A verbal update would be provided to the Committee on the status of the report.* The Demand and Capacity review is now complete, and the insights gained are being utilised to inform the Integrated Medium Term Plan (IMTP) for this year. However, it is not appropriate at this stage to discuss specific numbers, as they need to be socialised with Welsh Government, Commissioners, and possibly with Board members informally. The full report is on target to be presented to the Committee in July and then to the next Board meeting. Action Closed.

## RESOLVED: The

- (1) **Minutes of the meeting held on 19 March 2024 were confirmed as a correct record; and**
- (2) **The Action log was considered and updated as described.**

## 34/24 OPERATIONS QUARTERLY UPDATE – QUARTER ONE 2024/25

Lee Brooks updated the Committee on the following points:

The team has made significant progress in developing the Trust's response to the Manchester Arena Inquiry recommendations. It was anticipated that the outputs of this work will be presented in closed session at the next meeting. Prior to that there will be a session during the next Board Development Day to familiarise colleagues with the content. There will be further formal engagement with Commissioners and Welsh Government on the report.

The Accredited Centre of Excellence (ACE) accreditation as a Centre of Excellence for MPDS (Medical Priority Dispatch System) has faced some challenges recently. Unfortunately, the Trust dropped below the minimum standards required to maintain its Centre of Excellence status. However, there is a remediation period in place consisting of two blocks of three months, within which the Trust needs to demonstrate a return to the accreditation standards.

Encouragingly, the Trust has already met the required standards for April. If this level of performance can be maintained for the next two months, then the Trust will be on target to be removed from remediation status and return to accredited standards. The training and call handling teams have been working diligently to achieve this, and their efforts have shown positive results.

Moving forward, the Trust must ensure that it not only meets but exceeds these standards consistently, thereby putting more distance between our performance and the 7% standards mark.

The Trust has now progressed to the next stage of the relief planning pilot, which has been a collaborative effort with Trade Unions to provide staff with more notice of their relief shifts and was a promising development. Additionally, an agreement has been reached that, in some cases, it may be necessary to plan annual leave for individuals who haven't proactively booked it. This will be integrated into the six-week notice period for relief shifts. This arrangement aims to provide better planning and stability for relief workers and call handlers. This initiative has been encouraging, showcasing effective partnership work, the goal is for this system to become a permanent fixture, benefiting both staff and operational planning.

Recruitment has been a topic of conversation for a while, recognising that retention is challenging for 999 call handlers. However, the Trust are currently over-established in this area, which is a positive development. This over-establishment provides a buffer and some relief for our existing Emergency Medical Dispatchers (EMDs). The recruitment pipeline and timeline for this year has been reviewed and there is optimism that the Trust can maintain a positive position regarding 999 call handlers. This will help with managing workload and reduce stress on our people, contributing to better retention and overall service quality.

The Organisational Change Process (OCP) for the new structure in Emergency Medical Services Coordination (EMSC) has been launched recently. This process leverages additional investment to expand management and support functions. It also involves significant changes, such as the implementation of a single allocator model and adjustments to service boundaries. These changes are considerable for EMSC staff, and gratitude was extended to Trade Union colleagues for their support and collaboration throughout this transition.

The financial savings plan has progressed well. Building on the successes and lessons learned from last year's approach, particularly with the deployment of overtime controls, the Trust has implemented these strategies much earlier this year. As a result, the Directorate is reporting a good financial position as of month one. The overall savings, not just limited to overtime, are favourable and puts the Trust on a positive trajectory for the remainder of the year.

111 has been exceptionally busy, and when comparing current demand to previous periods, it is evident that activity has significantly increased. This trend underscores the necessity of Demand and Capacity (D&C) modelling for 111 in the IMTP this year to accurately determine the establishment requirements for servicing 111 activity. Based on the current establishment it is a challenge to accommodate the extreme peaks in demand, particularly during weekends and bank holidays. The D&C modelling is crucial for the Trust to understand and plan for the necessary staffing levels to effectively manage these peaks. Without this modelling, the ability to service the peaks of activity will remain constrained, highlighting the urgent need for a more flexible and adequately resourced establishment.

The replacement of the CAS system was a significant milestone, and the successful go live of the project was a monumental achievement for all involved. As a result of the system transition, there have been some performance challenges, particularly in terms of call handling times. On average, call handling times have extended by approximately two minutes per call. Coupled with the increased activity during bank holiday weekends, some callers have experienced longer wait times before their calls are answered; however, this was expected and will even out.

#### Comments

Members welcomed the update and were pleased to see that the Trust was ahead in addressing accreditation issues with the Academy and that they have already been provided with our improvement plan.

The Committee recognised that the 111 service plays a crucial role in the healthcare system, often serving as the first point of contact for individuals seeking medical advice and assistance. Its importance is comparable to that of responding to 999 calls, especially considering its role in providing non-emergency medical assistance and directing patients to appropriate care pathways.

Lee Brooks added that the update report serves as a complementary piece to the existing data and reports presented to Committee, offering insights and perspectives that might not be captured elsewhere. This comprehensive approach ensures that the Committee has a well-rounded understanding of performance and risk across the directorate.

Following a query on staff booking leave, Lee Brooks advised there was a focus on ensuring proactive booking of annual leave to facilitate effective planning of relief shifts and avoid gaps in staffing.

In terms of vacancies, Lee Brooks added that the process for monitoring vacancies and their impact on overtime allocation is in place. Given that not all allocated overtime funds are spent, and considering the close monitoring of vacancies, he commented it was reasonable to suggest that there is no adverse impact on patient care due to the approach to overtime controls.

**RESOLVED: The update was noted.**

#### **35/24 INTEGRATED MEDIUM TERM PLAN (IMTP) END OF YEAR POSITION 2023/24 AND FORWARD ASSURANCE PLAN FOR 2024/25**

Hugh Bennett advised the Committee that the Trust has been proactive in submitting the IMTP for the current financial year and is awaiting Welsh Government approval. Routine monitoring and a favourable structured assessment from auditors indicate a strong performance management and planning framework. However, there are still challenges, such as handover delays and several work streams being off track. The three areas in the

IMTP that require attention and resolution to maintain the Trust's ambitious goals and track record of delivery were:

1. NET Centre re-roster, as current funding does not provide a new roster within current operating hours. This rolls over to the new financial year and has been raised with commissioners.
2. Work to increase consult and close rates remains at 14% and did not achieve 17% by Year End. This will be a key focus of our work in 2024/25 on a future clinical service model set out in the IMTP 2024-27.
3. Independent prescribing, due to the lack of supervisory support for TAPPs and APPs, as the APP Clinical Supervision infrastructure remains amber but features as a priority in next year's IMTP

The appendices provide a comprehensive breakdown of RAG ratings across all programs and enablers, offering detailed insights into the status of each initiative. Additionally, they outline the proposed arrangements moving forward and highlight the deliverables expected for Q1.

#### Comments:

The Committee noted that the current balance of Red, Amber, and Green ratings across the Trust's initiatives suggests a mixed state of progress. While some areas may be performing well (Green), others may be facing challenges or risks (Amber or Red). It's important to assess the reasons behind each rating and whether they align with expectations and objectives. Significant numbers of Red or Amber ratings may indicate areas needing urgent attention or intervention, while an overall majority of Green ratings could signal effective performance and progress. Overall, it appears that the Trust has made substantial progress and is on a positive trajectory.

Members were keen to understand and sought more clarity on the reference within the report to the Trust's inability to draw down previously secured funding for apprenticeship provision. Angie Lewis explained the challenge with accessing this for apprenticeship provision was primarily due to a lower than expected number of individuals ready to participate in the schemes during the year. While this presented a challenge for the Trust in the short term, it is not indicative of a broader recruitment issue or a long-term barrier to accessing external funding for apprenticeship programs in the future.

Chris Turley reassured the Committee that while there may have been a shortfall in the number of participants compared to expectations, that the Trust still received the income needed to support the apprenticeship programs.

**RESOLVED: That the Finance & Performance Committee noted the overall delivery of the IMTP and noted the approach to IMTP delivery and assurance as set out in the report**

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

1. The average turnaround for non-trivial data requests spiked at 37 days due to the “operational pause and improve” work to focus on the 111 Clinical Assessment Software (CAS) replacement.
2. A high level of records requests received show an increase of 45% on 2021/23 and 2022/23.
3. Full year system availability metrics will be available for the July meeting.
4. The 111 CAS system replacement went live successfully as planned on 30 April.
5. The Data Linkage project continues to progress focusing on the Out-of-Hospital Cardiac Arrest dataset. A join controller agreement is in development with Digital Health and Care Wales (DHCW) and the Trust to meet the Information Governance requirements.
6. The 111 Website project is underway with a strategy report supporting the development of a longer term business case for this service.
7. The QPMF reporting project has increased to a 100% compliance on 75% reported in the last period with version 1 of the MIQPR successfully delivered.
8. The Digital Experience and Digital Champions initiatives have not progressed at pace, yet supporting activities such as automation of processes, engagement with colleagues internally and digital suppliers are underway which will support the delivery of the People & Culture plan in the coming years.
9. The Mobile Data Vehicle Solutions installation project has been concluded and plans are in place for the project wrap up. The Non Emergency Patient Transport Service vehicle installs have commenced and on target for June 2024 completion. Operational teams are engaging staff to complete training and the dashboard is published on Siren.

Comments:

The Committee commented that it was concerning to see that nearly 50% of staff have not completed the training and were keen to understand the reasons behind this which could be due to various factors such as workload demands, lack of awareness, or other issues. It was requested that this information be available for discussion at the next meeting.

**RESOLVED: The Committee noted the contents of the accompanying report and the trends in metrics presented.**

Jonny Sammut presented the Committee with a refreshed long-term Digital Plan for the Trust, outlining the structure and objectives of the Digital Directorate. The directorate comprises 72.4 WTE (whole-time equivalents) across three core operations, encompassing various technical and non-technical functions. A review of existing WTE and current demand indicated that without further intervention, the function would not have been in a position to facilitate the day to day workload or progress necessary improvements in the digital offer. It was noted that there is an approximate Business-As-Usual resource shortfall of 9.0 WTE.

Global industry benchmarks suggest that investment in digital transformation ranges from 3% to 10% of total revenue across sectors. In the case of WAST, the revenue allocation for the Digital Directorate last financial year was £3,529,759, representing 1.2% of WAST's total revenue (approximately £290 million).

The refreshed digital plan is designed to align with the IMTP, Welsh Government directives, and NHS Wales urgent care strategy. It focuses on regulatory compliance, enhancing patient outcomes, and optimising resources. This strategic evolution underscores the Trust's commitment to innovation and excellence, ensuring that its digital infrastructure not only meets current healthcare needs but also remains agile enough to embrace future technological advancements, ultimately improving health outcomes for the communities served.

In the refreshed plan the Trust has adopted the VMOST (Vision, Mission, Objectives, Strategies, Tactics) framework, which ensures strategic alignment across all levels. The plan sets a clear vision as the guiding star for digital transformation, aimed at empowering the Trust with innovative technology to enhance healthcare standards.

This approach is supported by five key pillars:

1. Everyday Essentials: Ensuring the reliable operation of digital systems and infrastructure necessary for day-to-day ambulance service operations.
2. Security, Safety & Cyber: Prioritising the security and safety of digital systems and data against cyber threats and ensuring compliance with relevant regulations.
3. Digital Pioneers: Fostering a culture of innovation and technological advancement within the organisation, encouraging experimentation and exploration of new digital solutions.
4. Transformation: Driving significant changes in workflows, processes, and service delivery through digital technologies to improve efficiency and effectiveness.
5. Data, Information, and Insight: Leveraging data and analytics to gain valuable insights into operations, patient care, and resource management, enabling data-driven decision-making and continuous improvement.

This comprehensive and balanced strategy aims to drive operational excellence, enhance security measures, foster innovation, and enable informed decision-making through the effective use of digital technologies and data.

To ensure strategic alignment and optimise investment, a structured prioritisation mechanism has been implemented. This mechanism aligns each project with strategic health frameworks and objectives, ensuring that every initiative contributes effectively to the healthcare goals of Wales.

To refresh the digital plan, a 'Digital Tranches' approach has been embraced, facilitating precise resource allocation and strategic investment sequencing. This approach enhances project tracking and return on investment (ROI), ensuring alignment with our objectives for a nimble and impactful digital evolution over the next 5-10 years.

Four options using the 'Digital Tranches' approach were presented to the Executive Leadership Team, The options for strategic sequencing were as follows:

**Option 1**

Address BAU gaps – no strategic growth.

Total Revenue Cost (£000s): 409

Total Capital Cost (£000s): £0

**Option 2 (Preferred)**

Address BAU gaps plus, Tranche 1.

Implement new functional areas: Transformation & CCIO

Total Revenue Cost (£000s): 1,376

Total Capital Cost (£000s): 194

**Option 3**

Address BAU gaps plus, Tranches 1 & 2.

Implement new functional areas: Transformation & CCIO

Total Revenue Cost (£000s): 2,416

Total Capital Cost (£000s): 1,121

**Option 4 (least preferred)**

Do nothing.

Total Revenue Cost (£000s): £0

Total Capital Cost (£000s): £0

Option 2 was selected as the preferred option as it struck a balance between operational integrity and digital growth, involving investments in both foundational enhancements and innovative projects.

If investment in the refresh of the Trust's digital plan were not agreed upon, several risks could arise:

1. Inadequate Digital Capabilities: The Trust may struggle to keep up with the necessary digital capabilities to meet both current and future healthcare demands.

2. Cybersecurity Vulnerabilities: Without the implementation of the updated plan, there could be increased exposure to cyber threats and data security breaches, jeopardising patient data and trust in the Trust's services.
3. Operational Inefficiencies: Lack of investment might lead to continued operational inefficiencies and the inability to streamline operations or leverage new technologies for better patient care.
4. Missed Synergies: The absence of a refreshed plan could lead to missed opportunities for synergy between the Trust's digital projects and the broader strategic objectives of NHS Wales.
5. Insufficient Workforce Development: Failure to invest in the digital refresh could result in a workforce that lacks the necessary digital literacy and skills to adapt to new technologies and processes.
6. Non-compliance with IMTP: The Trust risks non-compliance with the which could affect funding and regulatory standing. This includes commitments related to providing the right care and advice, being at the forefront of innovation & technology, enhancing accessibility of services, developing an agile workforce, and transforming information management.
7. Innovation Stagnation: Without a commitment to digital innovation, the Trust might fall behind in healthcare technology, missing out on advancements that could enhance patient care and staff workflows.
8. Resource Misallocation: A lack of strategic refresh may lead to continued misallocation of resources, not aligning with the most critical areas of need within the Trust.
9. Diminished Patient Experience: Without investment in the digital plan, the opportunity to enhance patient experiences through technology may be lost, potentially impacting patient satisfaction and outcomes.
10. Inefficiencies over time: The lack of investment may lead to higher costs, as outdated systems become more expensive to maintain and less effective.
11. Inadequate Response to Demographic Shifts: As the population ages, the Trust might not be equipped to handle the shift in healthcare needs without a modernised digital approach.
12. Loss of Talent: Without investment to attract and retain digital, data, and technology professionals, the Trust risks increased difficulty in recruiting talent to manage core requirements and services, particularly in regions where investment from the UK and Welsh Government is being directed to attract more technology businesses and talent.

#### Comments:

Chris Turley provided an outline of the revenue costs associated with the proposed option, breaking them down to a more granular level. While the specific figure of £1.376 million may not have been explicitly stated in previous documents, the Committee were reassured that it is accounted for in the overall financial plan and budget approved by the Board.

Members noted that attracting the right talent is crucial for the success of any initiative, especially one as transformative as the digital plan. Jonny Sammut added it was understandable to acknowledge the recruitment challenges in the digital market,



especially with its fluctuations. However, the Trust's ambitious IMTP, coupled with the significant digital investment, will serve as a compelling draw for potential candidates.

The Committee queried whether the intended investment for Option 2, and even Option 3, will be sufficient to achieve the desired outcomes, especially considering the current digital investment compared to industry benchmarks. While Option 3 might only take us to 2% of total revenue, there are still uncertainties about whether this level of investment will be enough to address the digital needs comprehensively.

Jonny Sammut commented that the investment allocated for Option 2 strikes a balance between addressing immediate needs, such as regulatory requirements in IG, and progressing exciting new initiatives.

Chris Turley further added there is a consensus that the investment in the digital plan represents a significant commitment for the Trust, perhaps the largest increase in spending in the digital space that has been seen in the past decade. However, it is also recognised that simply increasing the investment at this stage would not be the solution. There is a need to ensure that the Trust is ready to effectively utilise the investment, both in terms of the work program behind it and the ability to implement projects in a timely manner.

Given the complexity and scale of the investment, there is an understanding that there may be some slippage in the timeline for implementation, and adjustments may need to be made to priorities to ensure maximum value is derived from the investment.

The plan was discussed at length, and Members approved option 2 in the plan. Building on the current digital strategy they recognised that the plan prioritises a comprehensive, forward looking approach aligned to the Trust's commitment to serve the people of Wales. They further acknowledged the necessary investment in the plan to ensure that digital, cybersecurity, and operational vulnerabilities and inefficiencies are addressed, and that the Trust's digital innovation aligns to the strategic ambitions in the IMTP and long term strategy to meet the advancements in healthcare and the evolving complexities delivery.

Following a question in terms of training, Jonny Sammut stated that training and upskilling staff are essential components of any digital transformation initiative. It is not simply implementing new technologies but also ensuring that the workforce is equipped with the necessary skills to effectively use them. Moreover, providing comprehensive training demonstrates a commitment to employee development and can boost morale and job satisfaction. It also helps mitigate resistance to change and fosters a culture of continuous learning and improvement within the Trust.

The Chair advised that he had received endorsement and support for the strategy from the Trust Board Digital Champion Ceri Jackson.

#### **RESOLVED: The Committee**

- (1) Approved the digital pillars outlined in the 'digital vision and pillars' section, as a framework for this plan.**

- (2) **Acknowledged the investment option selected by the Executive Leadership Team and the digital tranche's recommendation provided in the 'recommendation' section.**
- (3) **Acknowledged the additional investment amount to the digital services budget for 2024/25 financial year.**
- (4) **Agreed a commitment to actively engage in discussions about horizon initiatives and the 'art of the possible'.**
- (5) **Supported the Digital Plan for onward review at Trust Board**

## **38/24 INFORMATION GOVERNANCE TOOLKIT**

Jonny Sammut provided a verbal update to the Committee:

The IG toolkit was submitted on March 28, and while the formal report is pending, preliminary findings indicate that out of 11 categories, three exceeded expectations: leadership and oversight, breach response and monitoring, and business continuity. Two areas met the minimum expectations: records of processing and lawful basis, and risks and Data Protection Impacts. However, there were six areas where the minimum expectations were not met: policies and procedures, training and awareness, individual rights, contract and information sharing, Freedom of Information and Environmental Information Regulations, and information security.

An improvement plan has been devised and signed off at the Information Governance Steering Group, which will be presented to the Committee for awareness and assurance.

Comments:

It was agreed that the improvement plan would be presented along with a Gantt chart at a future meeting.

**RESOLVED: The update was noted, and the Committee agreed that a report would be presented at the next meeting illustrating an improvement plan and a Gantt chart to show progress.**

## **39/24 COMMISSIONING INTENTIONS EMS AND NEPTS**

Hugh Bennett explained that the purpose of the update is to provide Committee with a short overview of the 2024/25 commissioning intentions process and how they feed into the Trust's planning cycle, in particular, the IMTP.

The Trust's three main patient pathways (111, 999 and Ambulance Care) are commissioned services and commissioning intentions are provided each year by Commissioners.

He explained there was a robust process in place for negotiating and responding to commissioning intentions, which involves input from across the Trust, including the Executive Leadership Team (ELT). Typically, these commissioning intentions are reviewed and approved at Commissioning Boards, and then reflected in the IMTP for approval at Trust Board. Given the establishment of the new Joint Commissioning Committee, there may be adjustments to this process, but the fundamental steps of negotiation, review, and approval remain intact. It is important to ensure that these commissioning intentions are clearly outlined in the IMTP, along with any associated challenges and opportunities, providing a comprehensive overview for consideration and approval at the Trust Board level.

Comments:

There was a discussion about what level of detail regarding commissioning intentions should be provided to the Committee. The consensus was that presenting the full set of commissioning intentions might be overwhelming and not necessarily what the Committee was seeking. Instead, the focus was on providing assurance that there is a robust process in place for managing commissioning intentions both from a planning perspective and in-year management. Therefore, the intention was to highlight this process through the IMTP, as well as through ongoing IMTP delivery reports throughout the year.

**RESOLVED: That the Committee considered whether the arrangements, as set out, give assurance that the commissioning intentions are being appropriately built into the planning of the Trust and are performance managed in year.**

#### **40/24 FINANCIAL POSITION FOR MONTH 12, 2023/24**

Chris Turley presented to the Committee the 2023/24 Financial Performance Report, as at Month 12 (March 2024) / year end.

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

- The Trust is reporting a small revenue surplus (£85k) as at M12, and which will be the basis for the draft accounts for the 2023/24 financial year (subject to audit).
- Capital expenditure is fully spent.
- In line with the financial plans that support the IMTP, gross savings of £6.546m have been achieved against a target of £6.000m.
- Public Sector Payment Policy is on track with performance, against a target of 95%, of 96.4% for the number, and 98.5% of the value of non NHS invoices paid within 30 days.

The Trust has submitted its draft accounts for 2023/24 to the Welsh Government and Audit Wales in line with the timetable.

Comments:

The Committee noted that there is a slight difference between the income being slightly down in one category while being up in another. Chris Turley explained this related to the previously reported in year change in commissioner funding, plus an overachievement on the savings elements on income generation which was over and above the core income received.

Committee sought clarity on the extent of the year end capital slippage for context and Chris Turley explained that, while it is not extensively detailed in the paper, the team has ensured there are comparisons with previous versions of the table and highlighted specific underspends, particularly on certain schemes like the vehicle replacement program and the Emergency Services Mobile Communications Programme (ESMCP). Any additional year end slippage amounts to around £15 to £20k, primarily related to one Environmental Financial Advisory Board (EFAB) scheme. This value has not been explicitly drawn out in the paper; however, is noted for transparency. Depending on VAT recoveries, it may be necessary to make a small adjustment needed in this year's capital program, which is likely to be no more than £20k.

**RESOLVED: The Committee**

- (1) Noted and gained assurance in relation to the Month 12 (and therefore draft 2023/24 year end) revenue and capital financial position and performance of the Trust as at 31<sup>st</sup> March 2024;**
- (2) Noted the delivery of the 2023/24 savings plan, and the context of this within the overall financial position of the Trust.**

**41/24 FINANCIAL POSITION MONTH 1**

Chris Turley advised that the month one position was a lighter touch reporting at this stage due to the timing of the meeting, plus limited reporting requirements from a WG perspective whilst focus remains on finalising the previous year's accounts. Although more detailed information will be provided to the Board at the end of May 2024, several highlights were provided as detailed below:

1. The month one reports will be submitted to Welsh Government at 12pm today, Tuesday 14th May 2024.
2. The cumulative year to date (at Month 1 end of April 2024) revenue financial position reported is an underspend against budget of £0.019m.
3. The Income and Expenditure forecast for 2024/25 is one of breakeven.
4. The Capital plan is being progressed and current planned expenditure of £21.672m is forecast to be fully spent by the end of the financial year (this now includes the recently confirmed c£12.828m of funding towards the 2024/25 Fleet BJC).
5. In line with the financial savings plans that support the IMTP, gross savings of £0.663m have been achieved against a year-to-date target of £0.569m.

6. Public Sector Payment Policy is on track with cumulative performance to month 1, against a target of 95%, of 97.3% for the number of non-NHS invoices paid within 30 days.

In terms of the financial performance by Directorate, most directorates remain in line with the budget plan for Month 01 2024/25; and there were some additional costs as per the IMTP which will be fed into delegated budgets, based on profiling of spend / actual spend incurred year to date.

The Month one key assumptions underpinning the year-to-date financial performance, remain broadly in line with that within the 31 March approved IMTP/Trust Board financial plan and set budget.

The total assessed risks being reported at Month one were presented and given it was only in month one and have a balanced IMTP the risks recorded are all categorised as low risk. However, these need to be captured and continually monitored. It was important to note that the funding for any pay award for the fiscal year 2024/25 is not captured in the current reporting, as it is expected to be funded independently according to government instructions. This aligns with past practices and has been consistently communicated in allocation letters and correspondence with Welsh Government.

The confirmed capital funding amounts to £21.672 million, with £5.455 million provided through discretionary capital funding and £16.217 million through All Wales Capital Funding which includes the fleet replacement program for 2024/25 (confirmed by the Welsh Government last week). It is important to note that the amount provided constitutes approximately 52.6% of the amount requested via the submitted Business Justification Case (BJC) for £24.388m.

#### Comments:

The Committee sought assurance that given the usual pressures of finalising the previous year's accounts and setting up new budgets, some routine monthly accounting activities, such as recharges and other adjustments, may face delays in month one. Chris Turley explained that most of the work related to management accounts and financial provisions is typically completed by the second or third week of April. This leaves an additional 2-3 weeks in April and the beginning of May to finalise any outstanding tasks. While the process may not be 100% complete by Month one, it is generally in the 90% range, with the remaining tasks often relating to less detailed submissions required by WG, such as certain capital tables. Overall, the headline figures and key financial data are robust and well-prepared for reporting.

Regarding the capital allocation the Committee asked if there were any immediate concerns in relation to the revenue consequences of the allocation. Chris Turley advised the Committee there were no immediate concerns at this stage, with the fleet funding having been confirmed now in line with that expected when the revenue budgets for 2024/25 were set. However this was an area which will need to be continually monitored, with likely additional revenue cost pressures in future years.

**RESOLVED: The Committee noted the financial position as at Month 1**

## **42/24 FINANCIAL SUSTAINABILITY PROGRAMME UPDATE**

Angela Lewis provided an update on the Financial Sustainability Programme (FSP) celebrating the overperformance of £546,000 against the planned total for the year. This accomplishment underscores the Trust's commitment to achieving efficiency and income generation, showcasing substantial progress in key schemes. Moreover, the targeted savings opportunities, earmarked at £6.4m, position the Trust strongly for the future and keep this at the forefront of the agenda.

Reflective learning has been a cornerstone of the approach, and valuable insights have been gleaned into what has worked well and where we can make improvements. Of note is the simplified process for the ease of submission that colleagues can put forward ideas and submit proposals. This includes a more user friendly interface and clear guidelines on how to participate.

There is a continuous reiteration of the importance of the program's objectives, including income generation and efficiency improvements, which is essential to keep everyone aligned and motivated.

Comments:

Members welcomed the report and congratulated the team on achieving the targets.

The Committee asked that consideration be given as to how the report is presented in future; to include details regarding the extrapolation of the efficiencies and savings differences and to be clear on the level of recurrent savings versus non-recurrent.

Members raised an important point about the balance between recurrent and non-recurrent savings, and the sustainability of cost-saving measures over time.

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

## **43/24 POLICIES FOR APPROVAL**

Julie Boalch advised the Committee that the suite of policies being presented today include the Purchase Card Policy, the Waste Management Policy and the Data Quality Policy and as Chair of the policy Group, gave assurance that the policies have successfully navigated the Trust's governance processes and have undergone an Equality Impact Assessment (EQIA) without any notable issues.

### **1. Purchase Card Policy**

Chris Turley commented that formalisation of this policy marks a positive step towards enhancing the Trust's procurement processes and governance. While the policy itself does not change the way purchase cards have traditionally been managed, it provides a structured framework that ensures their effective and secure use.

## 2. Waste Management Policy

Chris Turley commented that this policy has been a crucial development in response to a recommendation from a limited assurance Internal Audit Report on waste management. By finalising the recommendations from the internal audit report and incorporating recent legislative changes, the policy not only enhances regulatory compliance but also promotes operational efficiency, environmental sustainability, and health and safety. Approval and implementation of this policy will ensure that the Trust is well prepared to manage waste effectively and sustainably.

## 3. Data Quality Policy

Jonny Sammut commented that this policy addresses common pitfalls through the inclusion of industry standard dimensions of data quality and establishing strong links to key regulations. By integrating these elements into the digital plan and increasing resources for monitoring and adherence, the Trust is well positioned to maintain high data quality standards.

### Comments

The Committee approved the three policies as stated.

**RESOLVED: The Committee approved the Purchase Card Policy, the Waste Management Policy and the Data Quality Policy.**

44/24

## ENVIRONMENT, DECARBONISATION AND SUSTAINABILITY UPDATE

Chris Turley explained that the paper presented Members with an update on the work being undertaken in support of the Trust's Environmental, Decarbonisation and Sustainability work programme; and an update on the Decarbonisation Action Plan (DAP). Further information was provided in the following areas:

1. Decarbonisation Programme Board and other wider governance.
2. WAST Decarbonisation Action Plan update and NWSSP Decarbonisation Co-ordination Reporting (DCR).
3. Internal Audit – Decarbonisation.
4. Welsh Government reporting – development of the Qualitative report template for submission 14.04.24 and Quantitative Reporting.
5. EFPMS Reporting.
6. Capital Investment – Estates Funding Advisory Board (EFAB) Funding.
7. Future Car Based Response Vehicle specification design.
8. Wider Environmental Considerations.
9. Adaptation Planning.

In terms of the DAP, it should be noted that the number of amber actions has decreased, with a corresponding increase in green actions, except for one action which has moved

into the exempt category. Consideration of both red and amber actions continue to further explore the ways in which these can be accelerated. Several challenges still remain regarding estates and infrastructure actions which require investment, alongside fleet (including EV charging) requirements and limitations of All Wales Capital (AWC) vehicle replacement funding.

At the end of last week, the Trust applied for one of the NHS Wales sustainability awards which demonstrates the Trust's commitment to sustainability and innovation, and it would be significant to see the Trust recognised at the awards ceremony in mid June.

Comments:

Members discussed that the Trust had received an overall limited rating on the All Wales Decarbonisation Internal Audit. Chris Turley commented that it is understandable that the team might feel disappointed with a limited assurance rating, especially considering the considerable work and efforts that has been undertaken to move this key project forward. However, it's positive to hear that there were some aspects highlighted in the report that demonstrated areas of strength and success. This has also been discussed in some length at the Audit Committee meeting on 1<sup>st</sup> March 2024.

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

#### **45/24 MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT**

Hugh Bennett explained that 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 March/April 2024.

Key highlights included: Red performance at 48% in April acknowledging that red activity continues at rates higher than previous years with the highest red activity week of the year last week which is impacting capacity due to higher attendance rates, Amber one median was one hour and 8 minutes, Abandonment rate for 111 was 5.5%, Sickness rate was 7.67% in March, Abstraction rate was 32.5% in March, and Handover delays were 23,620 hours lost in April.

Comments:

Lee Brooks commented it was encouraging to acknowledge the improvements made by Cardiff and the Vale University Health Board, but it's equally important to recognise that there is still work to be done.

Furthermore, in relation to 999 call answering, it is crucial to note that the actual pickup rate within six seconds is at 91.5%, close to the target of 95%. Additionally, the continued high levels of red activity, even surpassing previous years, are impacting capacity due to the higher attendance rate associated with such cases.



Members recognised that while some aspects of handover delays may be within the Trust's control, such as optimising internal communication and documentation procedures, there may also be dependencies on other health boards or external factors to mitigate and reduce these. It would be worthwhile to explore avenues for collaboration and communication with other stakeholders to address any challenges in obtaining relevant information for smoother handovers. Hugh Bennett agreed to raise the issue at the next Joint Commissioning Committee meeting advocating that he did not expect handover delays to improve anytime soon given the challenges in the system.

**RESOLVED: The Committee considered the March/April 2024 Integrated Quality and Performance Report and noted it provide sufficient assurance**

#### **46/24 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK**

Julie Boalch updated the Committee on the report commenting that whilst there are no material changes to the eight principal risks within the remit of this Committee as at 7 February 2024, the Committee were assured that there are several changes foreshadowed to these risks in readiness for presentation to Trust Board in May 2024 including:

1. Two new risks will be included on the Corporate Risk Register – Risk 623 (Data Protection Legislation) scoring 15 (3x5) and Risk 542 (Decarbonisation) at a score of 16 (4x4).
2. Risk 458 (A confirmed commitment from EASC and/or Welsh Government is required in relation to funding for recurrent costs of commissioning) will be closed from the CRR on the basis that this was specifically in relation to the 100wte and the overlap with Risks 424 and 139.
3. Two risks will be de-escalated from the CRR to the Directorate Risk Registers as the actions have been completed and mitigated to target score. Risk 283 (Failure to implement the EMS Operational Transformation Programmes) has reached target of 8 (2x4) from 12 (3x4) and Risk 543 (major disruptive incident resulting in a loss of critical IT systems) has reached target of 10 (2x5) from 15 (3x5).
4. Risk 424 (prioritisation or availability of resources to deliver the Trust's IMTP) will reduce in score from 16 (4x4) to 12 (3x4) given the funding allocated within the IMTP financial plan to support key areas of work agreed with Commissioners.

Furthermore, Risk 594 (the Trust's inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death) remains static at 20 (4x5) reflecting continued challenges across the unscheduled care system.

Risks 260 (a significant and sustained Cyber Attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems) remains at a score of 15 (3x5).

Risks 100 (Failure to persuade EASC/Health Boards about WAST's ambitions and reach agreement on actions to deliver appropriate levels of patient safety and experience) and Risk 139 (Failure to Deliver our Statutory Financial Duties in accordance with legislation) remain unchanged currently.

Comments:

The Committee felt apprehensive about cyber threats given the rapidly evolving landscape and the potential consequences of a breach. Jonny Sammut explained that in the current digital landscape, cyber risk remains a persistent and evolving threat, especially within the healthcare sector. He added that the Trust continues to improve its cyber posture and outlined the initiatives in place which included aligning strategies and enhancing solidarity in addressing cyber risks across Wales.

The Committee were keen to ensure that staff receive the right training and addressing any gaps in their knowledge is crucial for mitigating the risk of cyber-attacks, especially considering that targeting staff through phishing attacks is a common tactic. Jonny Sammut advised that efforts are underway to enhance the effectiveness and accessibility of training materials, particularly by exploring options like utilising the Learning 365 platform to deliver more digestible content. Ensuring that training is engaging and easy to understand is essential for effectively educating staff on cybersecurity best practices. Additionally, providing regular technical training for relevant teams is crucial for staying updated on emerging cyber threats and technologies. The planned board development session in the summer is also a valuable initiative to ensure that all stakeholders, including board members, are equipped with the necessary knowledge and awareness to address cybersecurity challenges. Overall, maintaining a proactive approach to training and awareness-building will be essential in keeping pace with the evolving cybersecurity landscape.

**RESOLVED: The report was noted.**

## **47/24     AUDIT TRACKER**

Alex Payne updated the Committee advising there had been significant progress in closing internal audit actions, with 64 actions closed, representing 40% of all internal audit actions and 57% of those due in the quarter. Additionally, 33 internal audit actions relevant to this Committee have been closed in the quarter, accounting for 60% of those due in the quarter. It's also noted that some action due dates have shifted, with 26 actions having revised dates and five actions on revised dates.

Regarding external audit actions, it seems that fewer actions are relevant to this committee, with only a few being closed in the quarter.

The ongoing work with Digital Health and Care Wales Centre of Excellence on the development of the SharePoint solution for Tracker 3.0 is progressing well, with testing underway. The transition to the new tracker is expected to occur in the coming weeks and

months. Given this progress, the recommendation for the committee is to receive the tracker as presented.

Members acknowledged the work undertaken by the team with the tracker.

**RESOLVED: The Committee monitored management actions to address recommendations in the Tracker, noting any revised dates for actions (in blue).**

#### **48/24 CYCLE OF BUSINESS FOR 2024/25 AND CYCLE OF BUSINESS MONITORING REPORT**

Julie Boalch advised that the purpose of this paper is to provide the Committee with the updated cycle of business as the final step in the 2023/24 effectiveness review process.

The CoB for 2024/25 was approved noting that there are areas that will be dynamically developed throughout the year in relation to Cyber and Commissioning reporting and the Annual Sustainability Report.

**RESOLVED: The Committee**

- (1) Reviewed and approved the 2024/25 cycle of business at Annex 1; and**
- (2) Noted the cycle of business monitoring document at Annex 2.**

#### **49/24 COMMITTEE HIGHLIGHT REPORT – MARCH 2024**

**RESOLVED: The report was received.**

#### **50/24 REFLECTION: SUMMARY OF DECISIONS AND ACTIONS**

The Chair thanked Executives and their teams for the effort in preparing well written papers supporting good opportunities for scrutiny, challenge, and support. Members felt it is easy to ask questions given the openness and transparency of the papers and agreed that the time went by quickly despite the lengthy Agenda. The hybrid meeting model will be given consideration after the success of this in other Committees. Thanks was given particularly for the time on the Cyber discussions and to the Chair for steering the meeting.

**Meeting concluded at 12:46**

**Date of Next Meeting: 16 July 2024.**

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

| Action Number        | Date        | Agenda Item                               | Action Note                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Responsible                 | Due Date          | Progress/Comment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Status   |
|----------------------|-------------|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| Minute: 36/24        | 14 May 2024 | Digital report                            | The Committee asked that the next update provide details with progress on staff ICT training.                                                                                                                                                                                                                                                                                                                                                                                                                           | Jonny Sammut                | 16 July 2024      | <p><u>Update for 16 July 2024</u></p> <p>1.May Numbers: Low NEPTS uptake due to early deployment in the vehicle cohort impacted the original number that we provided. Looking at the current dashboard, this is showing the % increased in May and June, ending June at 64%.</p> <p>2.Second Issue: Uptake appears low due to reliance on staff self-certification. No automated system to track training completion, requiring manual confirmation in ESR. Following investigation, the actual training completion is very likely higher, as indicated by few user error incidents. - We are looking at options to track completion better.</p> | Complete |
| Minute 38/24         | 14 May 2024 | Information Governance Toolkit            | To provide enhanced reporting on the toolkit for the next report, and potentially to include a Gantt Chart                                                                                                                                                                                                                                                                                                                                                                                                              | Jonny Sammut                | 16 July 2024      | <p><u>Update for 16 July 2024</u></p> <p>Item on the Agenda</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Complete |
| Minute: 42/24        | 14 May 2024 | Financial Sustainability Programme Update | The Committee asked that consideration be given in terms of how the report is presented going forward; with details regarding the extrapolation of the efficiencies and savings differences and to be clear on the level of recurrent savings versus non-recurrent.                                                                                                                                                                                                                                                     | Angie Lewis<br>Chris Turley | 16 July 2024      | <p><u>Update for 16 July 2024</u></p> <p>Verbal Update</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Complete |
| Transferred from PCC |             | Cymru High Activity Response Unit Report  | <p>Cymru High Activity Response Unit Report (continued deployment of CHARU, aiming to illustrate progress, activity and deployment) Deferred from May meeting due to some challenges with data and the HI Team (Action Transfer from PCC: Andy Swinburn agreed to take a paper to the Quest Committee around the continued deployment of Charu, aiming to illustrate progress, activity and deployment) <b>Note: This item has been transferred to the FPC following discussion at the Quest ASM on 28 May 2024</b></p> | Lee Brooks                  | 17 September 2024 | <p><u>Update for 16 July 2024</u></p> <p>Item Deferred to 17 September 2024</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Open     |



GIG  
CYMRU  
NHS  
WALES

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

## OPERATIONS DIRECTORATE QUARTERLY REPORT FOR COMMITTEES 2024-25 Q1 (April – June 2024)

### National Operations & Support

#### IMTP

##### Manchester Arena Inquiry

Work on the recommendations has continued with the Capability to Prepare, Capability to Respond and Capability of Specialist Assets papers completed, the and the Recommendation 106 papers being transitioned through the governance route ready for Trust Board approval in July's Closed Session. To date, 30 of 68 recommendations have been completed with 20 of those outstanding requiring investment to progress.

#### General Update

##### Community Welfare Responders (CWR)

Since the start of the financial year, CWR support officers have recruited and trained 20 CWR volunteers working across 14 active teams. CWRs have attended 68 patients in April & May with a hear and treat rate of 43.5%. CWRs have undertaken two tests of change to determine which types of patients benefit from the service and which allocation process is most effective.

##### Test of Change Cycle 1 – CWR deployment to long waits

- Allocator and clinician co-located and working collaboratively to identify and determine suitable calls for CWR. Deployment of CWRs to longest waits in the community.
- Testing occurred 14/05/24 10:00-16:00, 19 calls attended during test period.
- Early data indicates a positive impact on consult and close rate and recognition of deterioration.

##### Test of Change Cycle 2 – CWR deployment to long waits

- Allocator identified and deployed CWRs independently, clinician available for support remotely if required. Deployment of CWRs to longest waits in the community.
- Testing occurred 04/06/24 12:45-18:00, 17 calls attended during test period.
- Early data indicates a positive impact on wait times for response.

Discussions are still ongoing regarding a new back-up matrix for CWRs to allow the clinician to release the volunteer from scene, following observations, as they do not carry kit for treating patients, unless the patient will require BLS.

**Risk 594 - “The Trust’s inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death”.**

WAST is currently reviewing the immediate release protocol and it is our aim to include the release schedule as agreed by COOs. The release protocol schedule for Health Boards to initiate in the event of a major incident, is set out as follows:

- 50% of vehicles released within 10 minutes.
- 75% of vehicles released within 20 minutes.
- 100% of vehicles released within 30 minutes.

**Operational Effectiveness**

WAST aims to enhance operational efficiency by addressing key areas such as mobilisation times, time spent on scene, clinician travelling unavailability, and multiple auto-allocations. The focus of the work is to emphasise the need for a system-focused approach and the implementation of a live dashboard for dynamic efficiency management. The plan includes identifying stakeholders, discussing strategies, and documenting an action plan, along with the development of new measures specific to the key areas of the job cycle time that require improvement. Additionally, new management processes will be established to ensure continuous monitoring and adjustment. The plan will be delivered with benefit realisation through PowerBI dashboard development. The goal is to optimise resource utilisation and improve service capacity.

**Resourcing, EMS Coordination and Quality**

**Challenges**

**Accredited Centre of Excellence (ACE) status with the International Academies of Emergency Dispatch (IAED)**

The Trust went into remediation with the IAED for MPDS following Q4. An action plan was approved at SOT and SLT and was submitted to the IAED as per its Remediation Policy. The Trust is required to fall within the specified thresholds of compliance to come out of remediation status. So far for Q1, the Trust has reported compliance within the accreditation threshold boding the Trust well to come out of remediation following Q1. Monthly assurance is being provided to SOT and SLT via memos, and the actions are in progress. Levelling for the OQ Quality Audit team was undertaken with the IAED and the IAED. Feedback from the IAED was positive around the actions being undertaken to address identified issues.

**HM Coroners**

EMS Coordination/Operations Quality continues to receive coroner requests which has meant the backlog of statements has remained. Capacity within Operations Quality (OQ) has been realigned where possible to support with the construction of statements and a robust QA process is in place to ensure that accurate statements can be reviewed and signed by the Service Managers/Head of Service for serving to HMC. Whilst 15 of the outstanding 34 coroner statements have breached the

requested return date, these are all at some point in the QA process. All other outstanding statements are not yet due, and the OQ team is completing these alongside other investigations (concerns, nationally reportable incidents (NRIs) and MTPS training etc.).

### **Resourcing GRS Interface**

The link between the GRS system (Rostering) and the Computer Aided dispatch (CAD) system is being developed to ensure that information within GRS can be shared directly onto the CAD system. The benefit of this interface is that GRS will send details of crews and their skills through to the CAD and it would also keep EMSC updated with staff shortfalls for expected shifts automatically and allow almost real time absence reporting so that EMSC can adjust the crew numbers and mixes where necessary. This will replace paper crewing sheet reports, which are currently completed by the Resourcing Teams manually and sent to the EMSC for next 24hr crewing information, thereby providing significant efficiencies as staff would not be required to manually enter crew details onto the CAD from written sheets. While this is currently in the test phase of development, it is expected that this will be delivered in the live environment by quarter 3 of this year.

## **IMTP**

### **EMS C reconfiguration Update**

The OCP consultation for EMSC commenced on Friday 10<sup>th</sup> May 2024 and was due to conclude on the 7<sup>th</sup> of June 2024. In consultation with Trade Union Partners, this was extended for 2 weeks and therefore closed on the 21<sup>st</sup> of June 2024. There were a range of questions raised during the formal consultation period and the formal response to those questions is being finalised.

The OCP covers a range of key developments across the EMSC centres and includes a new structure that will offer colleagues the opportunity to develop into different roles and grades. The development of the Single Allocator Model is a key development, providing a single allocator for each area, providing clarity of accountability and responsibility for the work in that area. Alongside this we have re-run the data from the 2019 demand and capacity review to ensure that the number of desks and indeed the equity of workload across desks is fair; finally, we are developing in conjunction with staff from each of the three EMSC Centre's a set of roster keys to support the new requirements based on the data modelling. Working groups continue to engage and work with colleagues from each of the centres, together with Trade Union Partners to ensure that the implementation of the proposed changes take into account the views of those colleagues who work in the centres day in day out. The ambition is to implement the proposed changes by the end of September / early October this year.

## **General Update**

### **Operations Quality OCP**

The Operations Quality (OQ) OCP recruitment is still in progress and two roles are still awaiting job evaluation following feedback and delay at panel. These two posts have been approved at RCP as acting up positions. One is filled and the other is being offered internally and should be filled by mid-June. The new Locality Manager post has been filled and other posts are in recruitment phase. Once people are in these posts, the department will be able to place some focus on reviewing the EMS Coordination SOPs.

## **Medical Transfer Protocol Suite (MTPS)**

Operations Quality has begun training EMS Coordination staff on MTPS which are the new interfacility transfer protocols within MPDS. Training commenced during June and the go live date for MTPS is during late July. The Service Manager, Operations Quality (Chair of the T&F) continues to provide updates and assurance to the overarching Transfer and Discharge Group to ensure external stakeholders and partners are up to date with MTPS developments and implementation plans.

## **Emergency Medical Service**

### **Challenges**

#### **Lost Hours to Handover**

Delayed transfer of care at Emergency Departments across Wales remains a significant challenge in being able to provide a safe level of emergency service with timely response to calls. The total amount of lost hours during Q1 is 5% lower than the hours lost during previous quarter. In April 2024 the total lost hours were 23,616, May 2024 at 24,762 and June 2024 at 22,230. The impacts of these delays and associated system pressures are regularly discussed at Committee and Trust Board.

#### **Red and Amber Performance**

As we notice a continued very poor position in transfer of care delays, this is ultimately being translated into a deteriorating red performance and delayed response to our most critical patients. Overall, the red performance continues to fall well short of 65% in all Health Board areas. This is under constant scrutiny within the EMS Response and EMS Coordination teams to improve the level of response in this area.

The Amber median trend showed signs of improvement in April 2024 but has since deteriorated in May 2024. This follows a period of relatively constant response times. A reduction in handover delays would support our response to these patients and prevent escalating through the Clinical safety Plan (CSP) with further response implications to this category of patients, especially Amber 2 patients.

#### **Culture**

EMS have accepted that there are pockets of poor culture that need addressing. The team are currently dealing with 4 investigations which have gone to a disciplinary panel after the initial investigation concluded poor behaviours were exhibited. These will be managed in line with national policy and procedure ensuring all allegations are addressed and dealt with in a timely manner.

#### **Team based working**

Plans are currently being finalised to look into trialling team-based working. The management team are looking at what this could look like and will be benchmarking the concept of this approach with London Ambulance Service (LAS). A team will visit LAS in early Q2 to research the approach to resourcing and team management.



## **IMTP**

### **EMT3 Role**

Conversations with TUP's have progressed where a business case will be created. An offer is being negotiated and will be ongoing with TUPs to discuss the EMT3 role. Anticipating a ballot to take place in June to give more direction. WAST has completed face to face staff sessions with CEO across Wales as well as virtual sessions.

## **General Update**

### **Quality & Support Days**

These days continue to provide invaluable support to operational staff in the promotion of key indicators and expectations relating to many elements of quality behaviour within Trust premises, on ambulance vehicles, and relating to the member of staff personally.

These Quality & Support Days have previously covered an array of subject areas including; seat belt and safety harness use, Dress Code Policy, IP&C, and cultural awareness. However, moving forward the intention is to focus on individual a specific key subject area, and importantly providing continued visibility to staff by all grades of operational manager/leader. The purpose of 'theming' the days is to address different areas of operational effectiveness and look for any key achievements or improvements. This 'deep dive' approach to common themes will form key improvement actions that will ensure the trust are providing the most efficient, safe and effective service to our people and patients.

The MS Form that is normally completed for each interaction with an operational crew or station visit during the support day will become BAU for both DOMs and SPs to complete, which will further enhance the level assurance of compliance against the requirements.

Four Q&S days have been held so far, with all aspects of the Operations leadership teams involved, and these are to continue monthly. Themes and trends will again be collated and fed back through the senior leadership team. At the Operations Management Event on 24 June 2024, the opportunity was seized to share themes with a broader group of operations managers.

### **End of Shift OVERRUNS**

While it is noted that the level of investigation of over 2 hour end of shift overruns has continued to be improved, along with the uptake of utilising the options available to reduce the end of shift overrun, work progresses on a number of initiatives to further reduce end of shift overruns to support the wellbeing of staff. Despite the continued level of handover delays, the average length of overrun has remained at levels lower than 12-15 months ago.

## **Financial Savings Plan (FSP) 2024/25 Overtime Allocation**

The 2023/24 FSP concluded successfully with original savings assumptions mainly achieved and overtime allocation following suit. In 2024/25, Quarter 1, has overachieved to date and a performance report reviewing the progress will be submitted to the Senior Operations Team (SOT) on 26<sup>th</sup> July 2024. This paper will incorporate the overtime allocation and savings targets for the full financial year. This will allow for fluctuation and 'ad hoc' events when needed, but also provide assurance of the forward planning that is currently underway. To support the routine day-to-day overtime allocation the 'Overtime Allocation SOP' has continued to be utilised as 'business as usual' and there is a separate savings stream working group purely focused on overtime spend.

### **Ambulance Care**

#### **Challenges**

#### **UCS Transition**

The UCS transition will be challenging due to the requirement of new rosters and working times which are always emotive. The transition also includes the requirement of a new response allocation code set along with a modified EMS/UCS Crewing Matrix.

Work has already taken place on communication with 3 online sessions providing a background to the review, detail of the type of work UCS will be allocated to in the future and next steps. However, there are still some anxieties within the workforce and a FAQs will be published.

#### **CMP (Capacity Management Plan)**

The latest version of the CMP went live in May 2024. Whilst there has been a reduction/cessation in the number of provisional bookings taken, we have not seen a noticeable decrease in the numbers of T1 activity so far, which were previously the highest proportion of provisional bookings.

Managing demand against our available capacity has required us to regularly activate the CMP when demand exceeds capacity, this has resulted in increased volumes of journey cancellations. Monitoring of volumes of cancelled journeys and concerns is in place, in addition to process review to improve planning efficiency and minimise cancelled numbers.

#### **IMTP**

#### **Reducing Cancellations**

Nationally agreed process being worked through aimed at reducing on the day cancellations, however, an adverse effect of this may see a short term increase while the implementation is embedded as business as usual. The plan is to standardise how hospitals focus on advanced bookings in relation to the patients being ready for agreed planned journey time.

## **Roster Review Programme**

A full review of the NEPTS rosters has commenced with ORH and Totalmobile commissioned to review the roster keys produced within the 2020 D&C and to develop new rosters. It is anticipated that the new rosters will go-live at the end of the financial year. As the relief gap of 30FTE identified in the 2020 review has still not been funded, the rostering will be focused primarily on providing relief to rosters, the majority of which have zero or very minimal levels of relief.

### **General Update**

#### **Fleet**

In 2023 the service commissioned 5 of a new type of vehicle, primarily focused at UCS service provision. The vehicles, which weigh less than 3.5T and can be driven on a standard B-class licence, as opposed to Mercedes EA's which require a specialist C-Class licence category. This removes the challenges of recruiting people who hold this licence category or the requirement to fund the attainment of the c-class qualification.

A review of the new vehicle and of all current ACA2 vehicle types has been completed and has identified their suitability for use by ACA2 colleagues as an alternative to the current emergency ambulance fleet which is much more expensive to purchase and operate. The fleet service delivery group will now work through the detail to develop the final specification to inform the adjustment of the Trust's future fleet SOP accordingly.

### **Integrated Care**

#### **Challenges**

##### **111 Vacancies**

The budget establishment for call handlers is currently under established as usual recruitment and training capacity was necessarily diverted to the CAS Replacement Programme. There is a plan to address and recruit the 30 vacancies in Q2 and Q3 with a view being at budgeted establishment early September. The recruitment will also incorporate more Welsh speaking staff to offer callers the option of continuing calls in Welsh.

##### **Integrated Care Estates - Thanet House**

The current lease for staff in Thanet House is due to expire in Q2. Negotiations are ongoing to extend. This is part of the longer-term plan to relocate staff and undertake the decommission of Thanet House.

##### **Multi-Disciplinary Clinical Workforce**

A business case for pharmacy was presented to 6 Goals with further plans to present the business case to JCC. The business case was based on the current funding model which may need to be

changed to accommodate the WAST business case process (which has been agreed through provisional internal governance).

### **Remote Access to CSD**

Currently conversations with non-clinical staff on scene requiring assessment of the patient including observations continues to be done through ECNS triage. Whilst the aspiration of the organisation is that the conversations are expedited, work continues to enhance engagement through video rather than phone to give a holistic clinical picture, exploration of Consult and Connect including a risk assessment is being explored.

## **General Update**

### **111 CAS Replacement**

The 111 CAS replacement system was fully implemented on the expected date of 30<sup>th</sup> April and the old system has been taken out of service. Early indications are more calls are being handled without clinical intervention and we have seen a reduction in the time a patient waits for a clinical assessment. The average time speaking to a call handler has returned to similar levels as before as has the average time waiting for the 111 calls to be answered. There are expected to be further clinical and operational improvements to the system throughout the financial year which will be scoped and implemented.

### **CSD SOP Review**

Interim SOP extracts continue to be maintained rather than rewriting SOPs in their entirety. This approach is in line with the integration of CSD as part of the Rapid Clinical Response Model within the overall Clinical Model Transformation programme. There is an opportunity to streamline CSD and 111 in the same system as part of a larger SOP within the future modelled Remote Integrated Care Service (RICS).

## **Clinical Model Transformation**

### **General Update**

### **Clinical Model Transformation**

The Clinical Model Transformation programme has been initiated on a cross-directorate basis following five days of organisational workshops. Following work on the model and the development of a phased implementation plan, work has commenced on the six objectives for phase one (winter 2024). Whilst work is underway to refresh the Trust's formal program structures formal CMT programme delivery and assurance arrangements are in place, with evolving work groups, established controls, and central records management. In support of delivery the Operations Directorate has appointed Pete Brown as the Assistant Director of Operations (Transformation) and Martin O'Connor as the Service Manager (Transformation). Operations colleagues are working closely with colleagues in other directorates to make progress on changes which will reduce community

harm this winter whilst also embracing a robust culture and change management approach which will engage and connect our people.

|                               |      |
|-------------------------------|------|
| <b>AGENDA ITEM No</b>         | 7    |
| <b>OPEN</b>                   | OPEN |
| <b>No of ANNEXES ATTACHED</b> | 1    |

**MONTHLY INTEGRATED QUALITY & PERFORMANCE DASHBOARD –  
May/June 2024**

|                  |                                                                                                                                                                |
|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>MEETING</b>   | Finance & Performance Committee                                                                                                                                |
| <b>DATE</b>      | 16 <sup>th</sup> July 2024                                                                                                                                     |
| <b>EXECUTIVE</b> | Rachel Marsh – Executive Director of Strategy, Planning & Performance                                                                                          |
| <b>AUTHOR</b>    | Mark Thomas – Commissioning & Performance Manager<br>Melanie O'Connor - Commissioning & Performance Officer                                                    |
| <b>CONTACT</b>   | <a href="mailto:Mark.Thomas12@wales.nhs.uk">Mark.Thomas12@wales.nhs.uk</a><br><a href="mailto:Melanie.O'Connor@wales.nhs.uk">Melanie.O'Connor@wales.nhs.uk</a> |

**EXECUTIVE SUMMARY**

1. The purpose of this report is to provide senior decision makers in the Trust with an integrated dashboard (Our Patients, Our People, Value and Partnerships/System Contribution) focused on the “vital few” key metrics. This report is for **May/June 2024**.
2. Our response times to 999 callers remains of concern with red 8-minute performance at 46.6% in June 2024 and Amber 1 median at 1 hour and 29 minutes, which the Trust knows leads to avoidable patient harm. The Trust continues to work on actions within its control to mitigate this risk including, for example, maintaining high levels of EA production and fully rolling out the CHARU service. Work continues on an action plan to increase the consult and close rates to the target 17%, as this is modelled to have a significant impact on response times. The Trust lost 22,229 hours to handover in June 2024, and this level of lost capacity is difficult to compensate for, despite all the actions being taken. The 2024/25 budget includes further investment in activities designed to shift demand left and mitigate the impact of handover lost hours.
3. Data quality issues have been identified in 111. These are currently being addressed. 111 performance had improved and stabilised in 2023, however, recent performance has seen a deterioration, due to a number of factors including increased demand levels during the first half of the year, higher than average levels of sickness absence, a reduction in numbers of staff in post and the implementation of the new 111CAS system, which went live on 30<sup>th</sup> April 2024. There is also a 4% commissioned reduction in call handlers in 2024/25.

4. Ambulance Care, in particular, Non-Emergency Patient Transport Service's (NEPTS) performance has been stable, with oncology remaining above target and renal performance achieving its target. Both the NET Centre and NEPTS transport are due to be re-rostered in 2024/25, a key efficiency.
5. The Trust continues to focus on its people, with a range of actions in place to improve workplace experience including, for example, reducing shift overruns, whilst also continuing with the more strategic focus on the People & Culture Plan. Sickness absence was 7.55% in June 2024 remaining consistent with 7.56% in May 2024. The 23/24 IMTP ambition was to reach 6%. The Trust will continue its focus on sickness absence. It is of note that the EMS abstractions did hit the 30% benchmark in January, February, and April respectively, for the first time since the pandemic.
6. The Trust continues at pace its programme of transformation, as detailed in its 2024-27 IMTP, which is strategic necessity to mitigate the wider system pressures, in particular, handover lost hours.

**RECOMMENDATION: FPC is asked to: -**

- **Consider the May/June 2024 Integrated Quality and Performance Report and actions being taken and determine whether:**
  - a) **The report provides sufficient assurance.**
  - b) **Whether further information, scrutiny or assurance is required, or**
  - c) **Further remedial actions are to be undertaken through Executives.**

**REPORT APPROVAL ROUTE**

10.07.24 Executive Director Strategy, Planning & Performance  
16.07.24 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)                                              | x | Financial Implications                                                  | x |

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



## SITUATION

1. The purpose of this report is to provide senior decision makers in the Trust with an integrated dashboard (Our Patients, Our People, Value and Partnerships/System Contribution) focused on the “vital few” key metrics. This report is for **May/June 2024**.

## BACKGROUND

2. This Integrated Quality & Performance Report contains information on key indicators at a highly summarised level which aims to demonstrate how the Trust is performing across four integrated areas of focus: -
  - Our Patients (Quality, Safety and Patient Experience);
  - Our People;
  - Finance and Value; and
  - Partnerships and System Contribution
3. As previously agreed, the metrics which form part of this committee/Board report are updated on an annual basis, to ensure that they continue to represent the best way of tracking progress against the Trust’s plans (IMTP) and strategies. An updated set for 2024/25 were reviewed in early June by the Executive team and small proposed amendments will be presented at Committee.

## ASSESSMENT

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

4. **Call answering** (safety): the speed at which the Trust is able to answer a 999 or 111 call is a key patient safety measure.
5. **999** call answering times were good in May with the 95<sup>th</sup> percentile at 6 seconds in May 2024, compared to 3 seconds in April 2024, and achieving the 6 second target. The 65<sup>th</sup> percentile and median performance remain consistently good.
6. **111 call answering performance has improved over recent weeks**, although the call abandonment performance was at 11.9% in June and off target (5%). One of the key issues has been the reduction of call handling staff in post as recruitment was paused during preparation for the new CAS system. Recruitment is now underway and it is anticipated that the full complement of funded staff will be in post by September . It should be noted that the Trust is anticipating a reduction in the commissioned level of call handler FTEs next year compared to last year (-4%).

Demand in May 2024 was 16.3% higher than during May 2023. If this level of demand is sustained, alongside a reduction in capacity, then future call

abandonment performance could continue to be negatively affected. In the short term, it will also take a number of months for new system to stabilise i.e. staff to familiarise themselves with it, etc.

7. **111 Clinical response:** clinical ring back times for patients with the highest priority remained above target at 98.7%. Response times for lower priority calls, although remaining below target, have improved significantly over the past 3 months, with P2CT and P3CT calls achieving 83.7% and 85.5% respectively in June 2024. This is despite continued high levels of clinician sickness absence, which was at 16.86% in June 2024.
8. **Ambulance Response** (safety / patient experience): the red 8-minute response performance for June 2024 was 46.6%, remaining below the 65% target; however, the Trust is reaching more red patients in 8 minutes, but the denominator (demand) has also grown. The Amber 1 median in June was 1 hour 29 minutes and the Amber 1 95<sup>th</sup> percentile was 7 hours 6 minutes. These long response times have a direct impact on outcomes for many patients.
9. Traditionally the factors which affect response times are demand and capacity (recruitment and lost hours). Recruitment is good, see slide 20 for information on staff in post v establishment, but the lost capacity through handover at hospital remains extremely challenging. The Trust's main focus in the first half of 2024/25 is to implement a material change in how it responds to patient demand by updating its clinical model, before winter. A series of workshops were undertaken in May 2024, with additional leadership capacity also being put into this area: both designed to move this forward at pace. Areas of focus include: -
  - Further investment into remote clinical capacity (+23 FTEs);
  - Further investment in APPs (+32 APPs);
  - Development of the remote integrated care service (111 clinicians and CSD clinicians);
  - Continued focus on a range of responses that support non-conveyance, where it is clinically safe and appropriate to do so: Connecting Support Cymru, mental health response pilot, Falls response etc.
  - Formal reporting of the 2023 collaborative and independent EMS Demand & Capacity review.
10. The one area of particular focus for recruitment is CHARU: with the Trust looking to recruit up to the modelled 153 FTEs; and connected to this a focus on CHARU productivity, with on-going analysis work on their contribution (initial findings positive, further work being undertaken) etc.
11. As above, the extreme level of lost hours to **handover outside Emergency Departments** remains the critical component of long waiting times and patient safety incidents. 22,229 hours were lost during June 2024. Cardiff & Vale's

handover lost hours continues to remain low, due to an organisational focus within the health board. While some small improvements have been seen in other health boards in recent months, Betsi Cadwaladr health board remains significantly high and above its two-year average figure (8,001). Performance into June has remained very challenging with days where over 1,000 hours were lost. WG have re-iterated to Health Boards the critical importance of improvements in this area.

12. **Ambulance Care (Patient Experience):** Oncology performance in June 2024 was 76%, hitting the 70% target. Renal performance also remains above target at 72%. Advanced discharge & transfer journey performance decreased compared to the previous month to 72% and remains below the 95% target. Overall demand for NEPTS continues to increase but remains below pre-pandemic levels. The Trust has a comprehensive Ambulance Care Transformation Programme in place, which includes delivering a range of efficiencies and improvements, for example: aligning clinic patient ready times to ambulance availability and addressing oncology performance. The Trust is expecting to re-roster NEPTS transport in 2024/25 which will better align capacity with demand patterns.
13. **National Reportable Incidents (NRIs) / Concerns Response:** the Trust reported four NRI's to the NHS Executive in June 2024, an increase from the one reported in May 2024; and 3 serious patient safety incidents were referred to health boards under the Joint Investigation Framework. In June 2024 complaint response times improved to 88%, an improvement on the 50% recorded in May 2024, and achieving the 75% target, however, cases remaining complex. Reviews of lower graded concerns are being undertaken to ensure proportionate investigations are undertaken. The Trust is currently recruiting to a new structure for the Putting Things Right (PTR) team, which will increase capacity and leadership, including a new Head of Service, who has now arrived.
14. **Clinical outcomes:** The percentage of suspected stroke patients who are documented as receiving an appropriate stroke care bundle was 85% in May 2024, remaining below the 95% performance target. Work is ongoing to improve reporting and compliance through the ePCR system. The return to spontaneous circulation (ROSC) compliance rate decreased to 16.5% in May 2024 compared to 22.9% in April 2024.
15. The Trust is now able to report on call to door times for Stroke and STEMI patients. For May 2024, these highlight call to hospital door times of two hours and 24 minutes for stroke patients and two hours and one minutes and thirty seconds for STEMI. Clearly these times are too long and are representative of the longer response times for all calls as a result of the pressures and issues outlined in this report.

16. In June 2024, 9,737 patients **cancelled** their ambulance, and the Trust was unable to send an ambulance due to application of CSP levels to approximately 488 callers. The Trust believes that 50% of this combined number is unmet demand and is likely to be popping up elsewhere in the system. Anecdotal evidence from health boards supports this view, but data linking planned for 2024/25 is a key enabler to properly evidence this.

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

17. **Hours Produced:** The Trust produced 118,368 Ambulance Response unit hours in June 2024 and delivered an emergency ambulance unit hours production (UHP) of 93%, just short of the 95% target. Key to the number of hours produced are roster abstractions.
18. **Response Abstractions:** EMS abstraction levels increased to 31.65% in May 2024, just above the 30% benchmark figure. Response sickness abstractions stood at 7.79% (benchmark 5.99%).
19. **Trust sickness absence:** the Trust's overall sickness percentage was 7.55% in May 2024, a minimal increase on the 7.56% recorded in May 2024. Actions within the IMTP concentrate on staff well-being with an aim to continue to reduce this level supported by the ten-point plan. The 7.58% is above the 2023/24 IMTP ambition of 6% but is a good improvement.
20. **Staff training and PADRs:** PADR rates did not achieve the 85% target in June 2024, but have been steadily improving (77.53%). Compliance for Statutory and Mandatory training increased to 84.05%.
21. **People & Culture Plan:** The Trust launched its People & Culture Plan in April 2023 and workstreams are being delivered around behaviours, in particular, sexual safety, Freedom to Speak Up, 111 culture review, flexible working, and the introduction of a staff pulse survey tool. The Executive Leadership Team undertook a pan-Wales round of CEO Roadshows in April 2024. Feedback from attendees has been reviewed.

#### Finance & Value

22. **Financial Balance:** The reported outturn performance at Month 2 is a surplus of £29k and the Trust is forecasting to achieve both its External Financing Limit and its Capital Expenditure Limit.

#### Partnerships & System Contribution

23. The consult & close rate was 12% in May 2024, a reduction from the previous month due to the system changes within the 111 CAS system, which has affected reporting capabilities. The IMTP ambition (and Welsh Government target)

remains 17% at this point in time. The Trust has a recovery plan in place, with further work continuing during 2024/25 including investing an additional 23 FTEs into the Clinical Support Desk and developing updated clinical model at pace.

24. Same Day Emergency Care (SDEC) centres continue only see a low level of ambulance activity and handover levels remain extreme, which make the work on the updated clinical model, before next winter, a tactical imperative.

### Summary

25. The indicators used at this high-level highlight that the EMS and Ambulance Care performance are stable, while there has been a recent deterioration within the 111 service. Both 111 and EMS performance are not where the Trust would want them to be.
26. Data quality issues have been identified in 111. These are currently being addressed. 111 saw a clear improvement in performance during 2023, including over the winter months, and the service is undoubtedly more resilient. However, the current elevated levels of demand and lower than expected capacity, plus a commissioned reduction in call handlers and clinicians may mean that this improved performance comes under pressure during 2024/25. Implementation of the new 111CAS system has also had a short-term impact on performance, as staff familiarise themselves with the new system. The Trust and commissioners will need to keep the level of demand under review: a 111 demand & capacity review is planned for 2024/25.
27. EMS performance has been recognised as challenging for a long time. Transformation of our service offer is a necessity (not an option) for reducing handover lost hours along with handover reduction by health boards. The Trust also needs to continue its focus on core activities like abstractions, production, and utilisation.

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

- **Consider the May/June 2024 Integrated Quality & Performance Report and actions being taken and determine whether:**
  - a) The report provides sufficient assurance.**
  - b) Whether further information, scrutiny or assurance is required, or**
  - c) Further remedial actions are to be undertaken through Executives.**

Welsh Ambulance Services University NHS Trust

# Monthly Integrated Quality & Performance Report

May/June 2024

Annex 1 – Top Indicator Dashboard



GIG  
CYMRU  
NHS  
WALES

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

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

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by Commissioning & Performance Team





Section 1: Monthly Indicators / Top Indicator Dashboard



| Top Monthly Indicators                                                                          |                  | Target 2023/24 | 2 Year Average | May-24 | Jun-24 | RAG | Top Monthly Indicators                                                               |  | Target 2023/24   | 2 Year Average | May-24 | Jun-24 | RAG |
|-------------------------------------------------------------------------------------------------|------------------|----------------|----------------|--------|--------|-----|--------------------------------------------------------------------------------------|--|------------------|----------------|--------|--------|-----|
| Our Patients                                                                                    |                  |                |                |        |        |     | Health & Well-being                                                                  |  |                  |                |        |        |     |
|                                                                                                 |                  |                |                |        |        |     | Sickness Absence ( <i>all staff</i> )                                                |  | 6.0%             | 8.69%          | 7.55%  | N/A    | R   |
| Timeliness Indicators                                                                           |                  |                |                |        |        |     | Mental Health Absence Rates                                                          |  | Reduction Trend  | 2.31%          | 2.16%  | N/A    | A   |
| NHS111 Call Handling Abandonment Rates                                                          | < 5%             | 12.0%          | 19.8%          | 11.9%  | R      |     | Staff Turnover Rate                                                                  |  | Reduction Trend  | 9.99%          | 9.00%  | 8.64%  | A   |
| 111 Clinical Triage Call Back Time (P1)                                                         | 90%              | 98.2%          | 98.1%          | 98.7%  | G      |     | Statutory & Mandatory Training                                                       |  | >85%             | 79.10%         | 83.28% | 84.05% | A   |
| 999 Call Answer Times 95th Percentile                                                           | 00:06            | 00:26          | 00:06          | 00:18  | A      |     | PADR/Medical Appraisal                                                               |  | >85%             | 75.26%         | 78.11% | 77.53% | A   |
| 999 Red Response within 8 minutes                                                               | 65%              | 49.3%          | 45.8%          | 46.5%  | R      |     | Number of Shift Overruns                                                             |  | Reduction Trend  | 3857           | 4129   | 3879   | G   |
| 999 Amber 1 Median                                                                              | 00:18            | 01:23          | 01:29          | 01:29  | R      |     | Inclusion & Engagement / Culture                                                     |  |                  |                |        |        |     |
| Oncology Journeys arriving within 45 mins and up to 15 minutes after appointment time           | 70%              | 71.8%          | 70.8%          | 76.0%  | G      |     | NEPTS % of Total Calls Answered in Welsh                                             |  | Increasing Trend | 1.3%           | 1.7%   | 1.4%   | A   |
| Advanced Discharge & Transfer journeys collected less than 60 minutes after booked time (NEPTS) | 90%              | 82.9%          | 82.0%          | 72.2%  | R      |     | Value                                                                                |  |                  |                |        |        |     |
| Clinical Outcomes / Quality Indicators                                                          |                  |                |                |        |        |     | Financial balance - annual expenditure YTD as % of budget expenditure YTD            |  | 100%             | 100%           | 99.90% | N/A    | G   |
| Return of Spontaneous Circulation (ROSC)                                                        | Increasing Trend | 18.3%          | 16.54%         | N/A    | A      |     | EMS Utilisation Metric (CHARU)                                                       |  | Increasing Trend | 29%            | 28.0%  | 28.6%  | R   |
| Stroke Patients with Appropriate Care                                                           | 95%              | 77.6%          | 84.96%         | N/A    | R      |     | Average Jobs per Shift (All Vehicles)                                                |  | Increasing Trend | 2.36           | 2.27   | 2.31   | R   |
| Stroke Call to Hospital Door Times                                                              | Reduction Trend  | 02:16          | 02:24          | N/A    | G      |     | NEPTS on the Day Cancellations                                                       |  | Reduction Trend  | 19.9%          | 20.3%  | 22.0%  | A   |
| ST-Elevation Myocardial Infarction (STEMI) with Appropriate Care                                | 95%              | 43.6%          | 64.08%         | N/A    | R      |     | Partnerships / System Contribution                                                   |  |                  |                |        |        |     |
| National Reportable Incidents reports (NRI)                                                     |                  | 5              | 1              | 4      |        |     | Inverting the Triangle                                                               |  |                  |                |        |        |     |
| Can't Send & Cancelled by Patient Volumes                                                       | Reduction Trend  | 9,515          | 10,182         | 9,737  | G      |     | Successful Consult & Close Outcome                                                   |  | 17.0%            | 13.5%          | 12.0%  | N/A    | R   |
| Concerns Response within 30 Days                                                                | 75%              | 38.5%          | 50%            | 88%    | G      |     | % Of Total Conveyances taken to a Service Other Than a Type One Emergency Department |  | Increasing Trend | 11.32%         | 11.80% | N/A    | R   |
| Enactment of the Duty of Candour                                                                | 100%             | 73.3%          | 100%           | 60%    | R      |     | Number of Handover Lost Hours                                                        |  | 15,000           | 23,370         | 24,760 | 22,229 | R   |
| Our People                                                                                      |                  |                |                |        |        |     | NHS111                                                                               |  |                  |                |        |        |     |
|                                                                                                 |                  |                |                |        |        |     | NHS111 Dental Calls                                                                  |  | Increasing Trend | 6,572          | N A    | N/A    |     |
| Capacity                                                                                        |                  |                |                |        |        |     | Consult & Close Volumes by NHS111                                                    |  | Increasing Trend | 1,041          | N A    | N/A    |     |
| Hours Produced for Emergency Ambulances                                                         | 95-100%          | 94%            | 94%            | 93%    | A      |     |                                                                                      |  |                  |                |        |        |     |

In-Month RAG Indicates =

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

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

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

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



# Our Patients: Quality, Patient Safety & Experience

## 111 Call Answering/Abandoned Performance Indicators

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

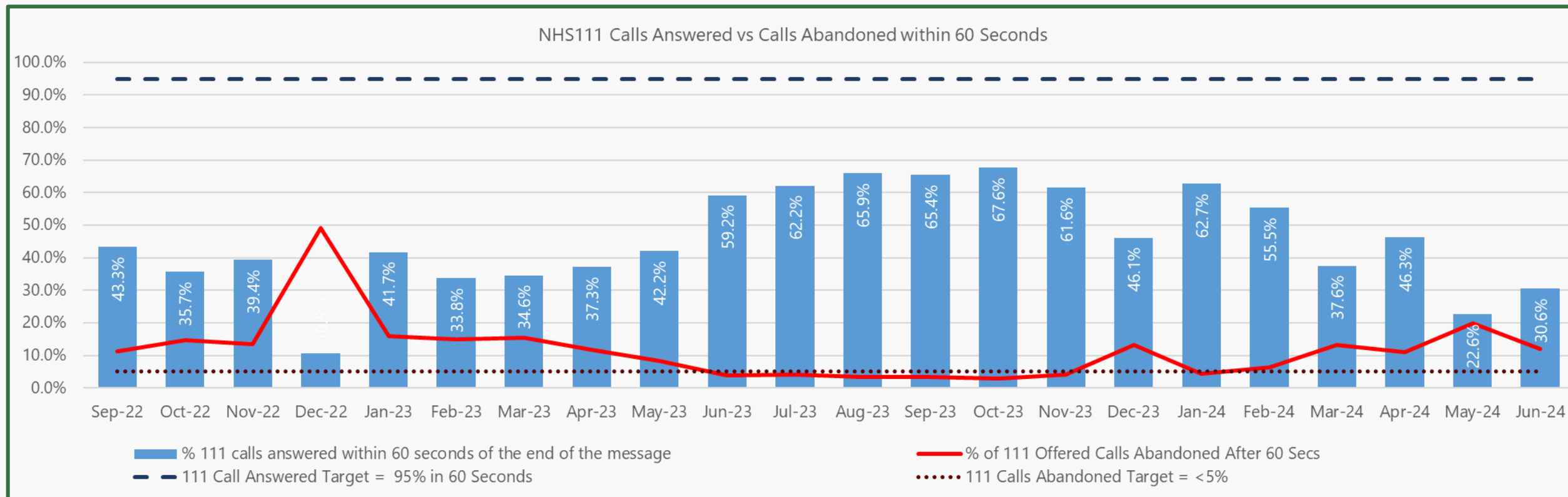
(Responsible Officer: Lee Brooks)

Abandonment Rate

R

FPC

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



### Analysis

The 111-call abandonment rate improved from 19.8% in May 2024 to 11.9% in June 2024 but failed to achieve the 5% target for the 5<sup>th</sup> month in a row. The percentage of 111 calls answered within 60 seconds increased, from 22.6% in May 2024 to 30.6% in June 2024, but continues to be below the 95% target.

The drop in performance over the past few months has been due in part to a spike in demand during Q4, increased call handler sickness levels, staffing numbers below establishment and to the new 111CAS system going live on 30<sup>th</sup> April 2024. In the run up to implementation, staff were abstracted for training, and in addition recruitment was paused. After go-live, staff are familiarising themselves with the system, which is having some impact on efficiency at this early stage.

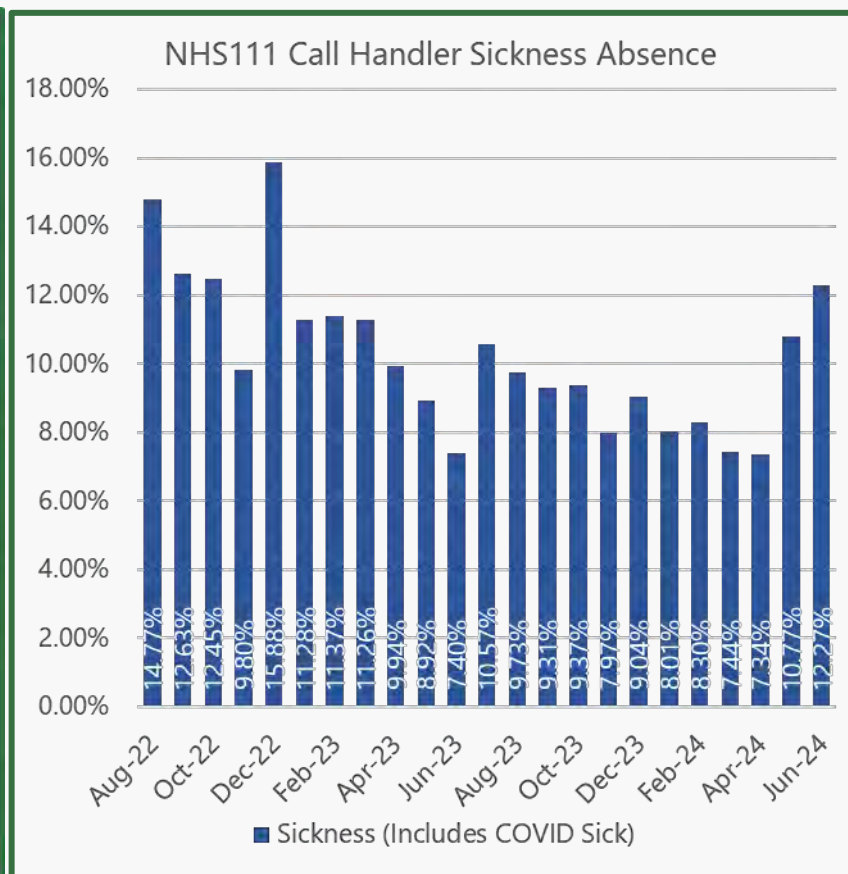
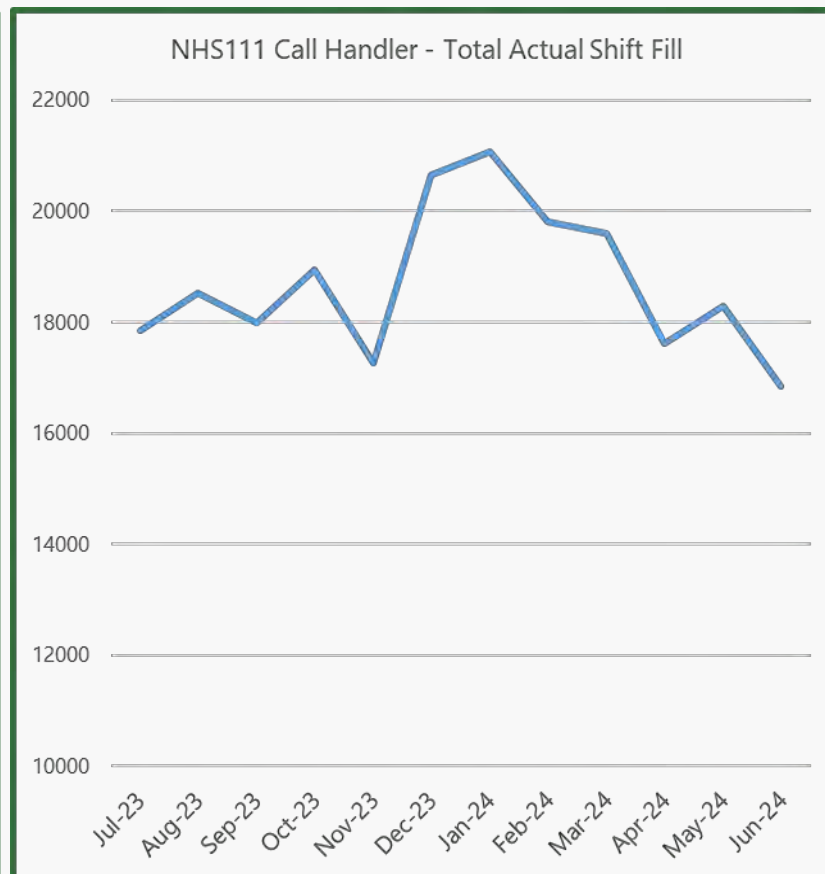
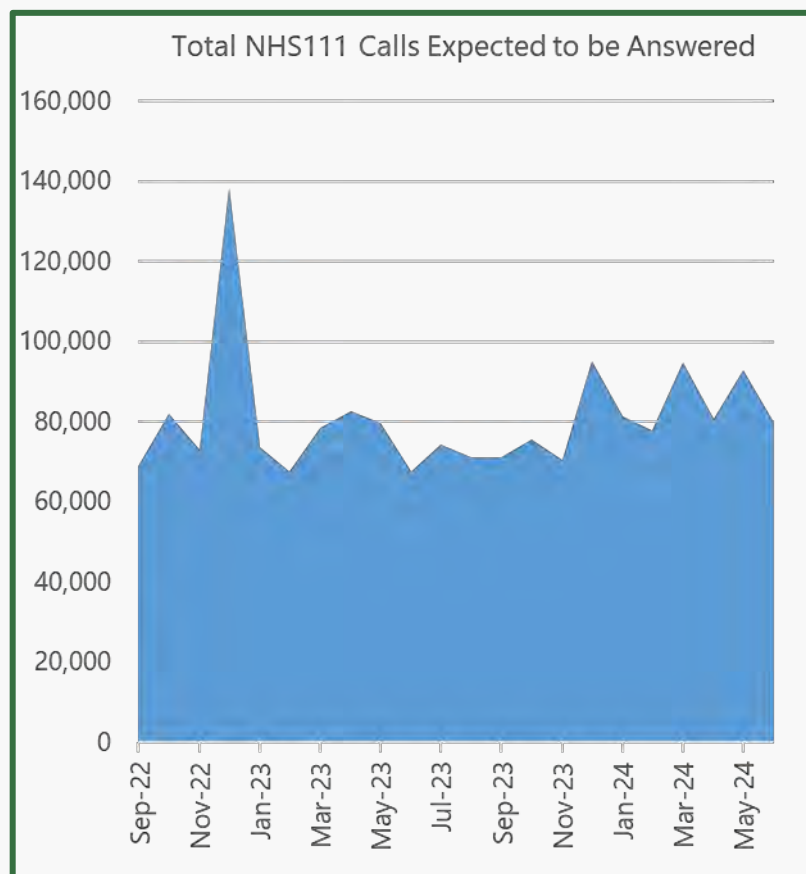
### Remedial Plans and Actions

Key actions include:

- Recruitment up to commissioned levels, with cohorts starting over the summer and a plan to be at commissioned levels by September;
- A focus on realising the benefits of the new 111CAS;
- A demand & capacity review that takes account of the increased demand the Trust is seeing, what levels of performance commissioners want and the mix of capacity and efficiencies to achieve this.
- Expectation is that the project initiation will start imminently with further timescales to be discussed, with an anticipated timescale of 6-9 months.

### Expected Performance Trajectory

The expectation is that once the new system has bedded in and additional staff have been recruited performance will improve once again. However, there are risks including demand, levels of commissioned call handlers being lower than last year and an unknown impact of the new system on efficiency.





# Our Patients: Quality, Safety & Patient Experience

## 111 Clinical Assessment Start Time Performance Indicators

### Influencing Factors – Demand and Clinical Hours Produced

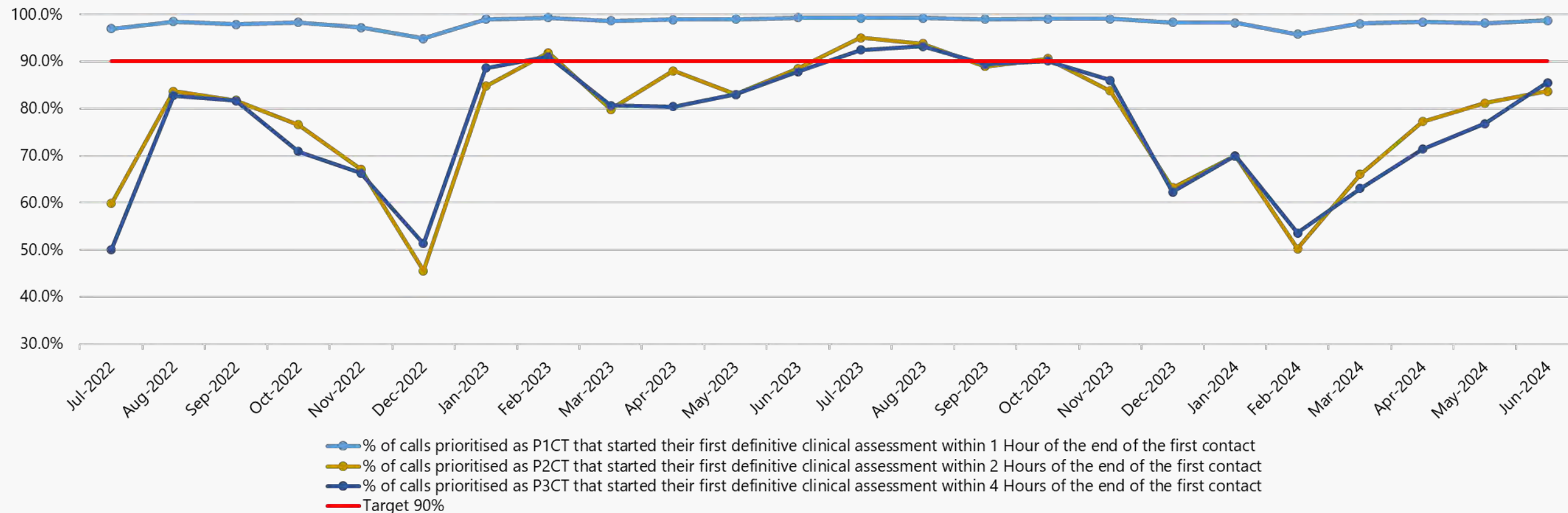
(Responsible Officer: Lee Brooks)

P1CT

G

FPC

111 Timely Clinical Triage of Patients



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

### Analysis

The highest priority calls, P1CT, achieved the 90% target, recording 98.7% in June 2024.

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

Numbers of hours produced, after increasing during May 2024 declined again in June 2024, partly due to continued high levels of sickness. Clinician sickness absence was 16.86% in June 2024.

### Remedial Plans and Actions

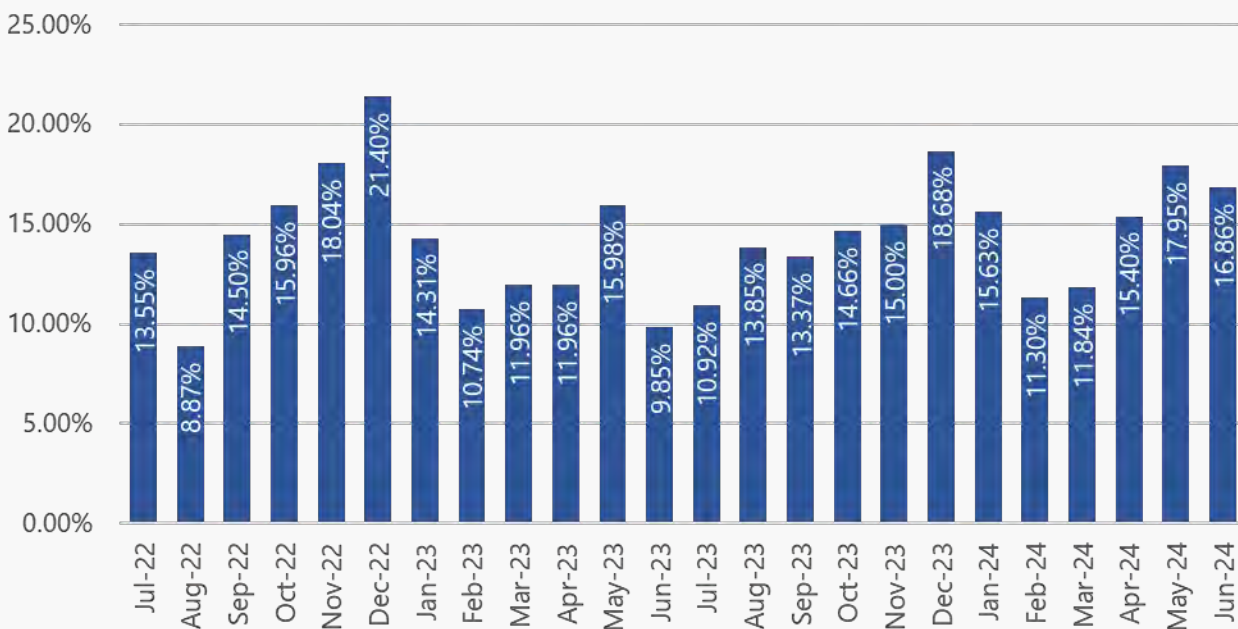
The key actions include:

- A focus on delivering the benefits of the new 111CAS.
- Recruitment up to commissioned levels of clinicians
- A demand and capacity review to determine appropriate levels of capacity to meet increasing demand

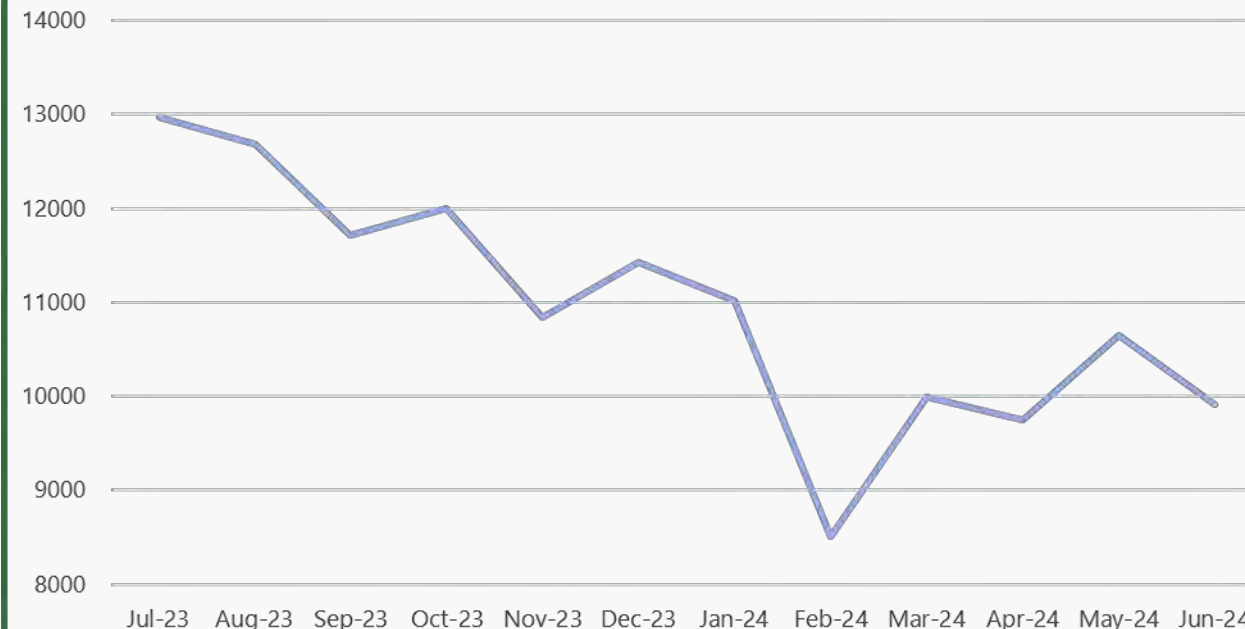
### Expected Performance Trajectory

The new 111CAS will bring performance benefits, however, demand is increasing materially, and the number of commissioned clinicians will be lower in 2024/25. Therefore, it is unclear what performance levels will be able to be achieved.

NHS111 Clinician Sickness Absence



NHS111 Clinicians - Total Actual Shift Fill



# Our Patients: Quality, Safety & Patient Experience

## 999 Call Performance Indicators

(Responsible Officer: Lee Brooks)

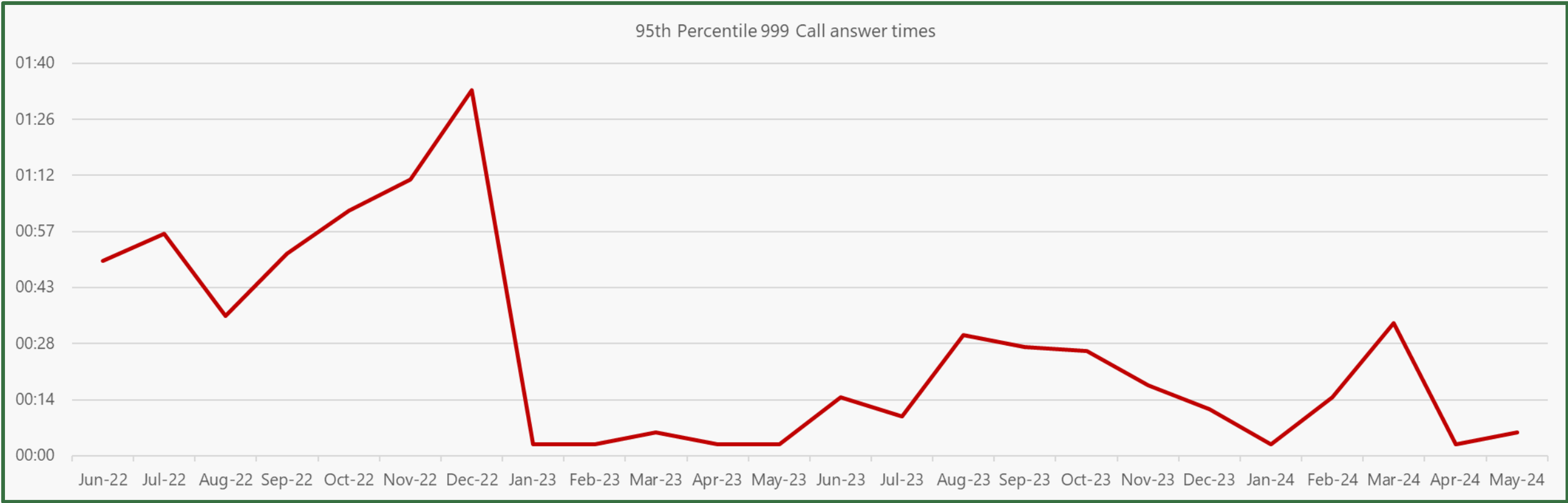
95th

A

FPC

CI

### Influencing Factors – Demand and Hours Produced



#### Analysis

The 95<sup>th</sup> percentile 999 call answering performance achieved the 6 second target. The median call answer time for the 999-service remained consistent at 2 seconds.

There was an increase in demand in May 2024 to 46,191 compared to 40,434 in April 2024.

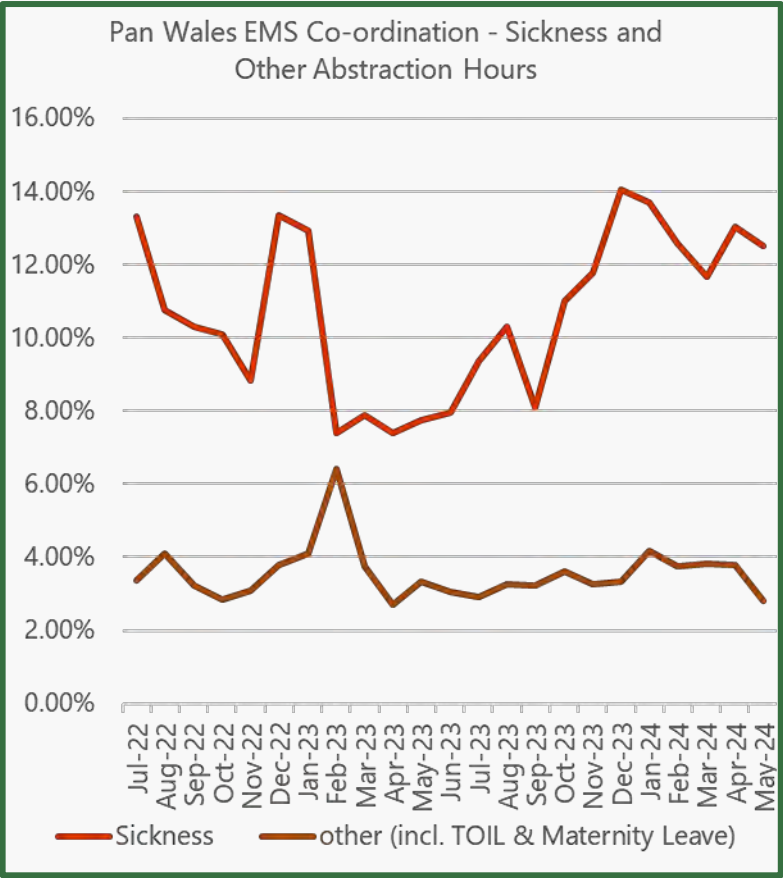
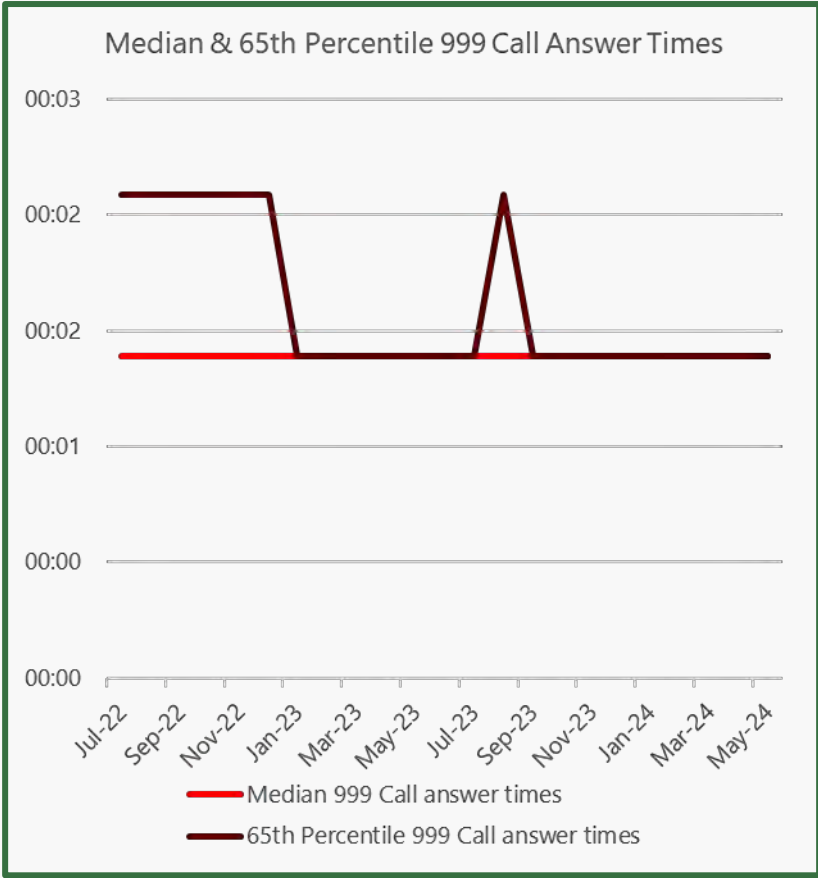
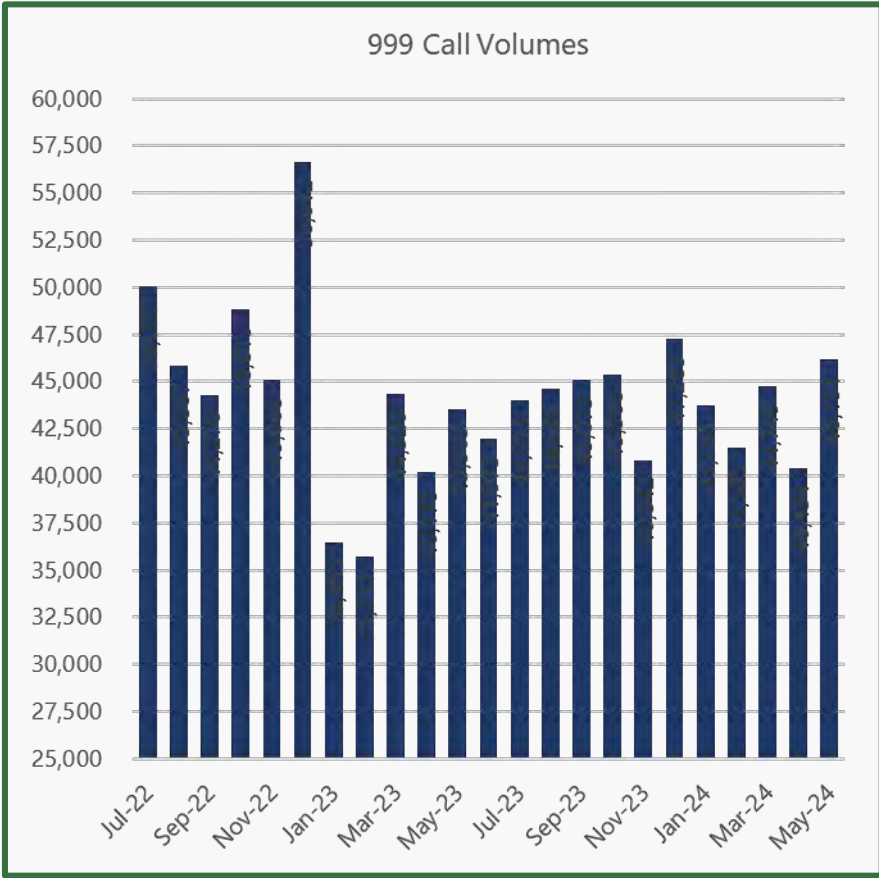
Sickness decreased to 12.53% in May 2024 from 13.02% in April 2024.

#### Remedial Plans and Actions

- Over establishment has been approved for EMSC by the Executive Director of Operations with call takers currently 14% above establishment (125.5 FTEs v 111.76 FTEs)
- Will continue to overrecruit for the next few months (as approved by the ADO and the EDoOps into the winter months.
- Further recruitment drives in all three centres are planned up to September to support the above.
- A transformation programme is underway:
  - Roster Review.** A dispatch roster review for Allocators and Dispatchers..
  - Boundary changes.** Realignment of dispatch boundaries to balance workload and pressures for individual dispatch teams.
  - Broader Ways of Working.** This project is looking to create efficiency, effectiveness and improved productivity through a review of processes and procedures as well as providing consistency and reduction in variation across centres.

#### Expected Performance Trajectory

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





# Our Patients: Quality, Safety & Patient Experience

## Red Performance Indicators

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

(Responsible Officer: Lee Brooks)

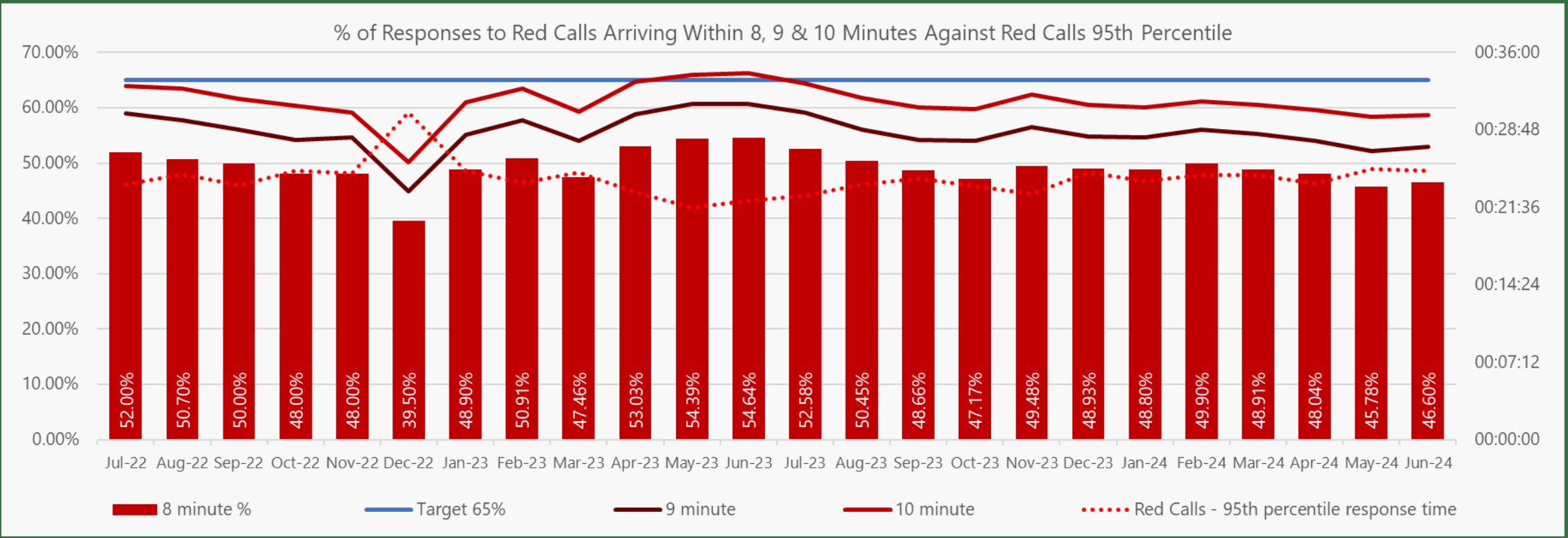
8 Min

R

QUEST

FPC

CI



#### Analysis

Red 8-minute performance continues to remain below the 65% target increasing marginally during June 2024 to 46.6%.

Red 10-minute performance for June 2024 was 58.7%, a reduction from 66.2% in March 2024.

One of the main determinants is **red demand**, which has **increased** over the last few years, with red demand in June 2024 being 28% higher than that seen in June 2023. As red demand has increased, so too has the number of red incidents responded to within 8-minutes, with the figure for June 2024 being 2,346 (9.3% above the 2-year average figure). i.e. the Trust is reaching more red calls in 8 minutes, but the denominator is also increasing.

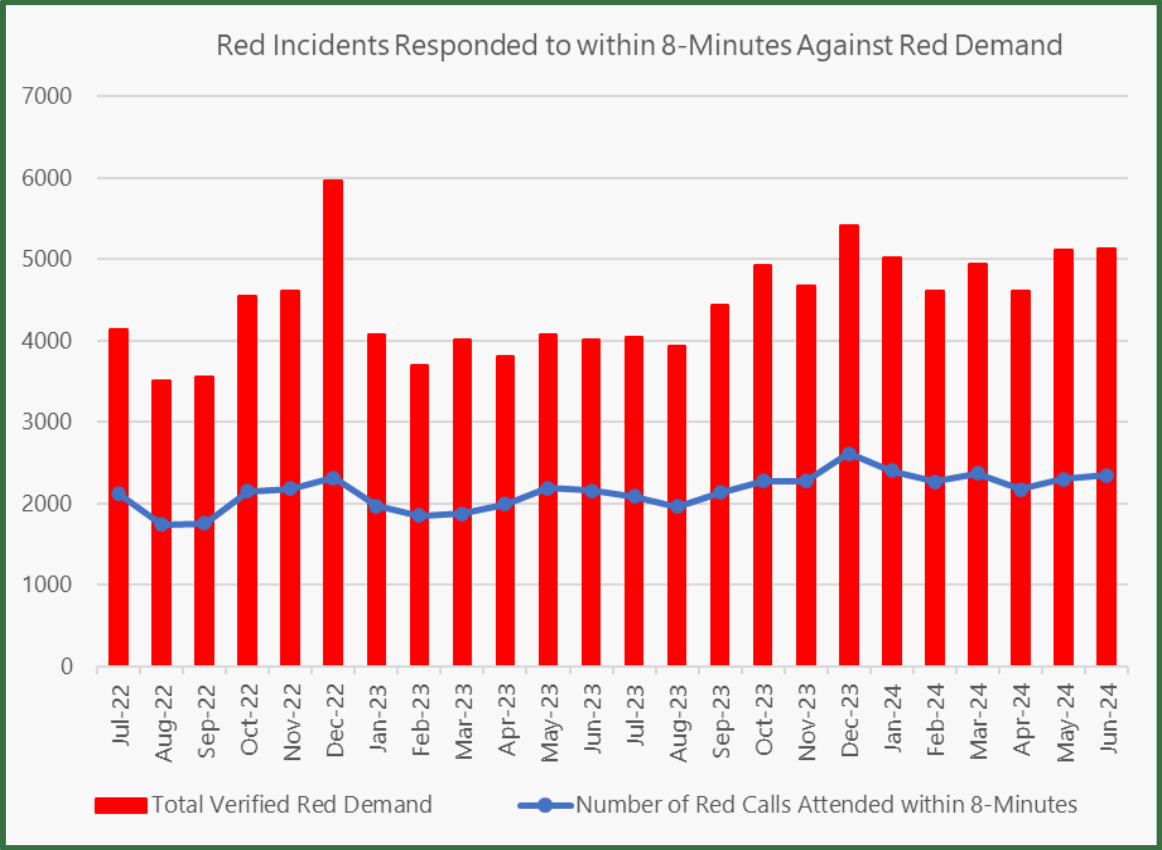
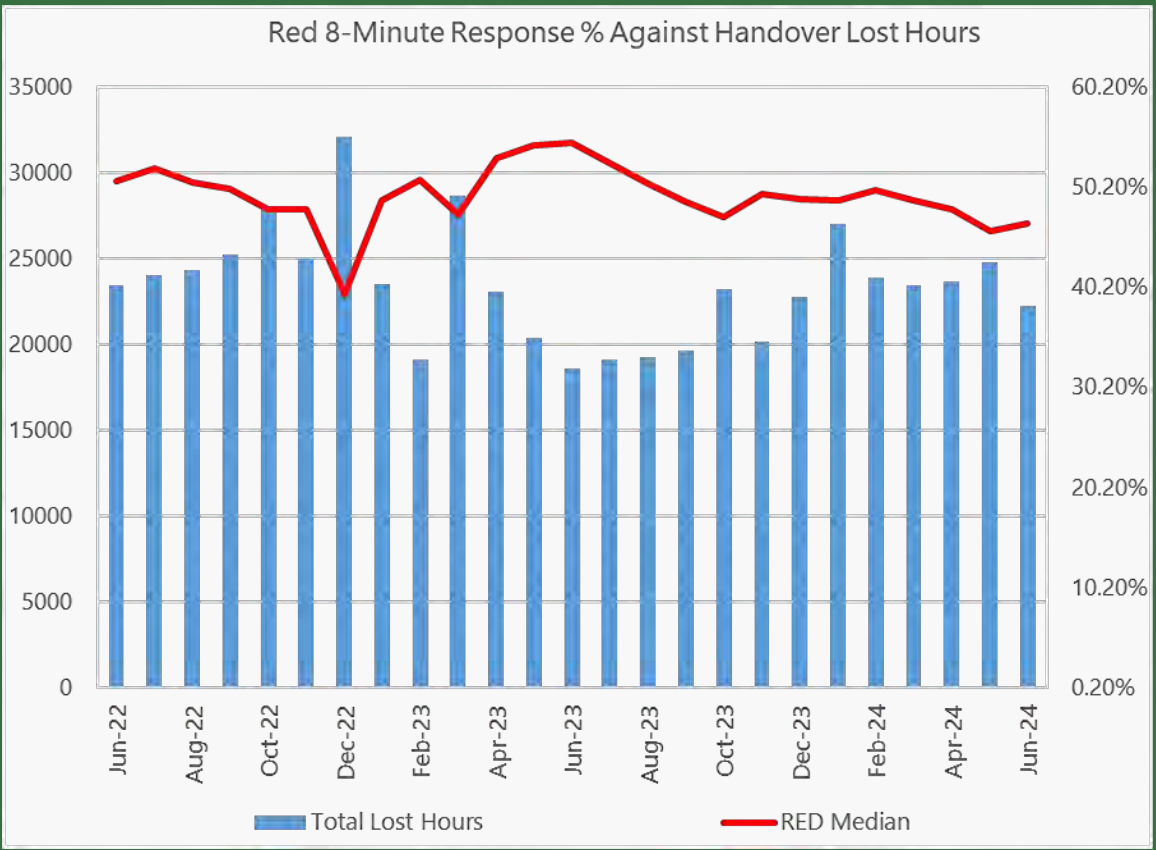
The lower left graph demonstrates the correlation between overall Red performance and **hospital handover lost hours**. There were 22,229 lost hours in June 2024.

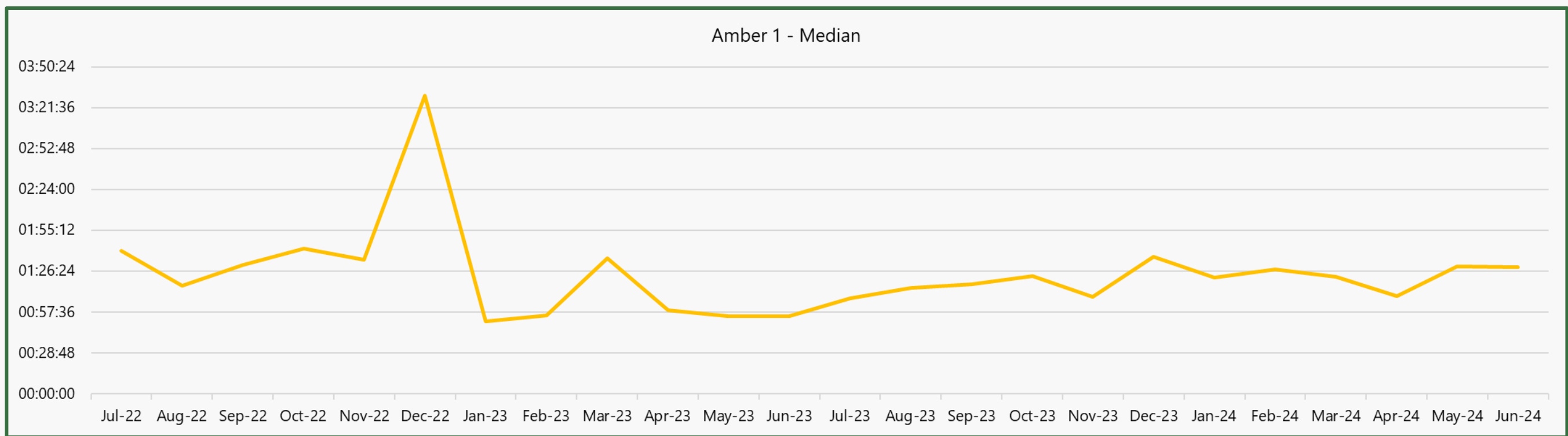
#### Remedial Plans and Actions

- The main improvement actions in the Trust's gift are:
- To maintain commissioned establishment levels overall.
  - Full roll out of the Cymru High Acuity Response Unit (CHARU), now largely complete (128 FTEs v target of 153 FTEs) with the exception of some hard-to-reach areas.
  - Continued focus on production and abstractions (EA production was 93% UHP in June 2024 and CHARU production 74% against full roll out);
  - The rapid deployment, before winter 2024/25, of the first phase of actions towards an updated clinical model e.g. rapid clinical screening, as outlined in our IMTP.

#### Expected Performance Trajectory

Modelling has been completed for Spring 2024. This continues to indicate a level of Red performance below target (most likely scenario 52%) and Amber 1 (one hour and 12 minutes).





**Analysis**

Amber 1 median performance time remained stable during June 2024 at 1 hour 29 minutes. Amber demand decreased slightly in the month (-1,705) and there remains an extreme level of hospital handover lost hours. The ideal Amber 1 median response time remains at 18 minutes.

The Amber 1 95<sup>th</sup> percentile declined during June 2024 to 7 hours and 5 minutes, the second longest time recorded over the past 12 months.

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

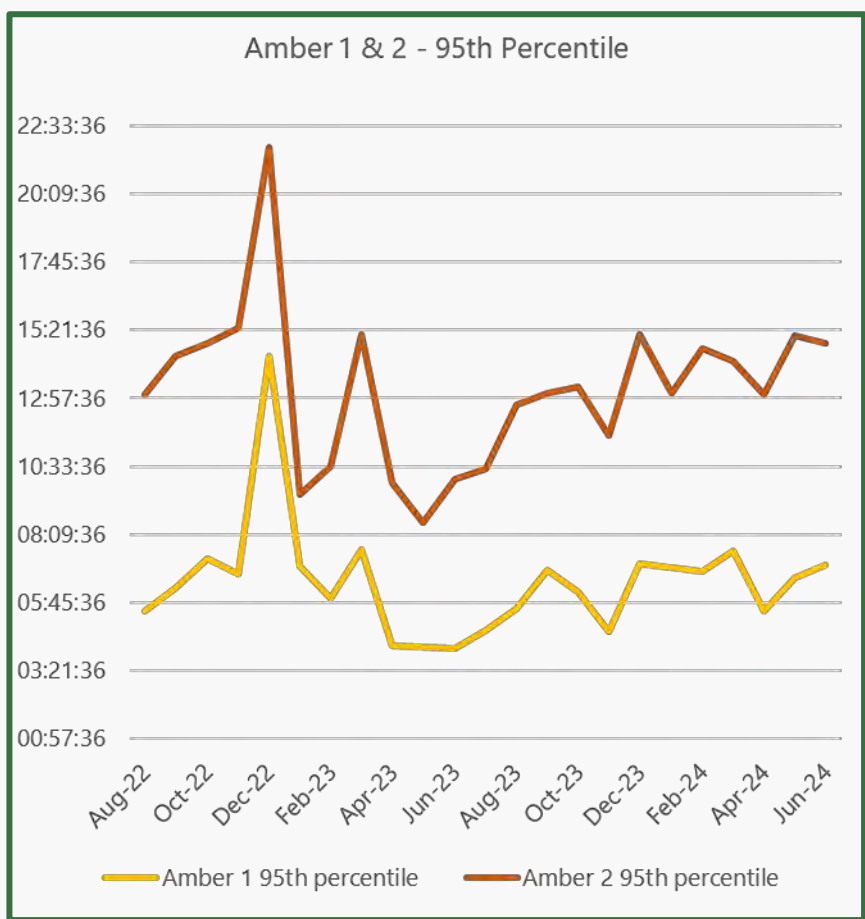
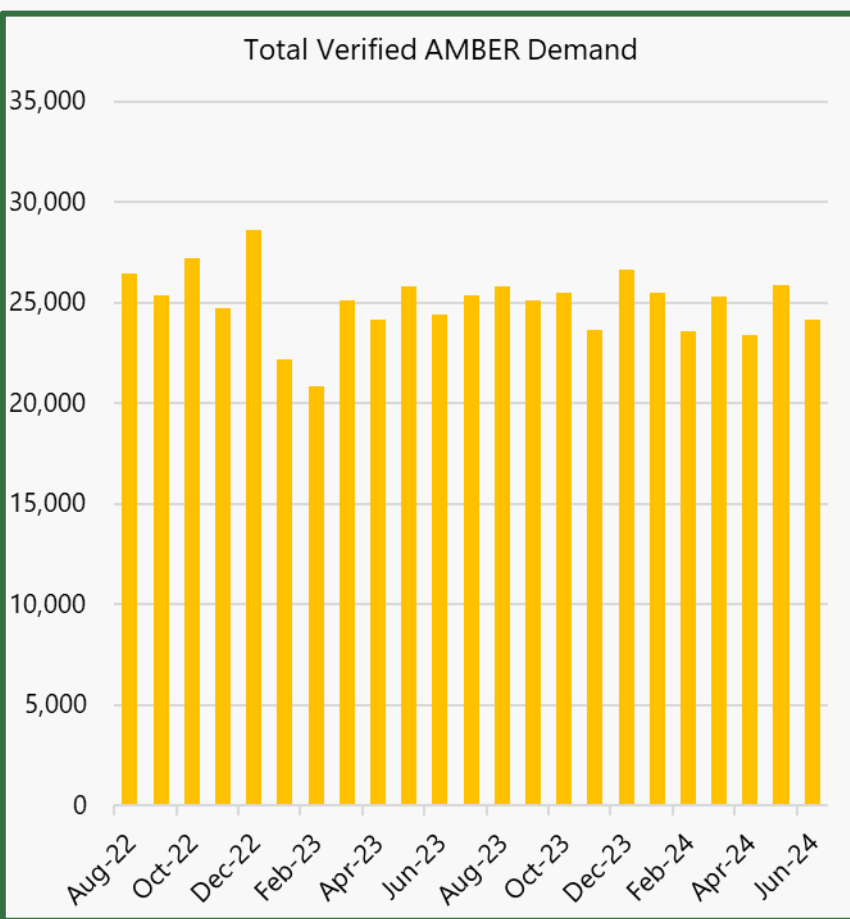
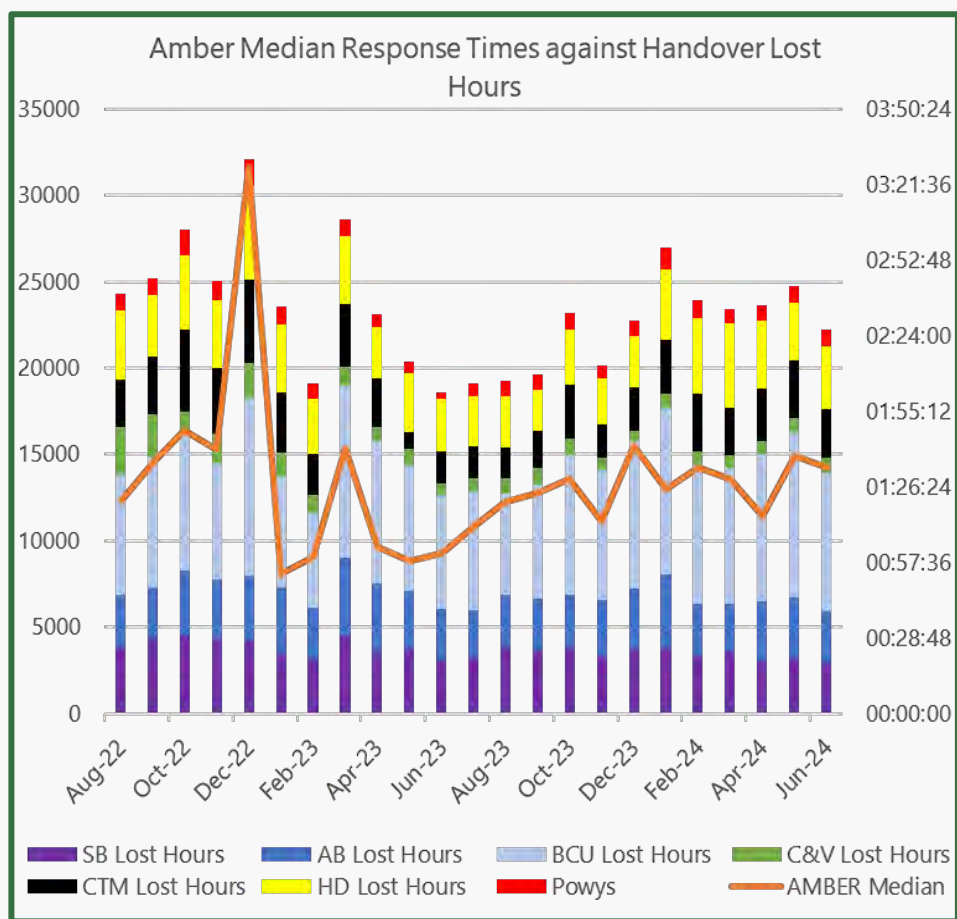
The Trust has also recently seen abstractions return to the 2019 review benchmark of 30% and the numbers of hours produced remains good against commissioned levels (EA UHP at 93%)

**Remedial Plans and Actions**

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

**Expected Performance Trajectory**

The Trust is currently developing a new clinical model and is also nearing the completing of a new 2023 EMS Demand & Capacity Review.





# Our Patients: Quality, Safety & Patient Experience

## Patient Experience – Influencing Ambulance Care Indicators

(Responsible Officer: Lee Brooks)

Oncology

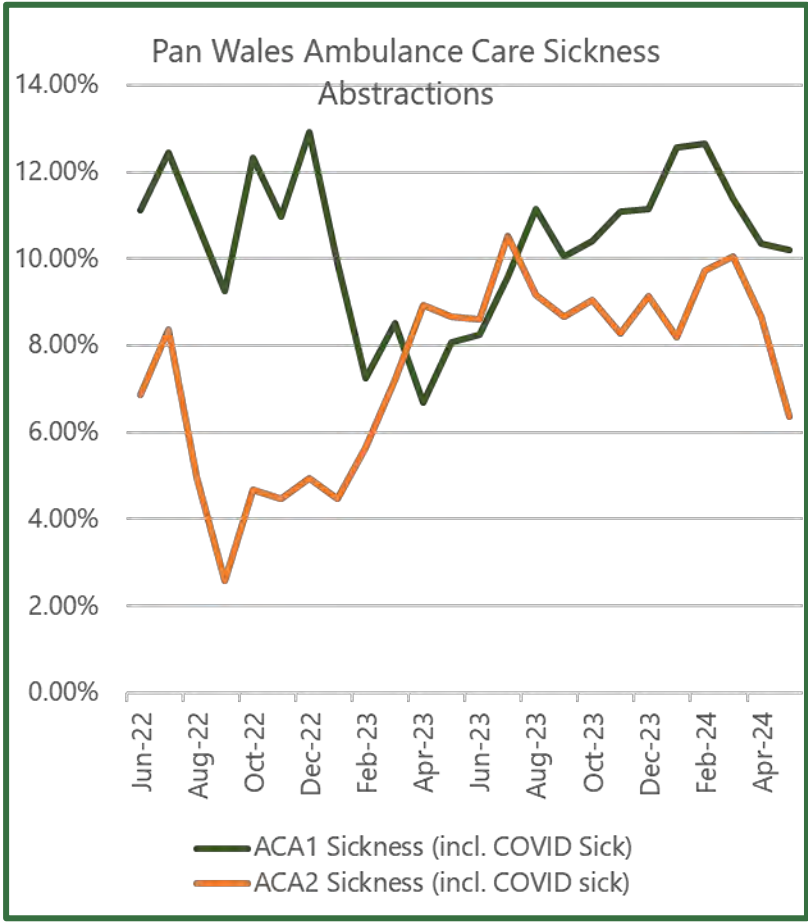
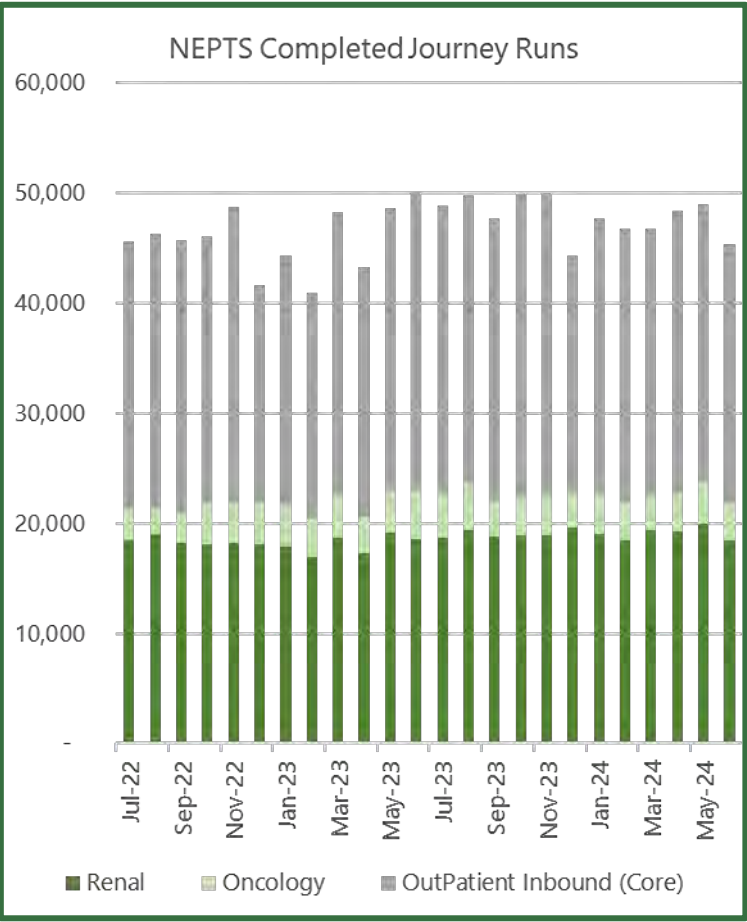
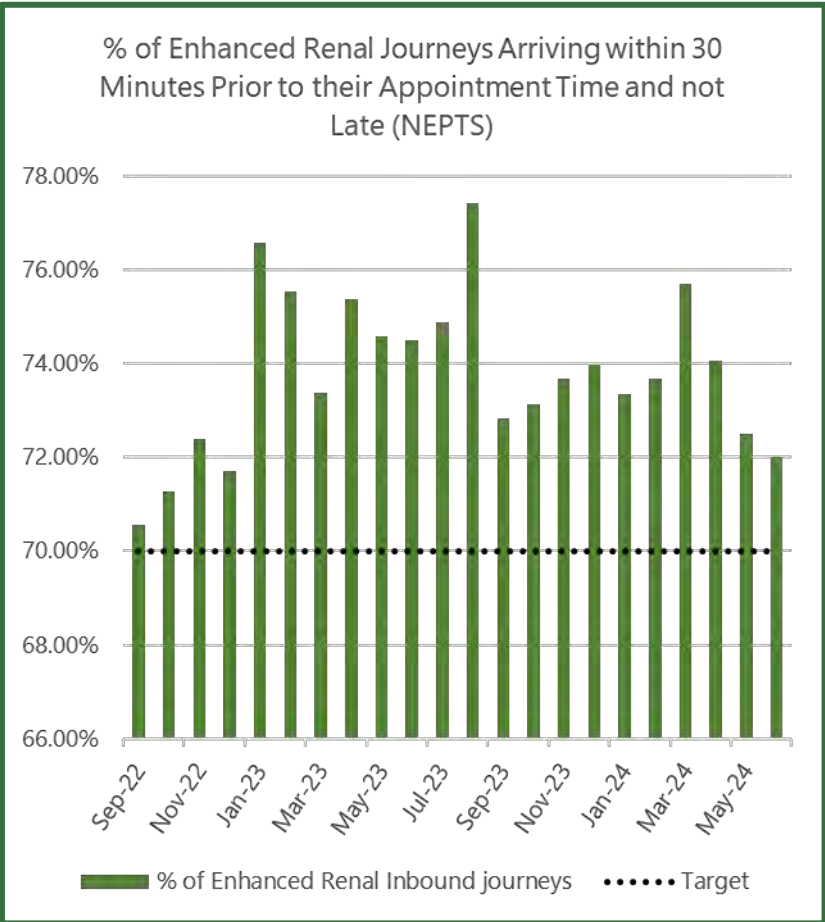
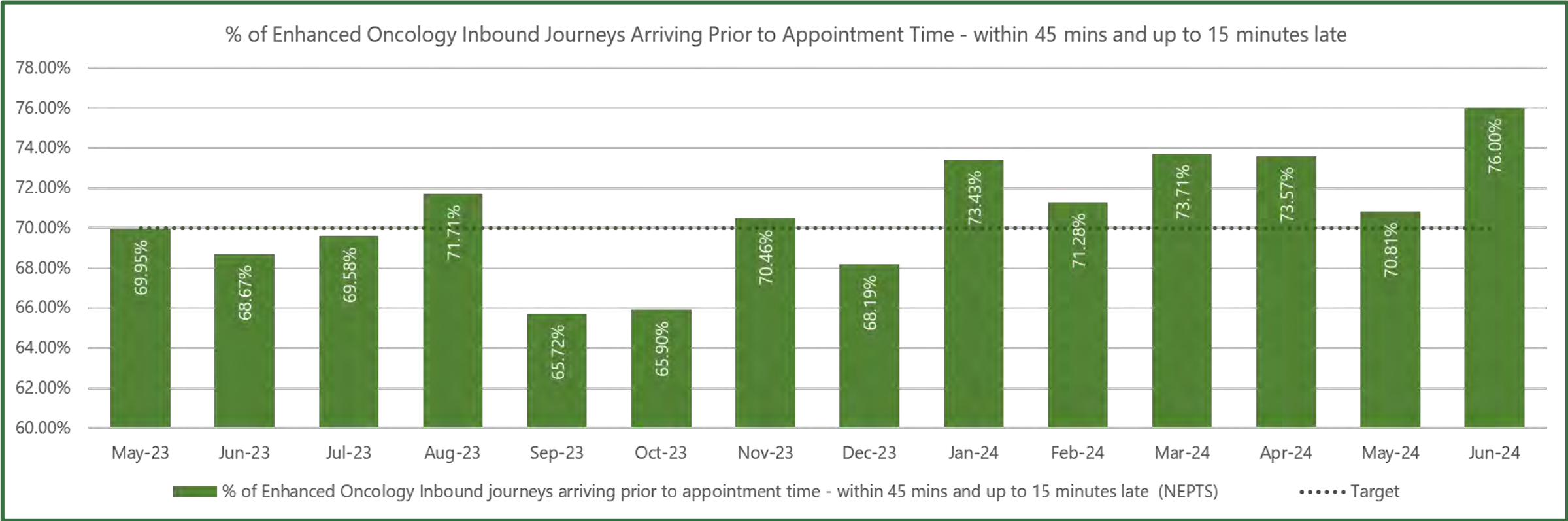
G

Welsh Calls

A

FPC

CI



### Analysis

Ambulance Care (NEPTS element) performance improved during June 2024. 76% of enhanced Oncology journeys arriving within 45 minutes prior and up to 15 minutes late of their appointment time, an increase from the 70.8% in May 2024, and achieving the 70% target. Oncology performance continues to be an area of focus for the service, and we continue to invest both time and resources on these journeys. This is demonstrated through the performance achieved, which has remained above target so far this year.

Enhanced Renal journeys, saw a slight decrease to 72% but continues the pattern of the last two years of exceeding the agreed performance standard (70%).

Call volumes answered declined slightly in June 2024 (18,134) compared to May 2024 (19,646). However, the average speed of call answering declined from 4 minutes 40 seconds in May to 5 minutes 4 seconds in June.

### Remedial Plans and Actions

The journey booking team have reviewed both the existing service standards, which are uncontracted historical measures and not fully funded. This has already been discussed within the NEPTS DAG, including a proposal to change hours of operation and the standard to reflect available resources.

Clinic opening hours and delivery methodology have been reviewed and a proposal of reduced opening hours presented and subject to evaluation and modelling by Omda.

Enhanced sickness monitoring has been implemented at the ADO/HoS level and all long term and complex cases are being reviewed regularly.

### Expected Performance Trajectory

Performance is anticipated to follow recent trends.

# Our Patients: Quality, Safety & Patient Experience

## Clinical Indicators

(Responsible Officer: Andy Swinburn)

Stroke/STEMI

G

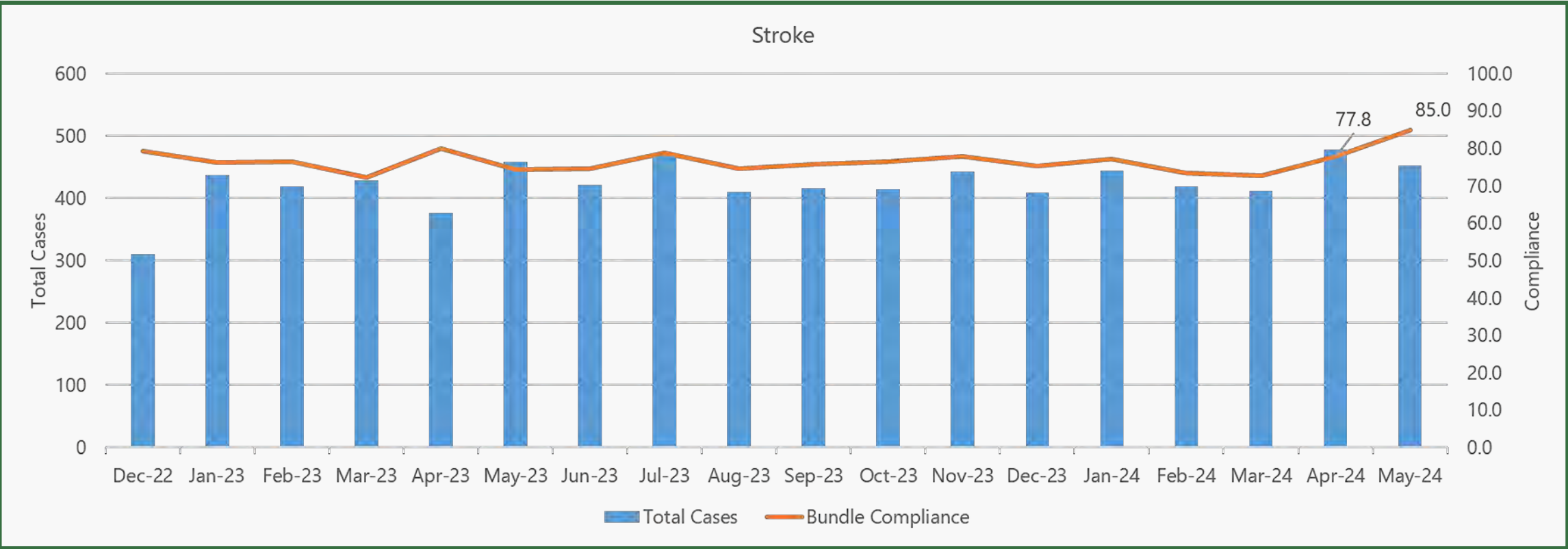
ROSC

A

Self-Assessment:  
Strength of Internal  
Control: Moderate

QUEST

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



#### Analysis

The percentage of stroke patients receiving an appropriate care bundle in May 2024 was 85%, an increase from 77.8% recorded in April 2024. This was against a total case number of 452 in May. There is a correlation between documenting FAST (a test to detect symptoms of stroke) and care bundle compliance, this has informed the improvement plan.

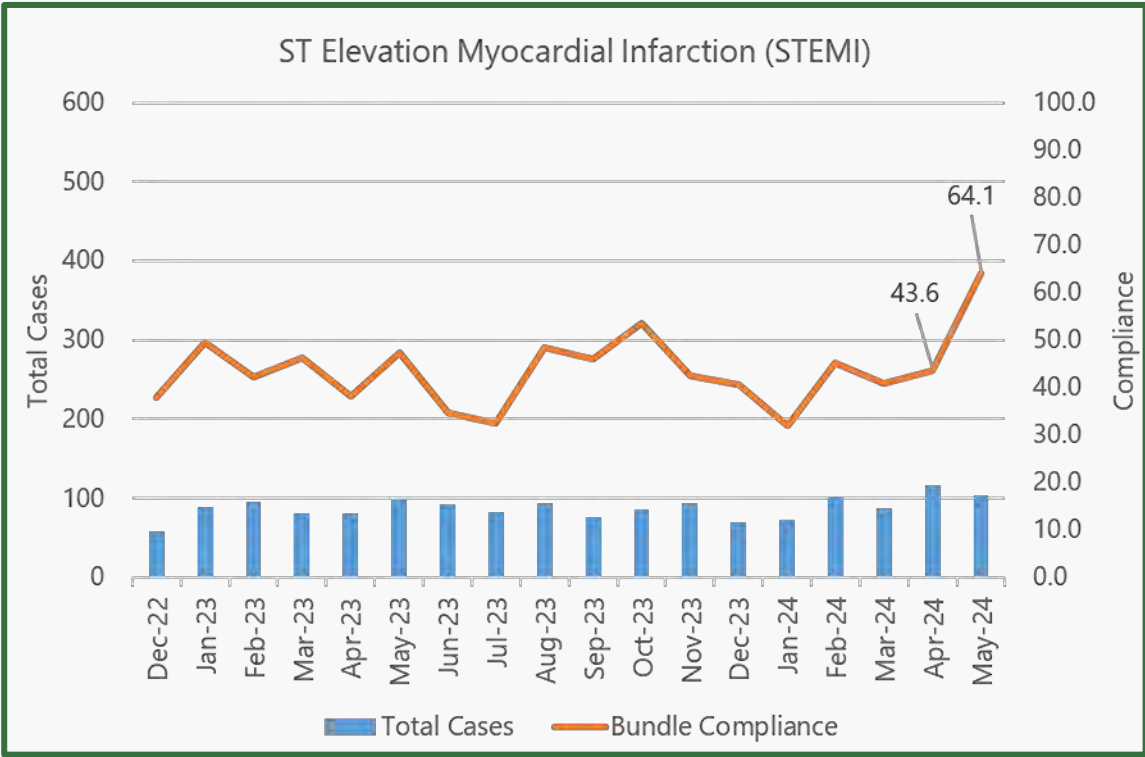
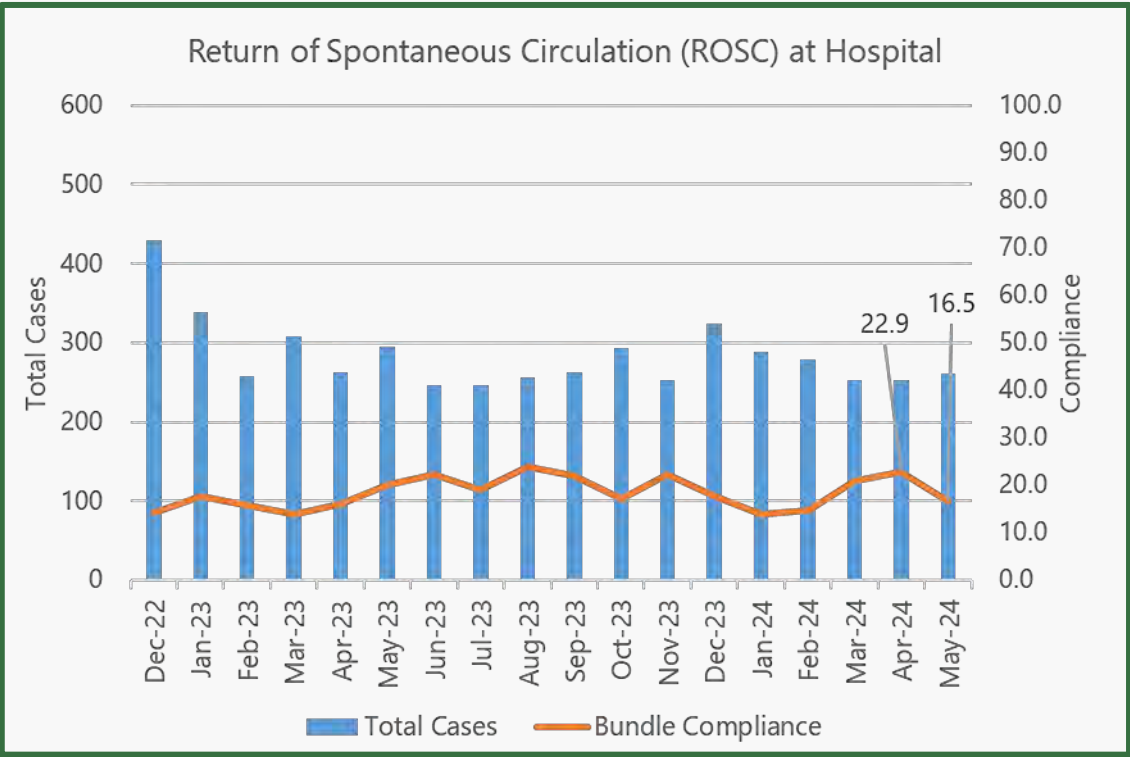
The Return of Spontaneous Circulation at hospital (from cardiac arrest) rate for May 2024 was 16.5%, which was drop from the 22.9% achieved in April 2024. This is the 3rd lowest figure recorded over the past year. However, due to the nature of this metric, common cause variation occurs which can result in a marked reduction in performance from small numbers of unsuccessful resuscitations attempts. The factors that influence this may include response times, bystander resuscitation and response type/numbers.

The percentage of ST-elevation myocardial infarction (heart attack) patients receiving an appropriate care bundle in May 2024 was 64.1%, a significant increase from 43.6% in April 2024. This was against a total case number of 103 in May. There is a correlation between documenting aspirin and care bundle compliance, this has informed the improvement plan.

Following the switch to electronic Patient Clinical Record , the way data is collected with the patient has changed. Automated Clinical Indicator reports are generated from data directly inputted onto the electronic Patient Clinical Record by clinicians. There are advantages to the new process, however this has not yet been fully realised within the monthly results. A recovery plan has been implemented to improve compliance to the reports.

As a result of the anticipated low compliance, risk 535 was generated with three key mitigations to work on:

- Design of the electronic Patient Clinical Record User Interface
- Clinician interaction with the electronic Patient Clinical Record
- Accuracy of the scripting to extract the data from the data warehouse to create the report





# Our Patients: Quality, Safety & Patient Experience

## Clinical Indicators

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

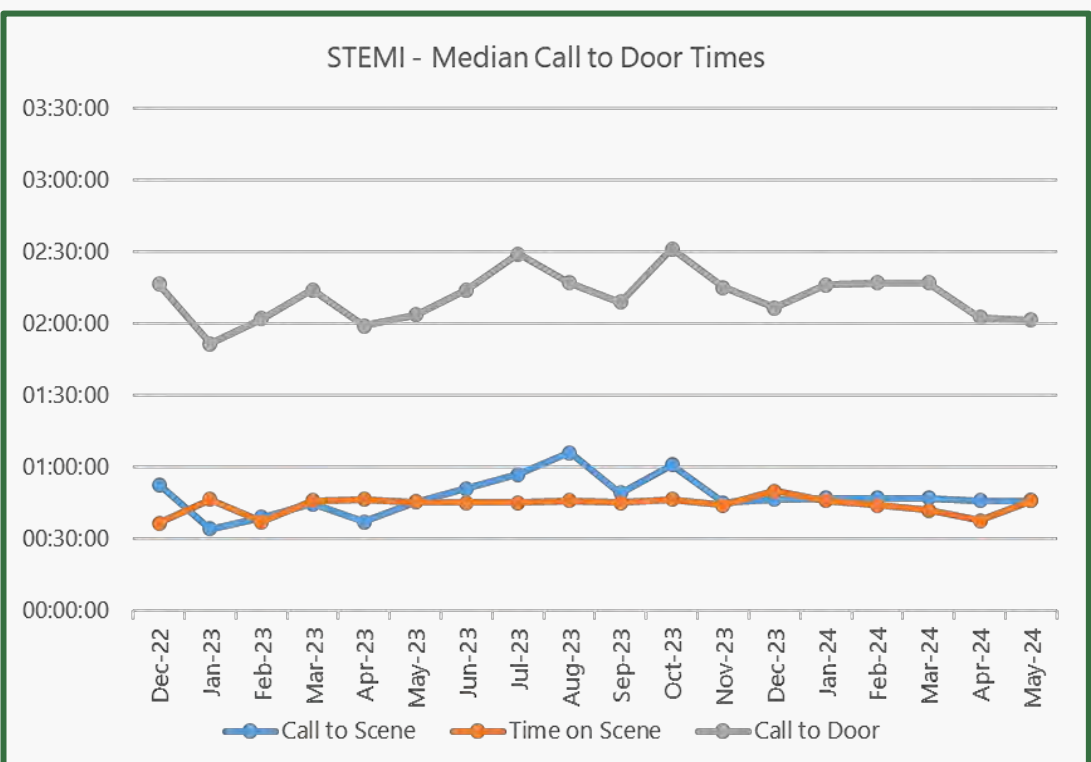
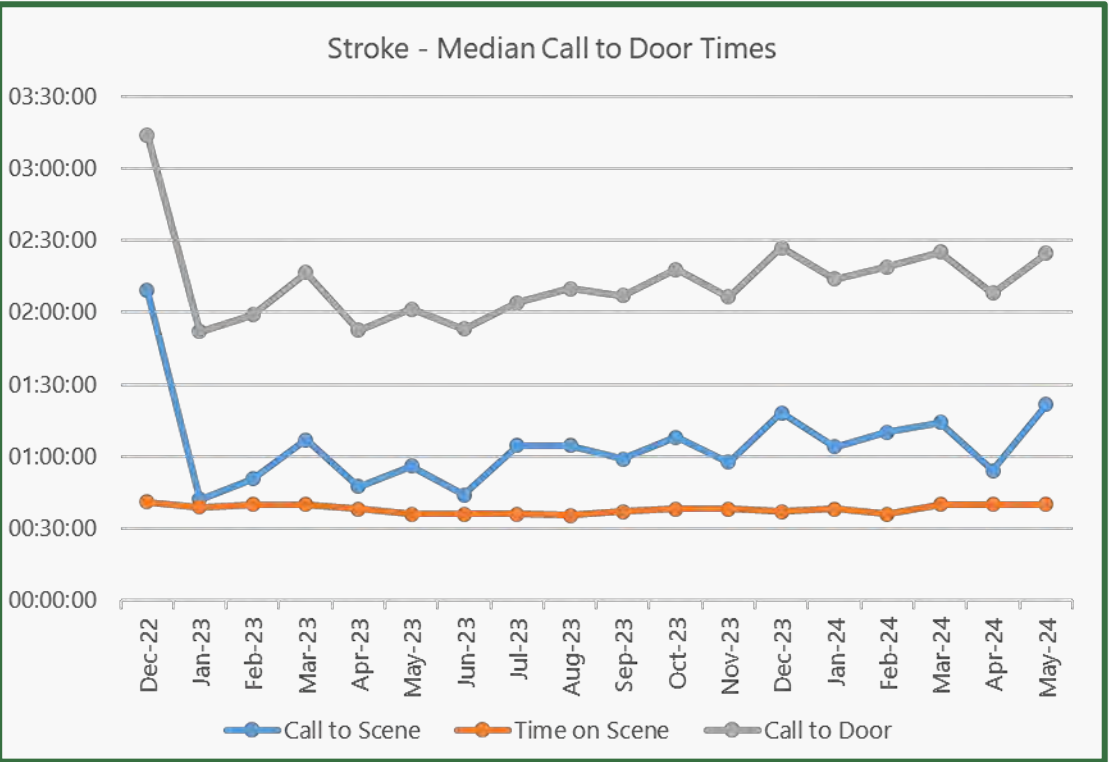
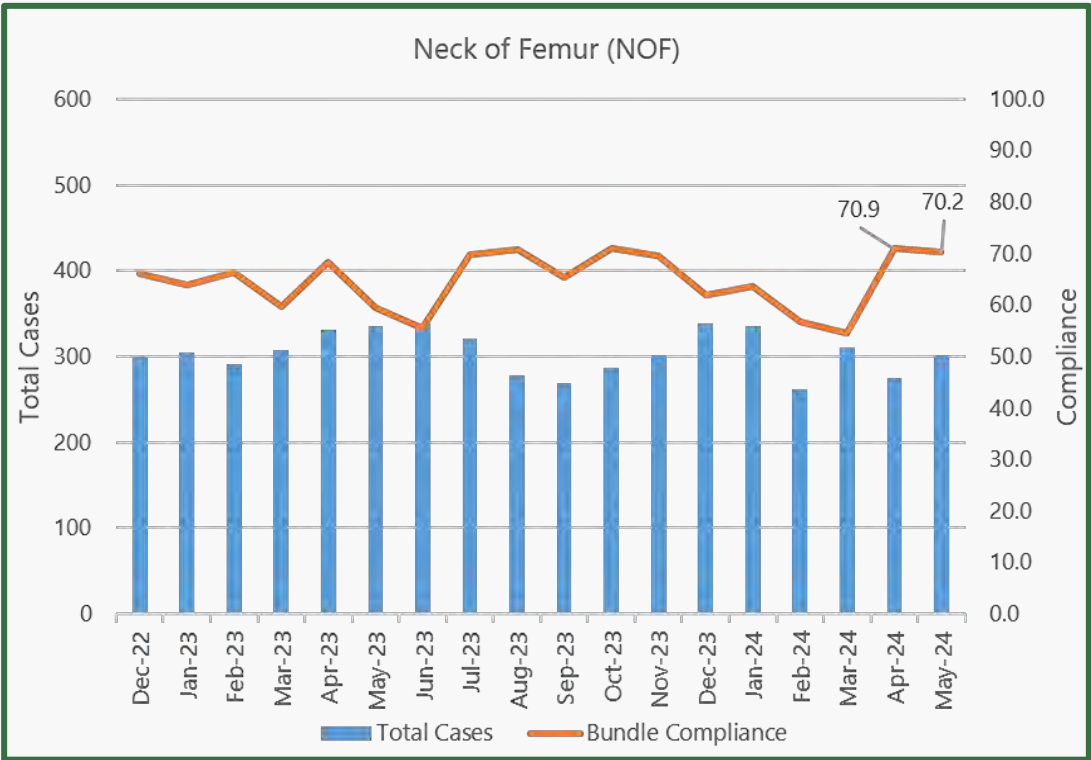
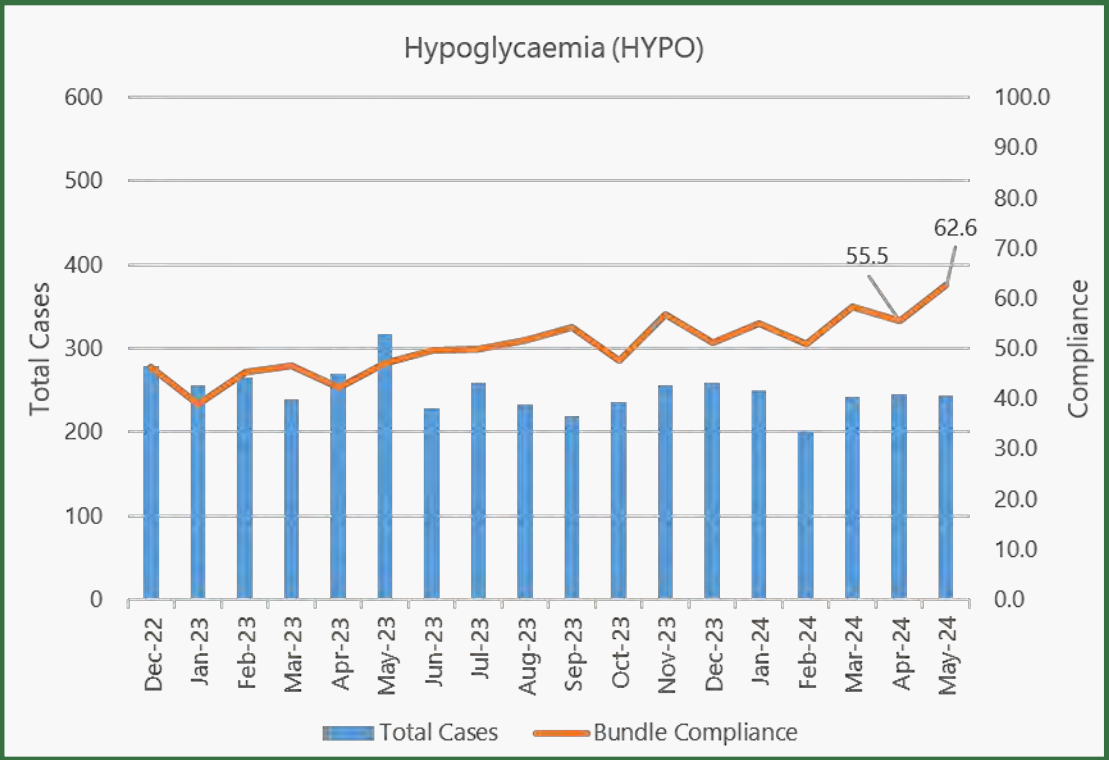
(Responsible Officer: Andy Swinburn)

Call to Door

G

Self-Assessment:  
Strength of Internal  
Control: Moderate

QUEST



#### Analysis

The percentage of hypoglycaemic (diabetic with low blood glucose) patients receiving an appropriate care bundle in May 2024 was 62.6%, an increase from 55.5% in April. This was against a total case number of 243 in May. There is a correlation between documenting blood glucose levels and care bundle compliance, which informed the improvement plan.

The percentage of Fractured Neck of Femur (hip fracture) patients receiving an appropriate care bundle in May 2024 was 70.2%, a slight decrease from 70.9% in April 2024. There is a correlation between documenting pain score and care bundle compliance which has informed the improvement plan and contributed to this improvement.

Clinical Indicators relating to call to door times for STEMI (heart attack) and Stroke are now reported on as part of the Ambulance Service Indicators and these show that while rates for STEMI are remaining relatively stable, call to door times for stroke patients have experienced an increasing trend since June 2023.

#### Remedial Plans and Actions

A recovery plan has been implemented to improve Clinical Indicator (CI) compliance; the actions include:

- Full deployment at pace of the Clinical Indicator Improvement Plan
- Focussed communication with WAST clinicians to use the bespoke electronic Patient Clinical Record fields for Clinical Indicators (in addition to the narrative)
- Supporting Senior Paramedics to have conversations with clinicians about CIs.
- Health Board focussed clinical workshops to promote understanding of Clinical Indicators and care bundles
- Invest in resources to utilise Natural language Processing, a form of Artificial Intelligence to interrogate the clinical narrative on electronic Patient Clinical Records
- Review the scripting used for reports in a structured way for each Clinical Indicator bundle, monitor and repeat annually

#### Expected Performance Trajectory

The electronic Patient Clinical Record - Compliance Approval Group are exploring options to improve electronic Patient Clinical Record completion and compliance to Clinical Indicators with prompts when a record is being closed to enable clinicians to easily return to the required field for completion. Live testing will commence during May 2024 and will be implemented in a stepwise approach.

This, along with continuing improvements in clinical supervision and support of Health Board Clinical Leads and Senior Paramedics, working closely with the Clinical Improvement, and Clinical Intelligence and Assurance Teams, will contribute to an increase in compliance rates.

# Our Patients: Quality, Safety & Patient Experience

## Patient National Reportable Incidents & Patient Concerns Responses Indicators

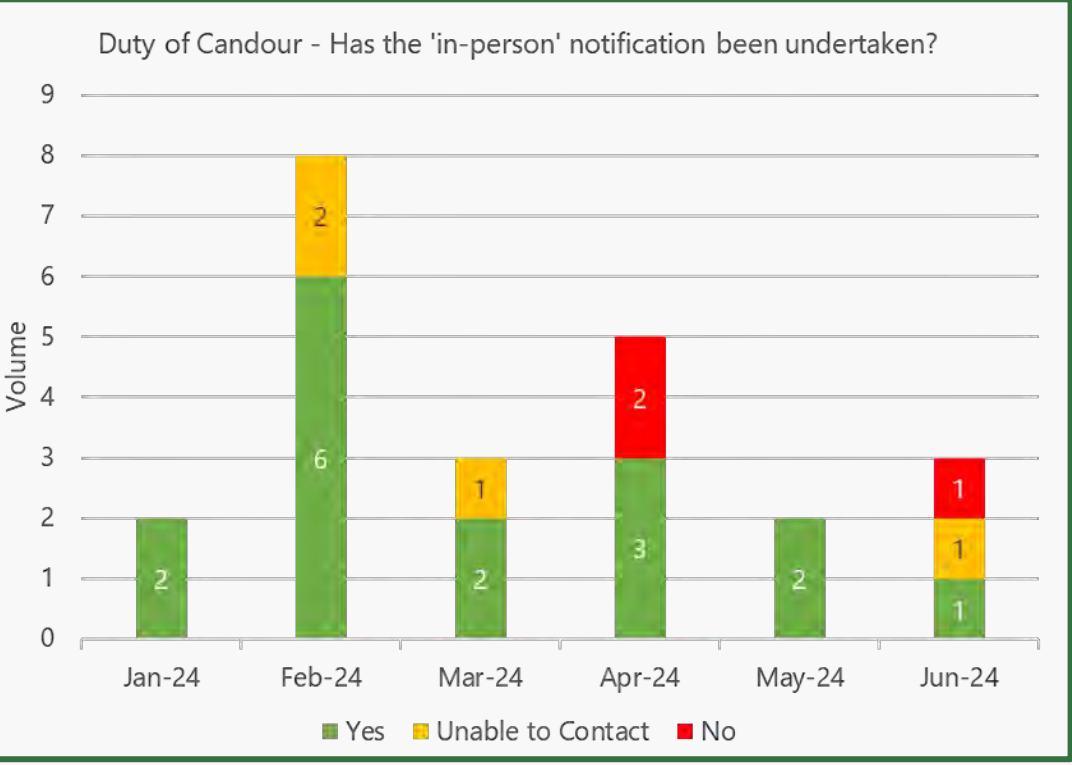
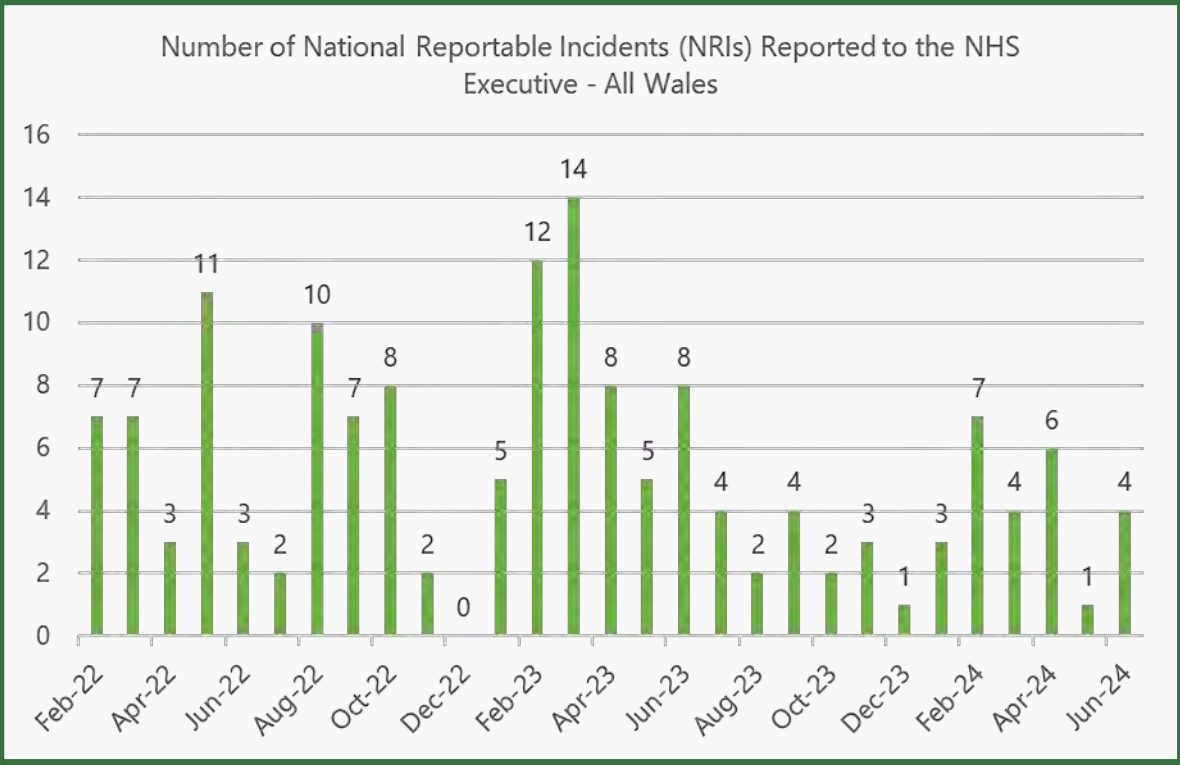
(Responsible Officer: Liam Williams)

Concerns.  
G

Self-Assessment:  
Strength of  
Internal Control:  
Moderate

QUEST

Health & Care  
Standard  
Health - Safe Care /  
Timely Care



### Analysis

The improvement in complaints timescales continues with the Trust exceeding the minimum target of 75% 30 working day compliance for the first time in several years. This is as a direct result of improved resourcing in the PTR team, particularly in leadership positions, following investment in the department. Acknowledgement of formal complaints is also fully compliant with the national timescales. It is anticipated that 30 working day compliance will begin a temporary decrease next month as the team begins to focus on resolving long-standing complaints and the total number of open cases. 4 NRIs were reported to the NHS Wales Executive in the previous month. There has been a notable decrease in cases requiring escalation to the SCIF. A decrease in incidents shared with Health Boards under the Joint Investigation Framework is also apparent. Further monitoring and triangulation will be undertaken to provide assurance on whether this is reflective of reducing system harm or a change in incident-reporting profiles.

### Duty of Candour

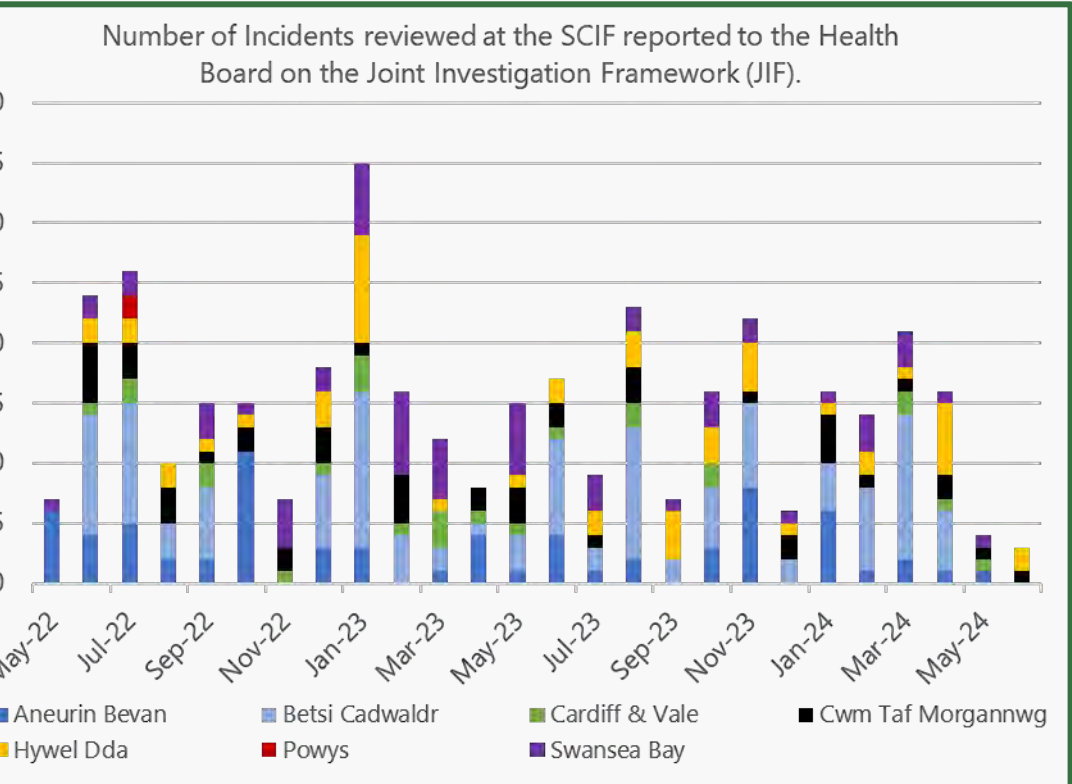
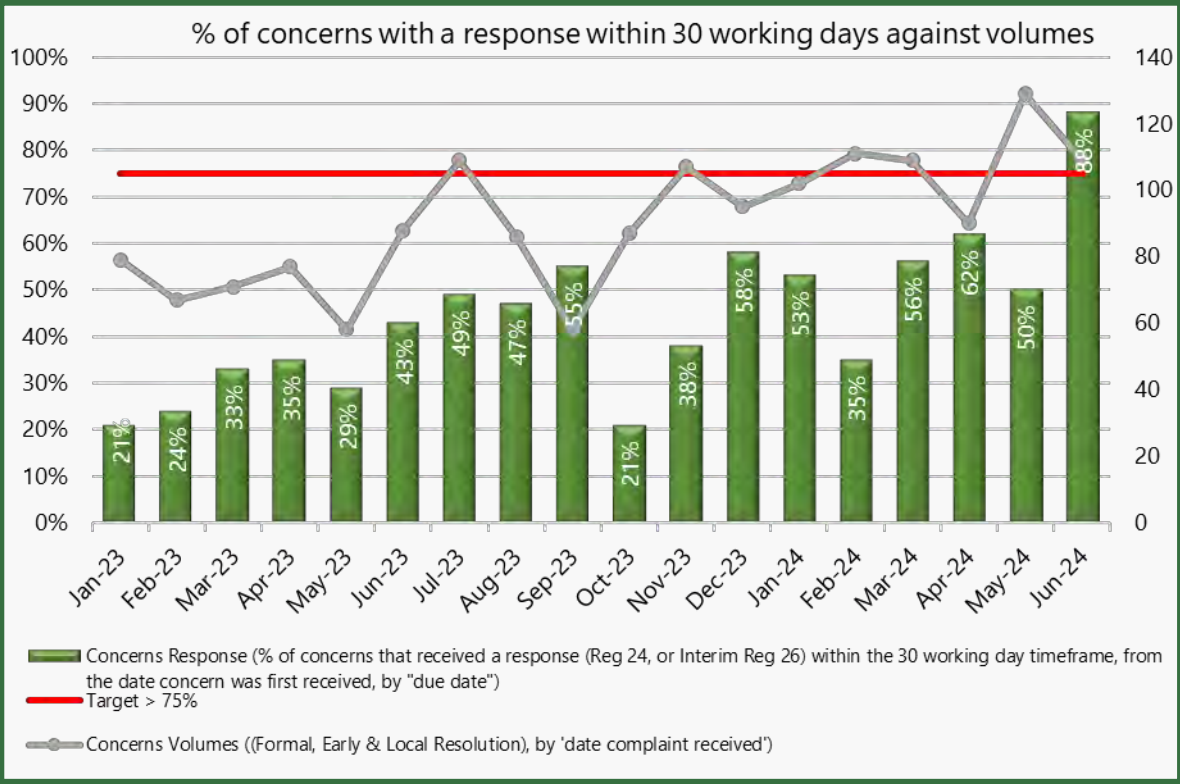
Duty of Candour Regulations (2023): An "in-person" notification is made when the Trust becomes aware of a notifiable adverse outcome. There are occasions when we have not been able to contact patients or families despite trying several avenues. Where enactment of the Duty has been attempted but unsuccessful the rationale is documented on the Datix Cymru System.

### Remedial Plans and Actions

Recruitment to the full PTR establishment is nearly completed. New staff are expected to be in post by Q3 at the latest. A detailed Putting Things Right Recovery Plan has been presented and accepted by QUEST Committee. This includes SMART actions, expected performance trajectories and key dependencies over the coming financial year.

### Expected Performance Trajectory

The PTR Department will, over the coming months, begin to focus on ensuring that recent improvements in the timeliness of complaints responses are sustainable and that we are reducing the longest waiting complaints. There are high staff vacancy and absence levels in the Patient Safety team and the remaining team members are focused on maintaining statutory and national priorities, including identification, reporting, investigating and closure of NRIs and the enactment of the Duty of Candour.



\*NB: Data correct on the date and time it was extracted; therefore, these figures are subject to change \*\*NB: 30 Day Compliance reported from Power BI and therefore data is not yet validated

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



# Our Patients: Quality, Safety & Patient Experience

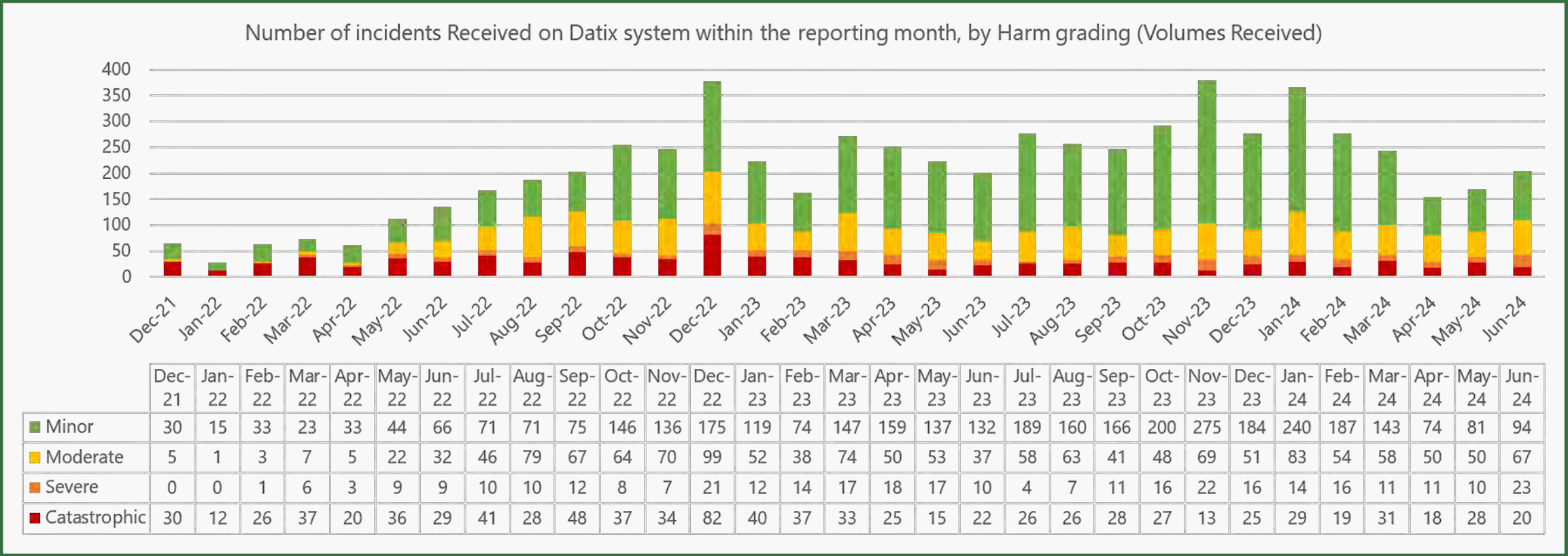
## Patient & People Safety Indicators

Self-Assessment:  
Strength of  
Internal Control:  
Moderate

PCC

(Responsible Officer: Liam Williams)

Health & Care  
Standard  
Health – Safe Care



**Analysis**

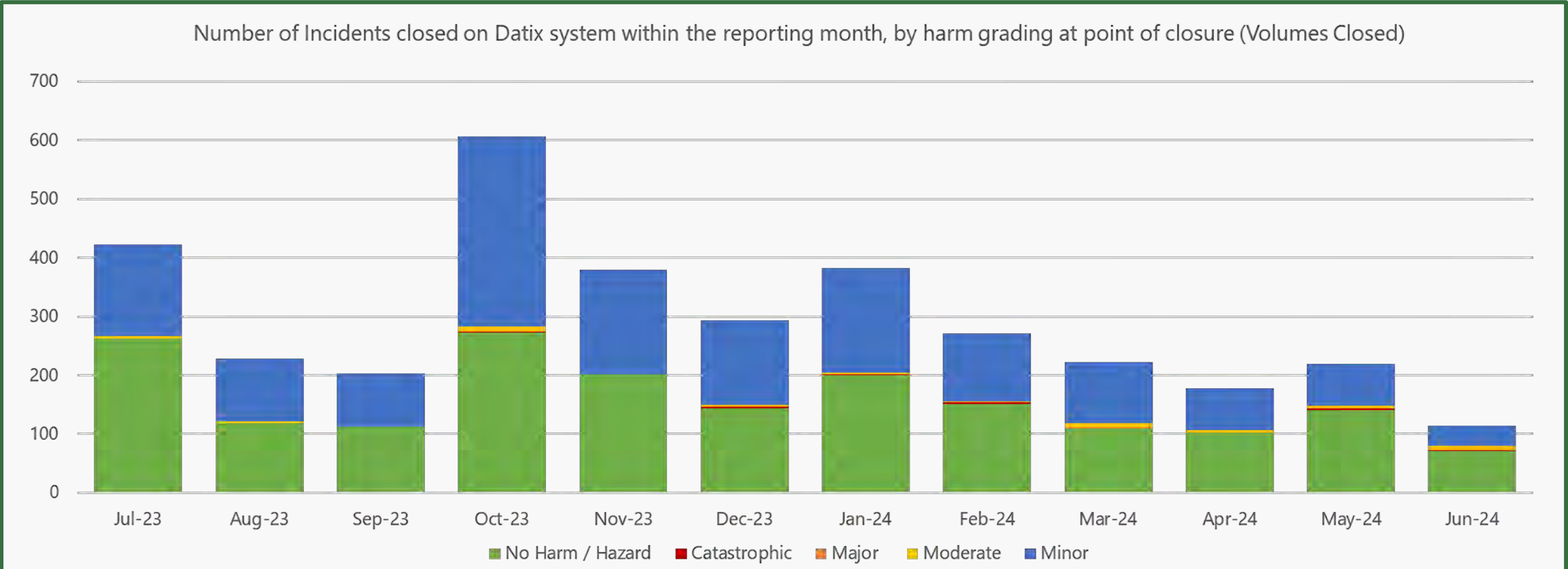
Once cases are investigated and any improvement actions / learning is identified by the Patient Safety or Clinical Team, (or for instances where serious harm has occurred referred to the Serious Case Incident Forum (SCIF) for review) they are closed.

An increase in incident reporting during June 2024 is observed across all harm gradings..

All patient safety incidents graded moderate or above will continue to be reviewed by the Patient Safety Team. Monthly volumes should be interpreted with caution as incidents can be duplicated on the system (for example two crews submitting the same incident). Incident volumes include those reported internally by WAST staff but also those reported by Health Board colleagues about WAST services or care and transferred onto our Datix database.

- No harm or hazard – 47
- Minor harm – 94
- Moderate harm -67
- Severe Outcomes - 23
- Catastrophic - 20

(\*NB: Volumes received).



The bottom graph highlights the 114 Incidents that were closed on the Datix system in June 2024.

**Remedial Plans and Actions**

The Putting Things Right teams continue to focus on the priorities outlined in the departmental Recovery Plan to improve the Trust position and performance across a number of quality metrics and Tier 1 targets. The Trust is represented at national networks including Duty of Candour, Complaints, Ombudsman, Learning, Mortality, Claims, Redress and Datix Cymru development groups as resources allow. Work is progressing in respect of the development of dashboards and the aggregation of data and information to inform patterns, trends and learning opportunities as part of the quality management system.

**Expected Performance Trajectory**

As captured in the PTR Recovery Plan, Incident management priorities will initially be focused on reducing the number of overdue NRIs.

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

# Our Patients: Quality, Safety & Patient Experience

## Coroners, Mortality and Ombudsmen Indicators

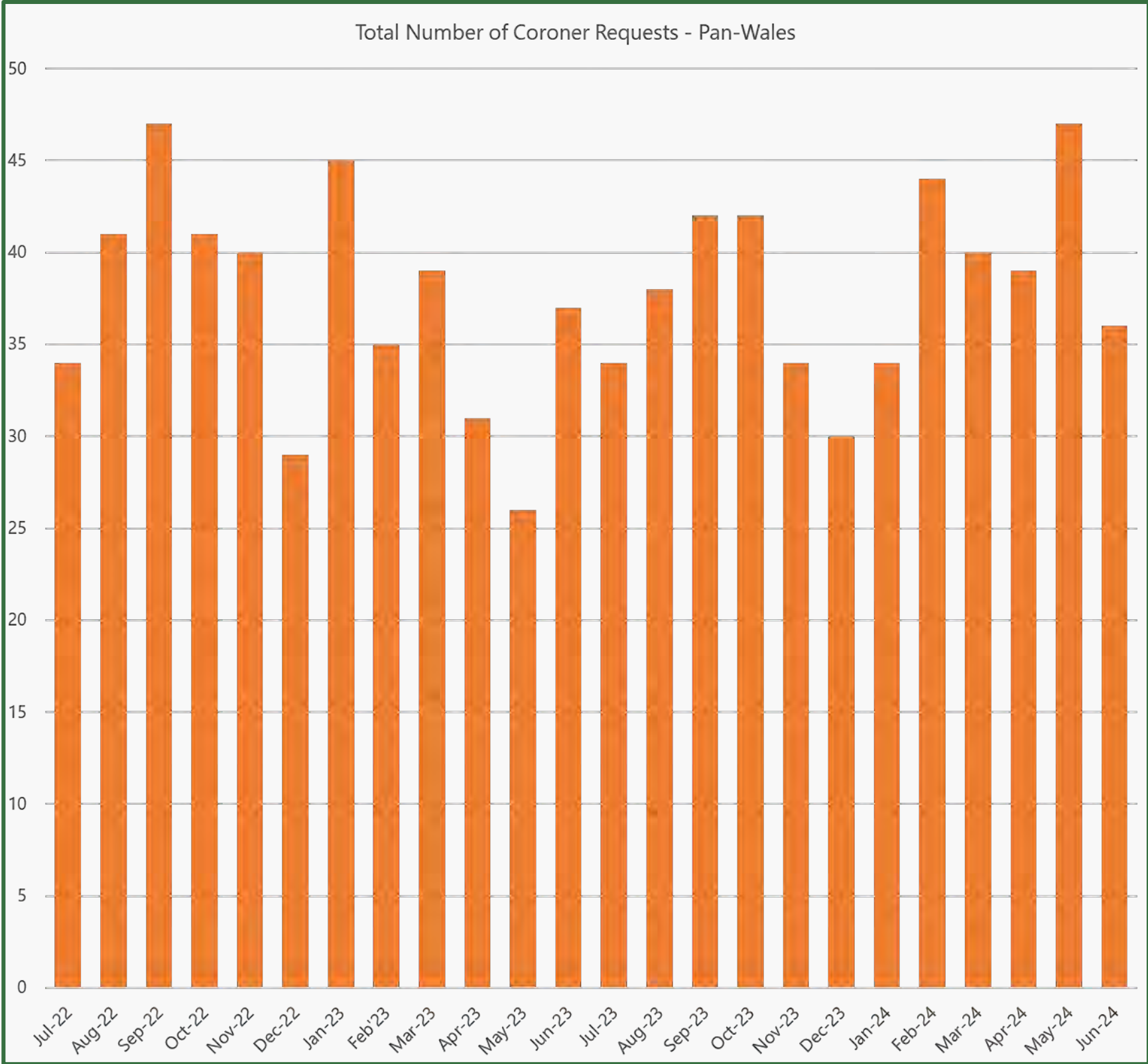
(Responsible Officer: Liam Williams)

Coroners  
Self-Assessment:  
Strength of  
Internal Control:  
Moderate

Mortality  
Self-Assessment:  
Strength of  
Internal Control:  
Moderate

QUEST

Health & Care  
Standard  
Health – Safe Care



\*NB: Temporary graph at All-Wales level: The Trust is currently unable to report Coroner requests at Health Board level due to the implementation of the new Datix system

### Analysis

**Coroners:** The complexity of the cases remains high, with multiple statements and actions per approach. Coroners are attempting to clear backlogs, still outstanding since Covid. This has resulted in the need for more prevention of future deaths statements. Some coroners have reduced administrative support (documented in the Chief Coroners Annual Report) , which has resulted in some delayed requests reaching the Trust. One Prevention of Future Death report was received last month requesting action in relation to availability of anti-overdose medication.

**Ombudsman:** There has been a reduction in initial approaches to the Trust by the PSOW. All PSOW cases are now being managed via Datix Cymru. Management responsibility for PSOW cases has been transferred to the Patient and Family Relations team to allow an end-to-end understanding of cases that progress through to PSOW consideration.

**Mortality Review:** The Trust continues to participate in Health Board led mortality reviews as appropriate, with attendance from the Patient Safety Team and clinical colleagues as available. Data and information is also provided by the Trust as required to the Medical Examiner Service to inform their reviews of deaths in acute care. Currently the focus of the Medical Examiner Service is undertaking reviews in the acute care setting and the plan is for all non-coronial deaths, including community deaths to be reviewed by the Medical Examiner Service from September 2024 (moved from April 2024). An increase in referrals for the Trust is expected when this occurs.

### Remedial Plans and Actions

**Coroners:** The Team are requesting extensions were possible and escalating issues earlier to ensure we are reaching deadlines. One specific coroner has advised that if statements are not received within the requested timeframe, a schedule 5 will be issued.

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

**Mortality Review:** The Trust is in the process of developing the internal mechanisms in order to facilitate mortality reviews aligning to the national approach. This includes consideration of the resources required in the new Putting Things Right (PTR) Team structure with additional roles included in the Patient Safety Team. Recruitment to the new structure is expected to be completed by July 2024. The Patient Safety Team are engaged in the meetings lead by the Once for Wales Datix Cymru Team who are developing the Datix Cymru Mortality Module. The Learning from Deaths Forum, chaired by the Assistant Director of Quality & Nursing is established and is currently meeting on at least a quarterly basis, with oversight and reporting to the Clinical Quality Governance Group.

### Expected Performance Trajectory

**Coroners:** This level of activity seems to be the new normal and will continue to be monitored.

**Ombudsmen:** The team are pleased with the low conversion rate of complaints to PSOW cases, demonstrating the quality of responses to formal complaints.

**Mortality Review:** Whilst the multiple benefits of the Medical Examiner Service are recognised there will undoubtedly be significant resource implications for the Trust, particularly as the process expands to every non-coronial death in NHS Wales by the end of September 2024.



# Our Patients: Quality, Safety & Patient Experience

## Safeguarding, Data Governance & Public Engagement Indicators

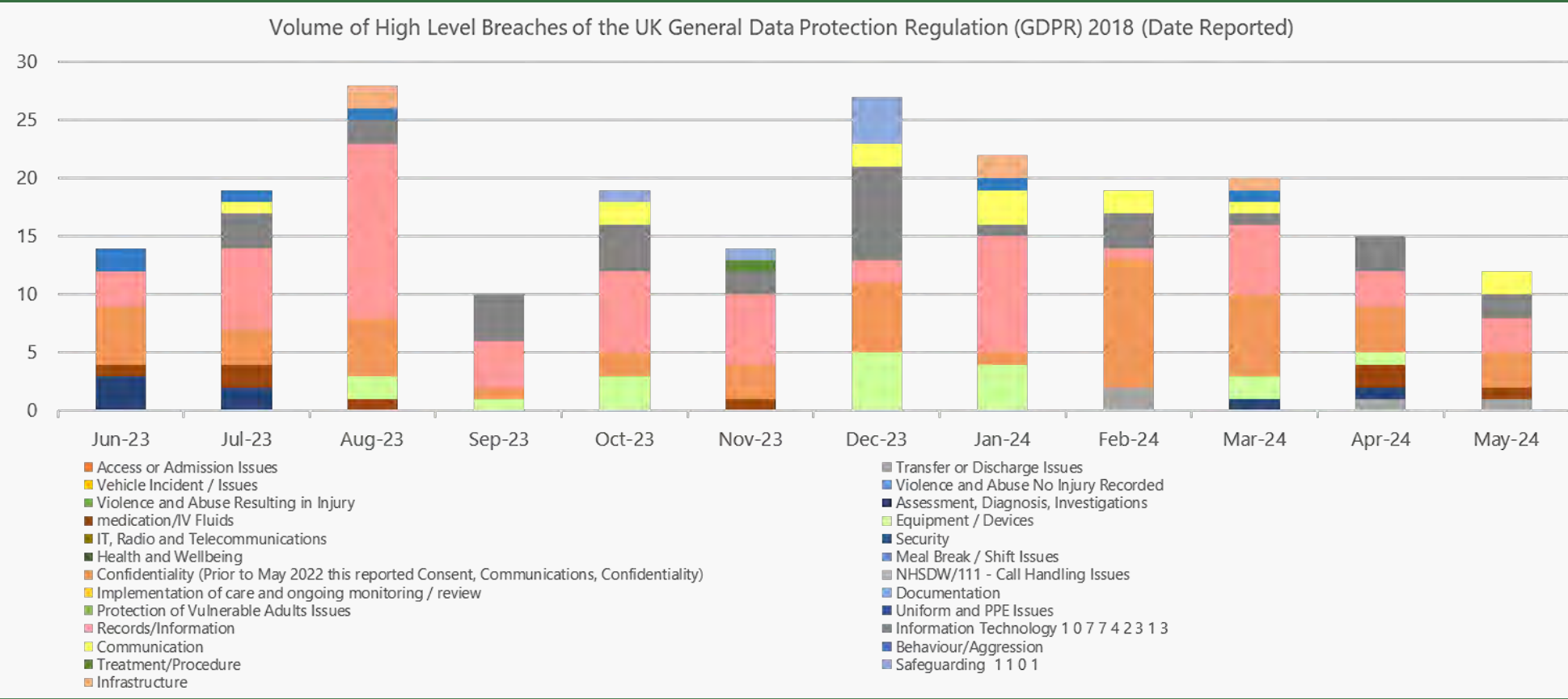
(Responsible Officers: Jonny Sammut & Liam Williams)

Self-Assessment:  
Strength of  
Internal Control:  
Strong

QUEST

Health & Care  
Standard  
Health – Safe Care

Safeguarding Data source: Doc Works



### Analysis

**Safeguarding:** In June 2024 staff completed a total of 188 Adult at Risk Reports, 90% of these were processed within 24 hours. Whilst the Trust does not report on Adult Social Need reports, 545 referrals were received and processed to the local authority during this reporting period. There have been 198 Child Safeguarding Reports in June 2024, 90% of these were processed within 24 hours.

**Data Governance:** In May 2024, there were 12 information governance (IG) related incidents reported on Datix Cymru categorised as an Information Governance (IG) breach. Of these 12 breaches, 3 related to IG/Confidentiality, 3 Records/Information, 2 Information Technology, 2 communication, 1 medication, and 1 transfer/discharge..

**Public Engagement:** During June, the Patient Experience and Community Involvement Team attended 30 community engagement opportunities, engaging with approximately 1,639 people. Engagement included attending large community events including Pride Cymru in Cardiff, where we represented the Welsh Ambulance Service in the annual Pride parade and followed this up with an engagement stall in the Pride Marketplace, where we were able to talk to the LGBTQ+ community about their experiences of using our services, promote volunteering opportunities and demonstrate CPR. We also attended Cardiff MELA, another large scale outdoor multicultural event which celebrates many cultural aspects of Asian life. We have continued to engage with local LLais branches across Wales. Throughout June we continued to make available 4 core patient experience surveys covering the Trust's main service delivery areas.

### Remedial Plans and Actions

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

**Data Governance:** During the reporting period, of the 12-information governance related incidents reported on Datix, 0 incidents were reported to the Information Commissioner's Office (ICO). The IG Team continues to review and provide advice on reported incidents. Remediation actions are continuing on some incidents.

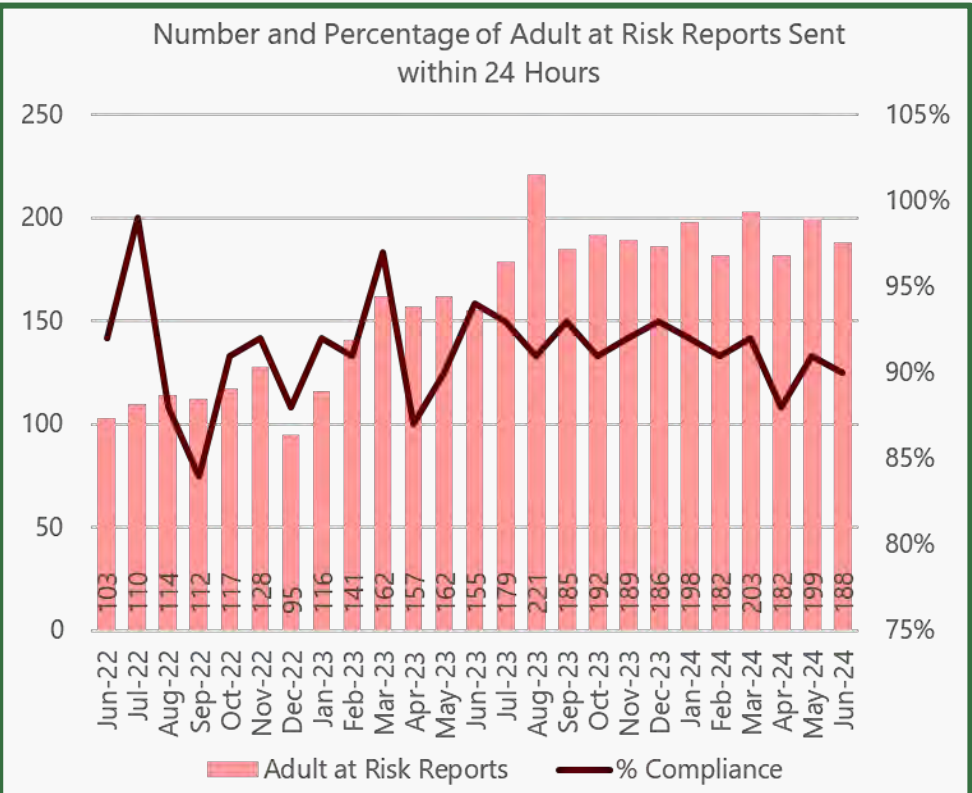
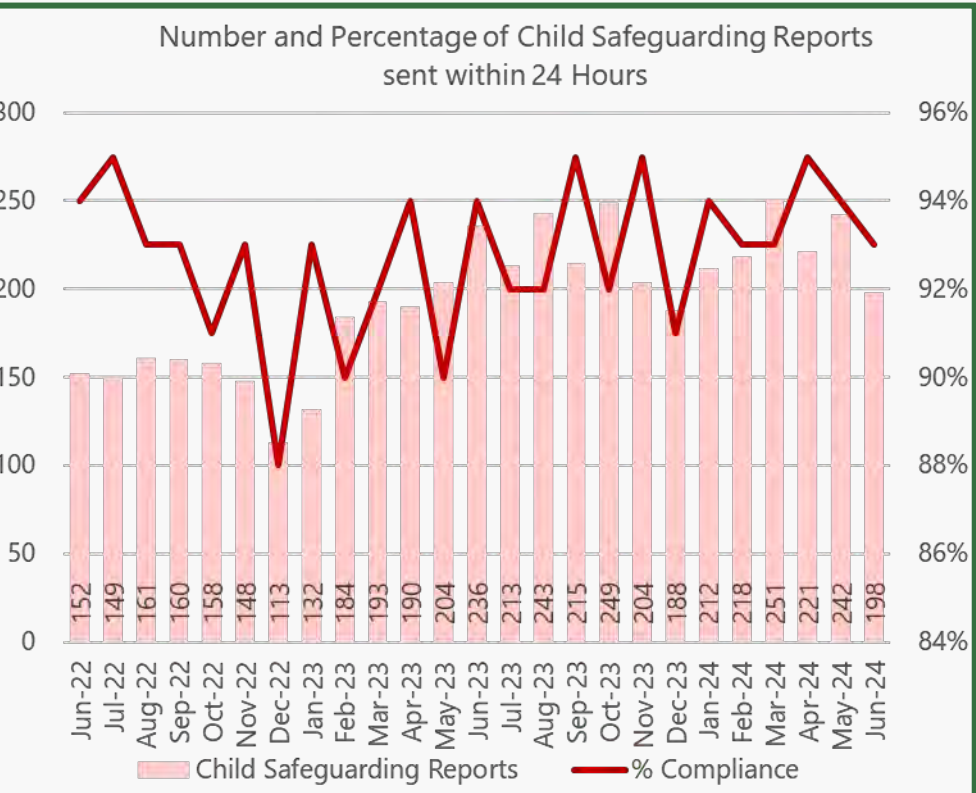
**Public Engagement:** Community involvement and engagement with patients/public forms is an integral part of the Trust's strategic transformation ambitions. The work delivered by the PEI Team is supporting the Trust's principles of providing the highest quality of care and service user experience as a driver for change and delivering services which meet the differing needs of communities we serve without prejudice or discrimination.

### Expected Performance Trajectory

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

**Data Governance:** The IG Toolkit submission for FY23/24 was submitted in March. Of the 11 categories being assessed, 5 met the Minimum Expectations standard. An Improvement Action Plan for the next submission has been developed and will be shared with the Information Governance Steering Group in June 2024.

**Public Engagement:** All feedback received is shared with relevant Teams and Managers and continues to be used to influence ongoing service improvement. Patient experience and community engagement information is now shared weekly at the Senior Quality Team meeting.



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

# Our Patients: Quality, Safety & Patient Experience

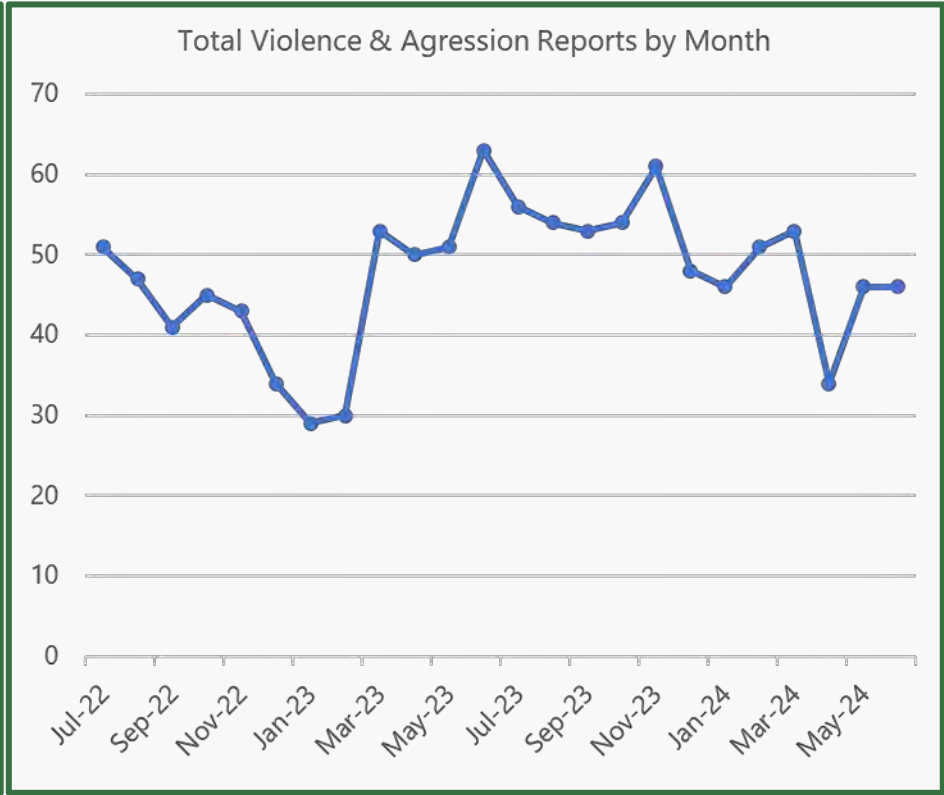
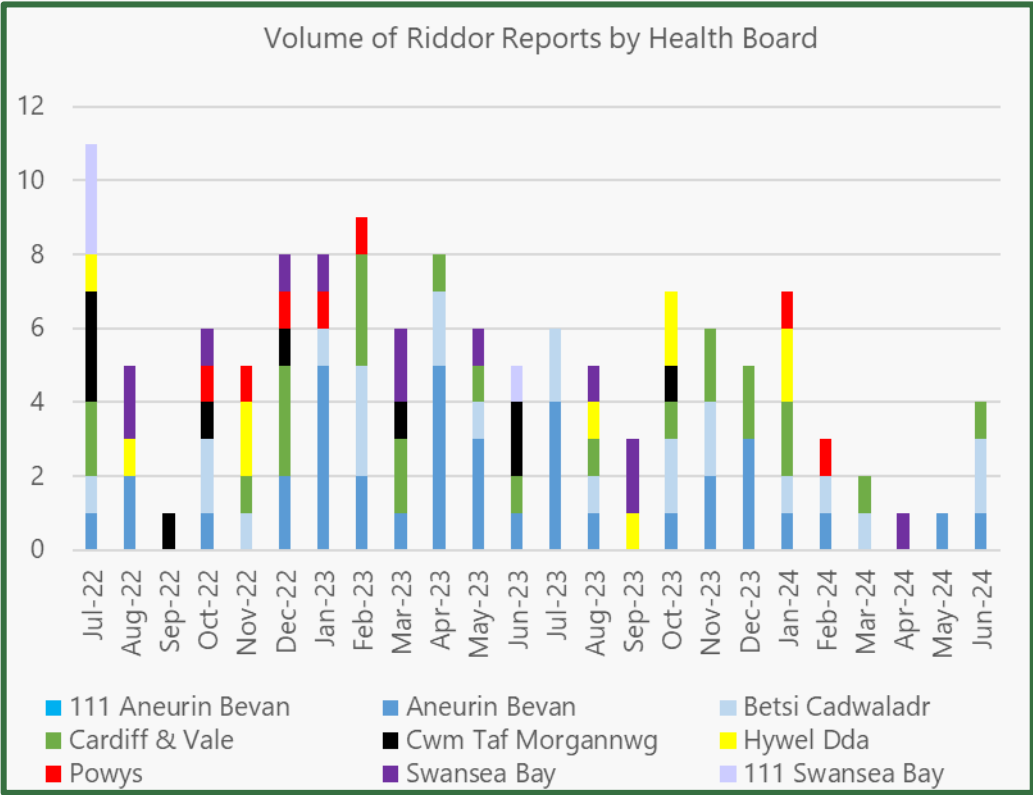
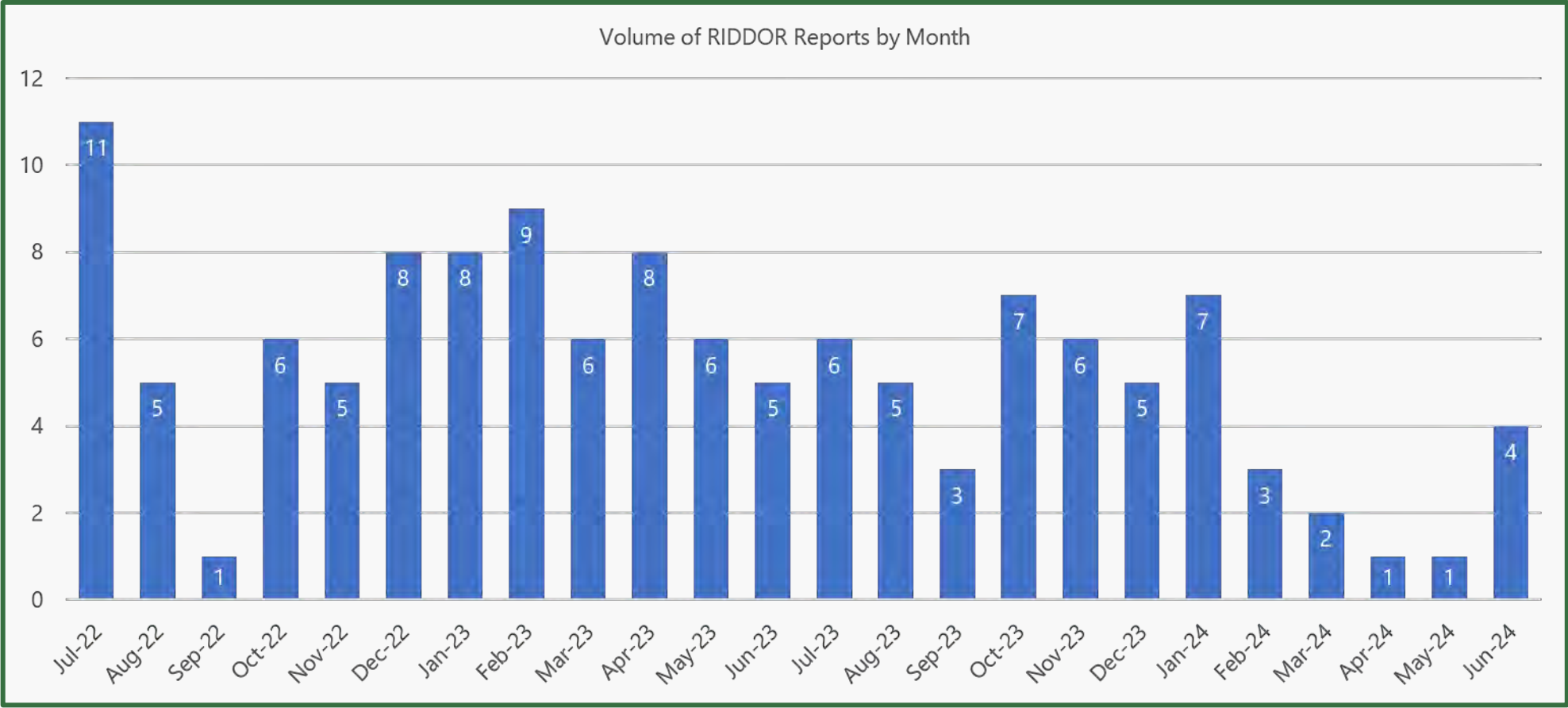
## Health & Safety (RIDDORS) Indicators

(Responsible Officer: Liam Williams)

Self-Assessment:  
Strength of  
Internal Control:  
Moderate

PCC

Health & Care  
Standard  
Health – Safe Care



### Analysis

**RIDDOR:** There were 7 incidents requiring reporting under RIDDOR during June.

There were 4 manual handling injuries 2 from handling equipment and 2 from handling patients.

There were 2 reports resulting from slip and trip incidents both were at patient premises where there was no control of the conditions under foot on of which required reporting to the HSE as a specified bone injury.

The requirements for RIDDOR reporting forms to include more detailed information is having an impact on reporting times as a greater amount of communication between incident managers and the H&S Team is required.

**Violence and Aggression:** A total of 46 incidents have been reported of V&A in June. 8 Physical Assaults on staff were reported during the month with incidents of verbal abuse amounting to 38 for the month. 23 incidents were reported as Moderate in harm and 15 noted as low harm with 2 cases being noted as causing severe harm. This raise in severity is a departure from the trend over the last few months and the reasons for this are being investigated for single causation or longer-term trends.

### Remedial Plans and Actions

**RIDDOR:** The more detailed requirements for reporting information to the HSE under RIDDOR are being included in the design of an upgraded Datix for non-patient injuries.

**Violence and Aggression:** The V&A team is currently being supplemented with 2 temporary staff to make up for shortfalls in staffing levels, this will have a positive impact of case management and reporting as the individuals adjust to the roles.

### Expected Performance Trajectory

**RIDDOR:** The low and moderate harm incidents being reported have been trending down over the last 3 months has not continued as forecast and the reasons behind the increased reporting in June is under investigation.

**Violence and Aggression:** With the additional temporary staff in the V&A Team the analysis of V&A incidents will allow for better trending of data and subsequent action plans to reduce both the severity and number of incidents being reported.

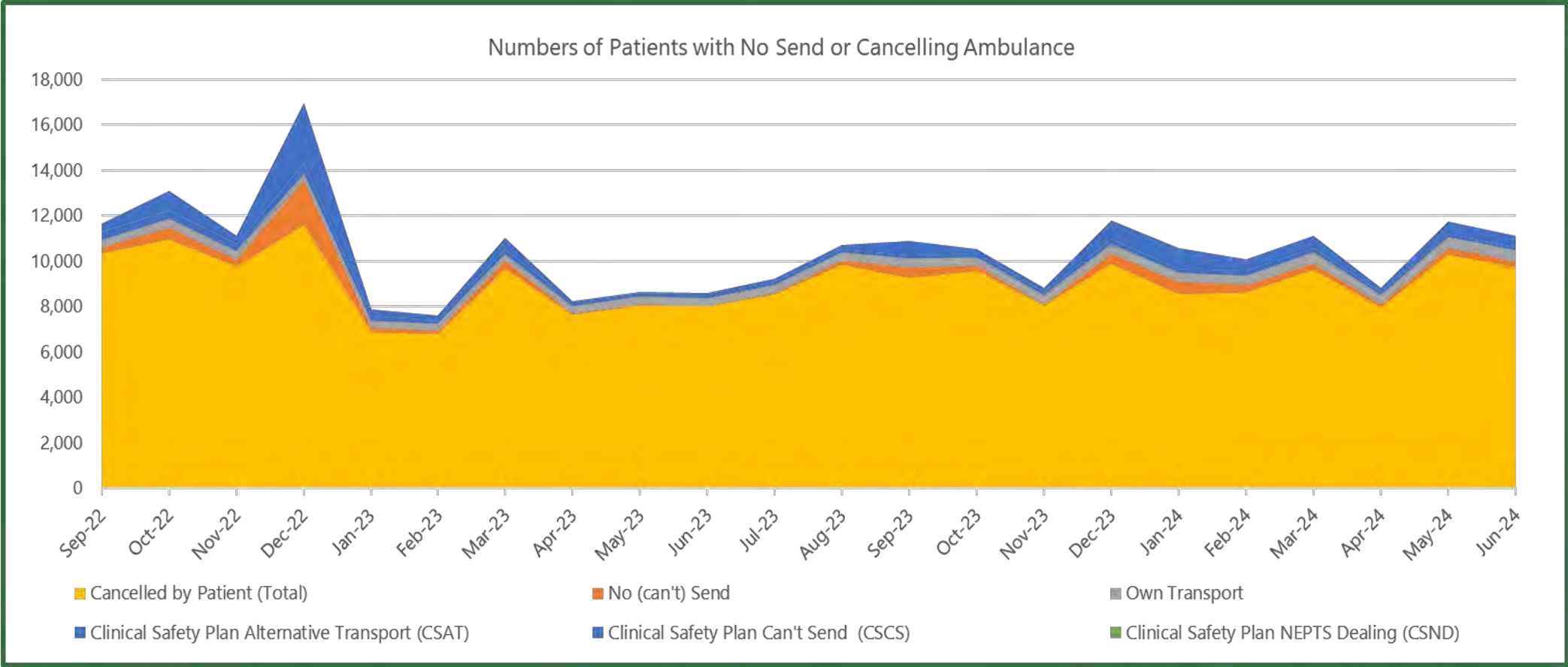
*\*NB: Data correct on the date and time it was extracted; therefore, these figures are subject to change*



# Our Patients: Quality, Safety & Patient Experience

## Potential Patient Harm Indicators

(Responsible Officer: Andy Swinburn)



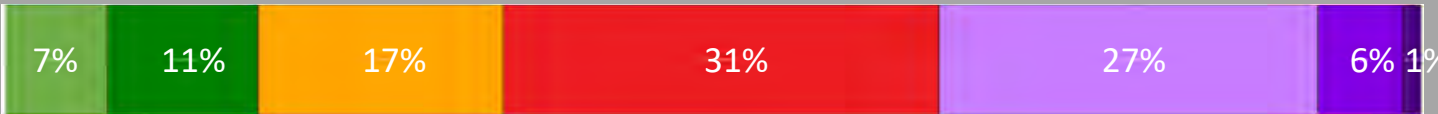
### Analysis

In June 2024, 134 ambulances were stopped due to Clinical Safety Plan (CSP) alternative transport and 488 were stopped due to CSP 'Can't Send' options. In addition, 9,696 ambulances were cancelled by patients (including patients refusing treatment at scene) a decrease from the 10,283 in May 2024.

There were 509 requests made to Health Board EDs for immediate release of Red or Amber 1 calls in June 2024. Of these 154 were accepted and released in the Red category, with 8 not being accepted. Further to this, 112 ambulances were released to respond to Amber 1 calls, but 235 were not.

The graph in the bottom left shows that in June 2024 of the 6,097 patients who waited outside an ED for over an hour to be handed over to the care of the hospital, the Trust could assume that 15% (915 patients) would experience no harm, 53% (3,231 patients) would experience low harm, 23% (1,402 patients) would experience moderate harm, and 9% (549 patients) would experience severe harm.

In June 2024 CSP levels for the Trust were:



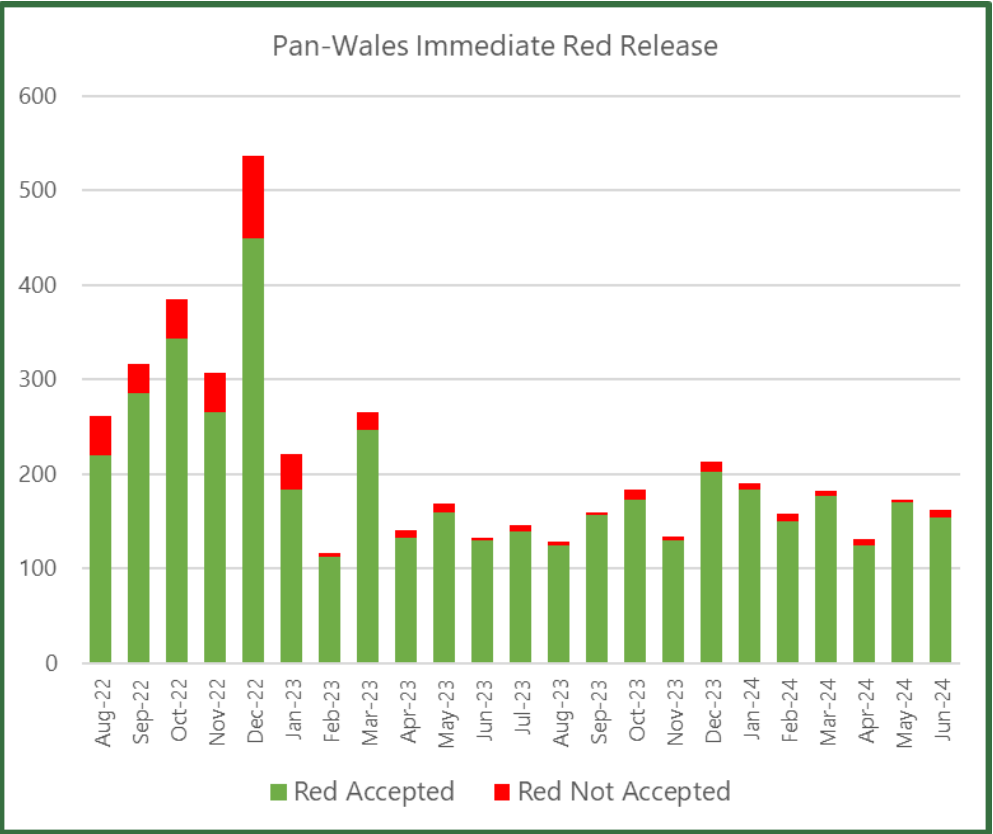
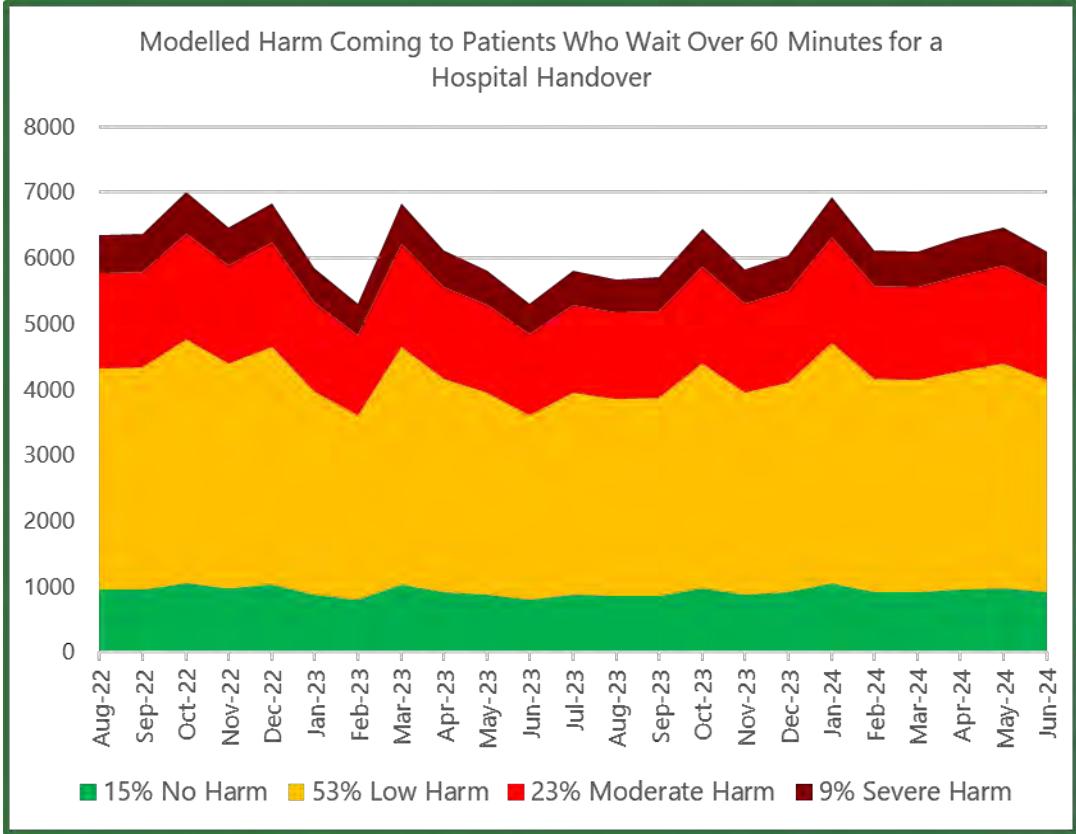
### Remedial Plans and Actions

Red immediate release is monitored weekly by the Chief Executive and reported through to Health Board CEOs with the expectation that there are no declines for Red Release from any of the 7 Health Boards. All health boards have agreed to this measure. Integrated Commissioning Action Plan (ICAP) meetings have been suspended as the Trust moves into the new commissioning arrangements. The NHS Wales Performance Delivery framework 2024/25 has a target of no handovers of more than one hours, this equates to 7,500 hours of handover lost hours.

### Expected Performance Trajectory

The Trust continues to monitor CSP levels both daily through the ODU and weekly through the Weekly Operations Performance Meeting and mitigations are actioned to reduce the impact on the Trust's ability to respond to demand. See also slides on Red performance and Amber performance, in particular, remedial actions.

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



# Our Patients: Quality, Safety & Patient Experience

## Patient Experience Surveys

(Responsible Officer: Liam Williams)

Self-Assessment:  
Strength of  
Internal Control:  
Moderate

PCC

Health & Care  
Standard  
Health – Safe Care

### Duty of Quality – Patient Experience

These are mandatory requirements; Under the Health and Social Care (Quality and Engagement) (Wales) Act 2020, WAST has a duty to secure quality in its services and must exercise its functions with a view to securing improvement in the quality of its services. The Duty of Quality includes the experiences of individuals to whom health services are provided.

#### June 2024

#### NEPTS (169 responses)

|                                                                                   | Benchmark | Score |
|-----------------------------------------------------------------------------------|-----------|-------|
| How long did you wait for your transport to take you home after your appointment. | 85        | 78    |
| Were you happy with the transport you received?                                   | 85        | 85    |

#### 999 (37 responses)

|                                                                                                  | Benchmark | Score |
|--------------------------------------------------------------------------------------------------|-----------|-------|
| The 999-call taker who answered your call was reassuring.                                        | 85        | 71    |
| The 999-call taker who answered your call explained what was going to happen next.               | 85        | 70    |
| You felt confident in the call taker ability to manage your call and provide appropriate advice. | 85        | 68    |
| The length of time I waited for an ambulance to arrive was acceptable.                           | 85        | 54    |

#### 111 (12 responses)

|                                                          | Benchmark | Score |
|----------------------------------------------------------|-----------|-------|
| Do you feel your call to 111 Wales was helpful?          | 85        | 59    |
| Did you follow the advice given to you by NHS 111 Wales? | 85        | 82    |
| Would you consider using NHS 111 Wales again?            | 85        | 60    |

#### WAST Overall - Friends & Family Test

How was your overall experience with the service today?

|                                                       | Ranked from very poor to very good. |             |
|-------------------------------------------------------|-------------------------------------|-------------|
| o Ambulance care                                      | 84.17% Good                         | 12.23% Poor |
| o Integrated Care (NHS 111 Wales Telephone line only) | 60% Good                            | 40% Poor    |
| o EMS (including CSD)                                 | 40.54% Good                         | 35.14% Poor |
| o NHS 111 Wales Online                                | 38.46% Good                         | 61.54% Poor |

\* Where totals above do not add up to 100%, this is because a 'Do Not Know' answer was given, these are excluded from overall total.

### Analysis

Within the NEPTs survey the response provided did not hit the benchmark in relation to the question 'How long did you wait for your transport to take you home after your appointment, while the question 'Were you happy with the transport you received', came out on the 85-benchmark figure. All the responses within the 999 and 111 sections also failed to achieve the benchmark.

Response rates to the 999 and 111 surveys are low and it's acknowledged that these do not reflect an entirely representative picture based on overall call volumes.

### Remedial Plans and Actions

We continue to make available 4 core Patient Experience surveys, covering the Trust's main service delivery areas:

- 999 EMS Response (incorporating CSD)
  - Ambulance Care (NEPTS)
  - NHS 111 Wales Telephony
  - NHS 111 Wales Online
- 
- We are continuing to work on a DPIA to be submitted to the ICO for their consideration about use of SMS text messages to directly distribute survey requests to service users.
  - We have met with colleagues at South-East Coast Ambulance Service who have successfully placed QR codes in the back of all their EMS vehicles to increase patient feedback and we plan to explore use of the same model here at WAST.
  - We also continue to work closely with the Trust's Falls Improvement Lead to deliver a targeted survey looking at the experiences of people who are responded to by either a Level 1 or Level 2 falls responder. Patients who are left at home with no further intervention required are left an invitation to share their experience with us by completing a survey. In April 38 people completed a Falls Survey with most respondents rating their experience with the Falls service as 'Very Good'.
  - Throughout this month we have also continued to engage with the Once for Wales Programme Board who have been reviewing the 'All Wales Patient Experience Question Set' and the updated 'People's Experience Framework'. The Framework and new questions will be presented to Executive Directors of Nursing at their next meeting for final approval.

### Expected Performance Trajectory

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



# Our People

## Capacity - Ambulance Abstractions and Production Indicators

(Responsible Officer: Lee Brooks)

EA Production

A

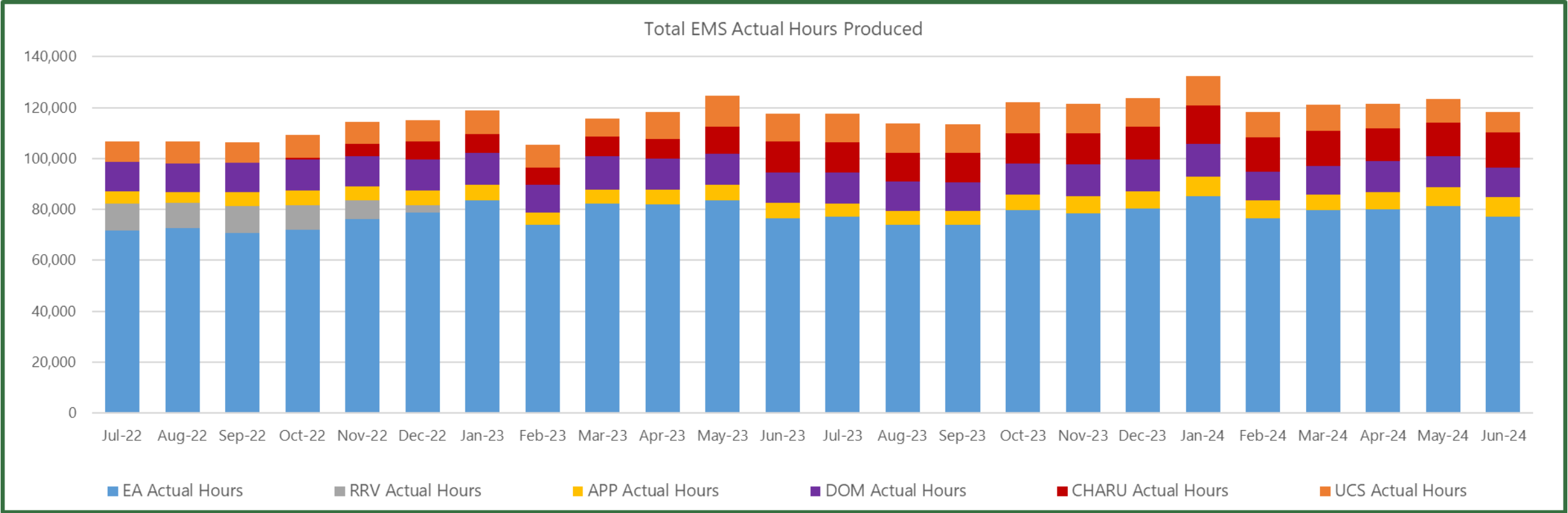
Abstractions

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CI

PCC

FPC



### Analysis

The total hours produced is a key metric for patient safety. The Trust produced 118,368 hours in June 2024, compared to 117,574 hours produced during June 2023. The Trust is delivering good levels of production.

As shown in the bottom graph, monthly abstractions from the rosters are key to managing the number of hours the Trust has produced, as are the total number of staff in post. In May 2024, total EMS abstractions (excluding Induction Training) stood at 31.65%. This was an increase from the 29.7% recorded in April 2024. The highest proportion of abstractions was due to annual leave at 15.02% followed by sickness at 7.8%.

**Emergency Ambulance Unit Hours Production (UHP) achieved 93% in June 2024** which equated to 77,245 Actual Hours. This is a 0.9% increase on the Actual Hours produced during June 2023.

In June CHARU UHP was 74% against the full roll out requirement (note this requirement is not fully funded by commissioners).

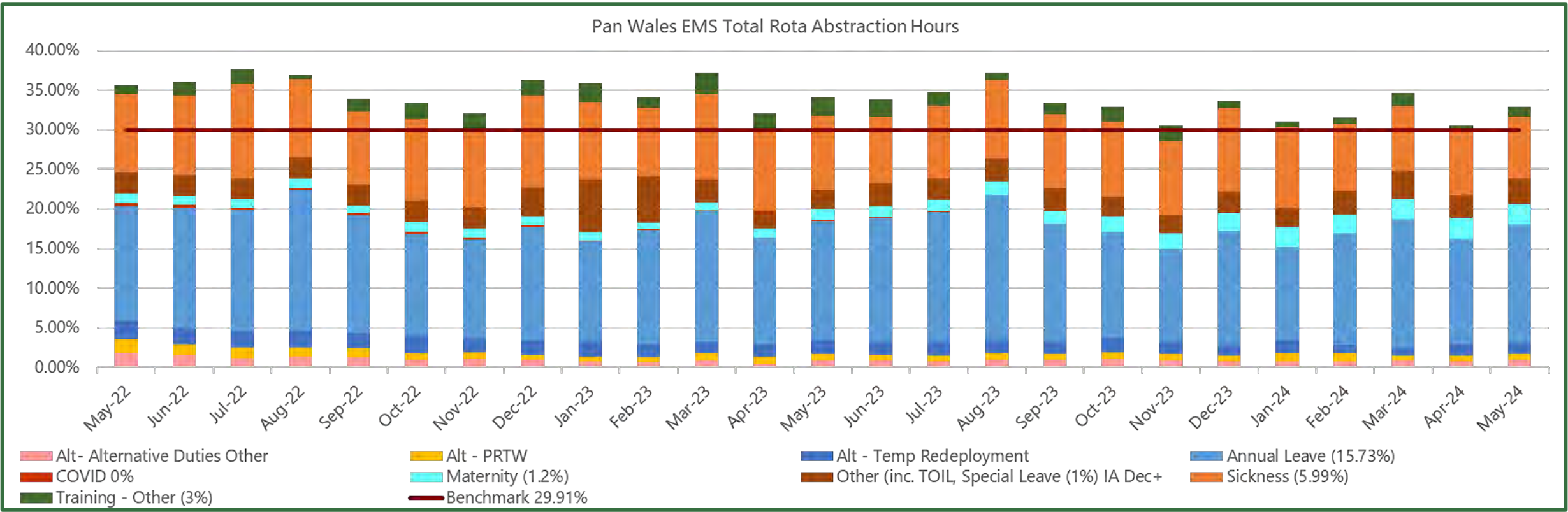
### Remedial Plans and Actions

- Continued focus on managing attendance across the Trust and managing abstractions from rosters.
- Full roll out of CHARUs.
- Continued focus on staff in post to establishment, aiming for 95% benchmark.
- Smoothing of staff between urban and rural areas.

### Expected Performance Trajectory

UHP estimates, based on recruitment levels, estimated abstractions and overtime have been provided to ELT. Production is good.

The Trust maintains an ambition to reduce sickness to 6% and abstractions to 30%. This has not yet been achieved for sickness, but the direction of travel is good, while the abstractions benchmark was close to being achieved (30.5%) in April 2024.



# Our People

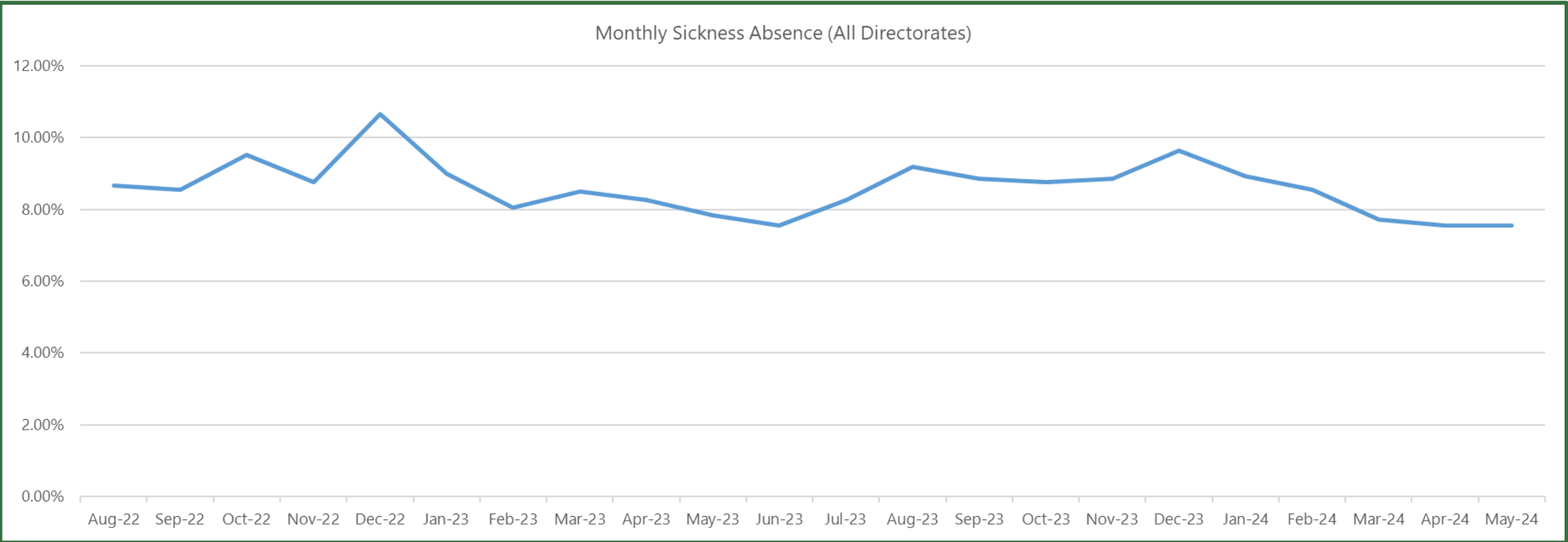
## Capacity - Sickness Absence Indicators

(Responsible Officer: Angela Lewis)

Mental Health

A

CI



### Analysis

There was a slight decrease in overall sickness absence rates between April 2024 and May 2024, dropping from 7.56% to 7.55%, with this being the 5<sup>th</sup> successive month that has seen a reduction in this figure. Long term absence also decreased from 5.36% in April to 5.19% in May, while short-term absence increased slightly from 2.22% in April to 2.36% in May.

The highest reason for short term absence in May 2024 was Anxiety/ Stress/ Depression, other musculoskeletal problems and cold, cough, flu-influenza.

Absence due to Mental Health increased from 2.07% in April 2024 to 2.16% in May 2024.

Occupational health waiting times have greatly improved, our KPI of 10 working days from receipt of management referral to first offer of appointment is being met, with colleagues currently waiting for 3 to 5 working days. From receipt of Wellbeing referrals to first call (from one of our Wellbeing Practitioners), the waiting time is still 2 days. The team continue to triage all referrals and enquiries to ensure prioritisation of anything that requires urgent attention.

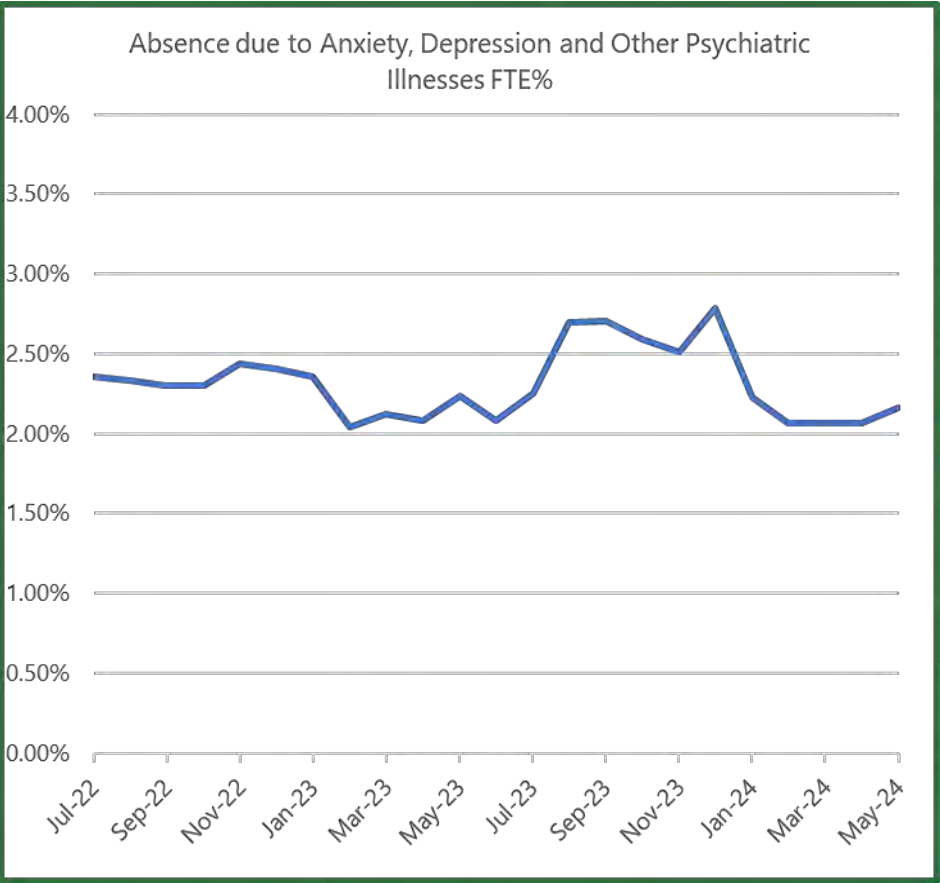
### Remedial Plans and Actions

- Monitoring continues with ongoing reviews in both long term and short-term absences with monthly meetings to track sickness and provide support.
- MAAW training and bitesize training sessions continue to be scheduled on a bi-monthly (MAAW) and monthly basis (Bitesize sessions).
- Audits for all Directorates, will be undertaken on a monthly basis over the next 6 months and the People Services Team will provide targeted support to line managers on reasonable adjustments and the appropriate use of discretion in areas identified as hot spots.
- We have recently recruited 2 Occupational Health Advisors to cover maternity leave, we also recruited a Clinical Team Lead.

### Expected Performance Trajectory

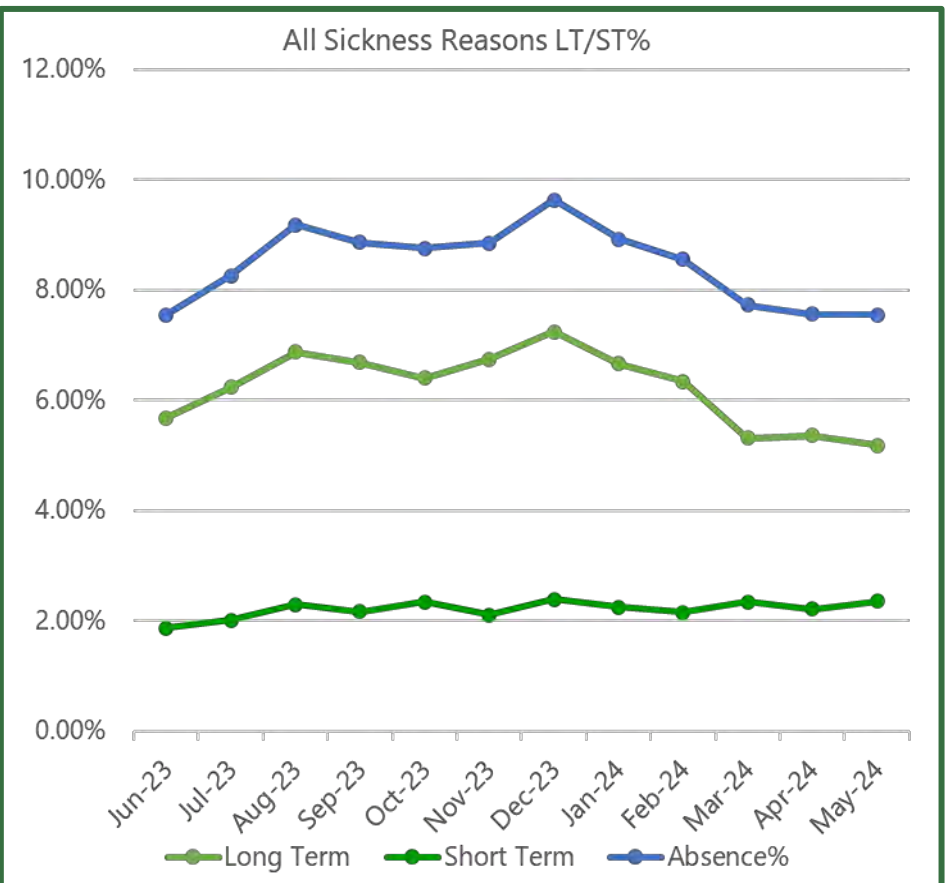
The Trust has indicated through its IMTP that sickness levels will fall in this financial year, but that there remain risks to delivery.

NB: Sickness data will always be reported one month in arrears. It should be noted that the figures reported in this presentation are official to 31st March 2024. All figures for April 2024 are indicative only (as of 23.04.24).



| Average working days lost per FTE (Annual) |                  |
|--------------------------------------------|------------------|
| 19.28 days                                 |                  |
| Single month Absence %                     |                  |
| 7.55%                                      |                  |
| Long Term                                  | Short Term       |
| 5.19%                                      | 2.36%            |
| Mental Health                              | Other MSK        |
| (S10 Stress/Anxiety)                       | (excluding Back) |
| 2.16%                                      | 0.85%            |

May 2024

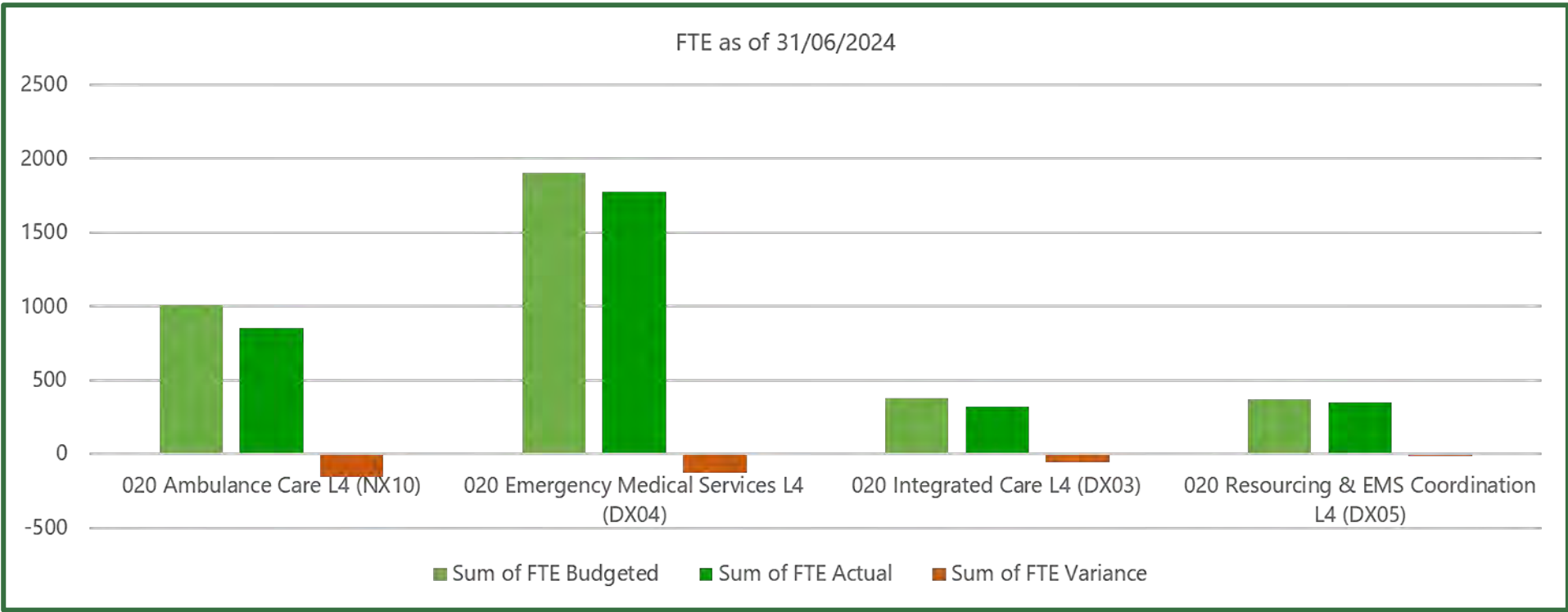
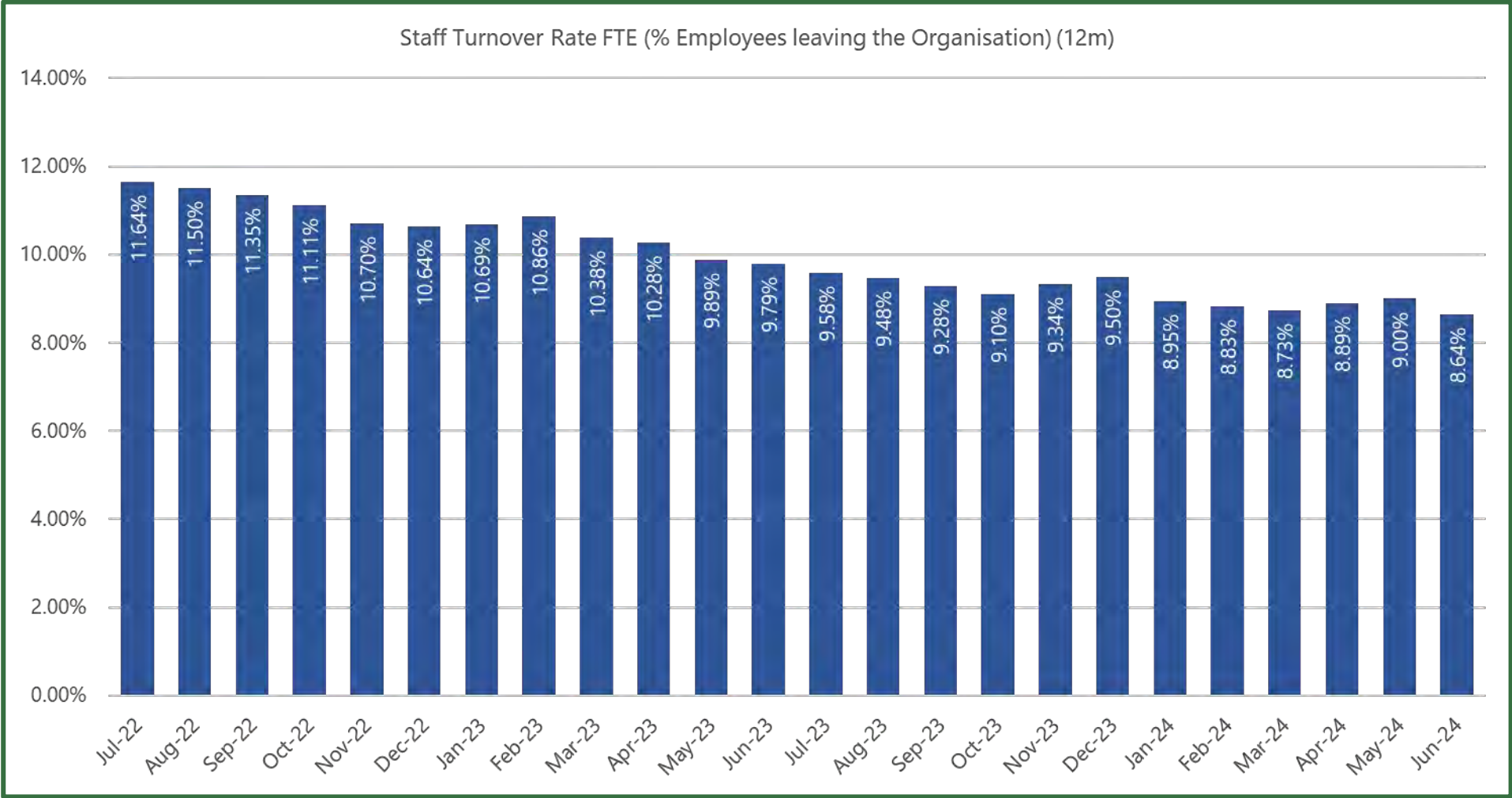


# Our People

## Capacity - Turnover

(Responsible Officer: Angela Lewis)

Turnover  
A



### Analysis

Staff turnover rates in June 2024 were 8.64%, a decrease from the 9% recorded in May 2024. June saw 22 leavers (17.71 FTE) . (Turnover in months at the end of the quarter are generally higher). This was balanced with 47 joiners (45.60 FTE) in June Of those leaving, the majority were Call operators (6 people).

### Remedial Plans and Actions

- Whilst we continue to improve our data collection through Our MI system (Opas G2), we have encountered some technical issues. We are working with Civica to resolve these issues.
- We continue to support staff regarding providing advice and guidance on using the MI system.
- The self-referral portal on Opas G2 for Occupational Health and Wellbeing continues to prove popular and has streamlined the service.
- We continue to build our own customised reports which help us identify themes and trends, we can then target areas that may require additional support.
- Our MI reports (internal and external, partner organisations) are used to support strategic decision-making regarding the service, also to provide impact analysis and highlight value for money.
- The Wellbeing team continue to support colleagues and managers who are facing large-scale changes through holding regular meetings, providing targeted support and facilitating drop-in sessions for colleagues.
- We have updated our materials and Intranet pages, including updated information about our Employee Assistance Programme, including updates on the wellbeing App- WISDOM.
- MI reports include, 729 calls have been made to our EAP between June 2023 and May 2024, of those 708 were counselling call. 84 calls were made in May 2024 – 24.5% change from April (67 calls.)
- The clinical team continue to support People Services and managers through sickness absence meetings. Team members from OH/Wellbeing/TRiM continue to promote the service using our Occupational Health & Wellbeing vehicles, also through presenting to new starters within WAST and through attendance at managers’ meetings.
- REACT (Recognise, Engage, Actively Listen, Check Risk, Talk) training is still proving popular, new dates for July have been advertised on Siren.
- We are still in the process of writing the Health and Wellbeing strategy for 2025/29. We have conducted the second MMR audit (May 2024) following Welsh health circular, of MMR / Measles status of staff, we had already completed some of this for all staff groups including frontline, patient facing staff. Communications were shared on Siren and letters have gone out to staff. Status has risen from 73% to 75% of for Frontline Paramedics. OH continue to encourage MMR vaccination amongst patient facing roles; along with Pertussis catch ups due to the rising rates of whooping cough, also.

### Expected Performance Trajectory

The People and Culture Strategy will continue with its wellbeing focus. The Occupational Health and Wellbeing provision is regularly reviewed to ensure that services/interventions offered are relevant, appropriate, and up to date, our focus is on continuous improvement.



# Our People Capability - PADR and Training Rates Indicators

(Responsible Officer: Angela Lewis)

PADR

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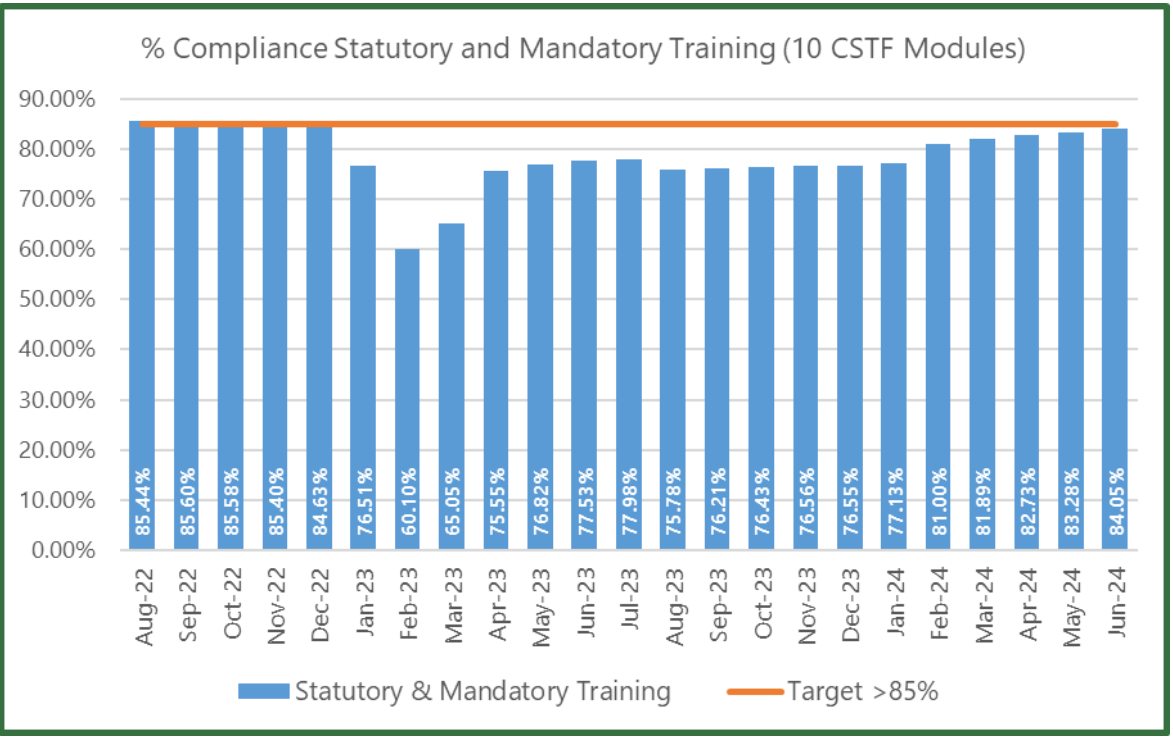
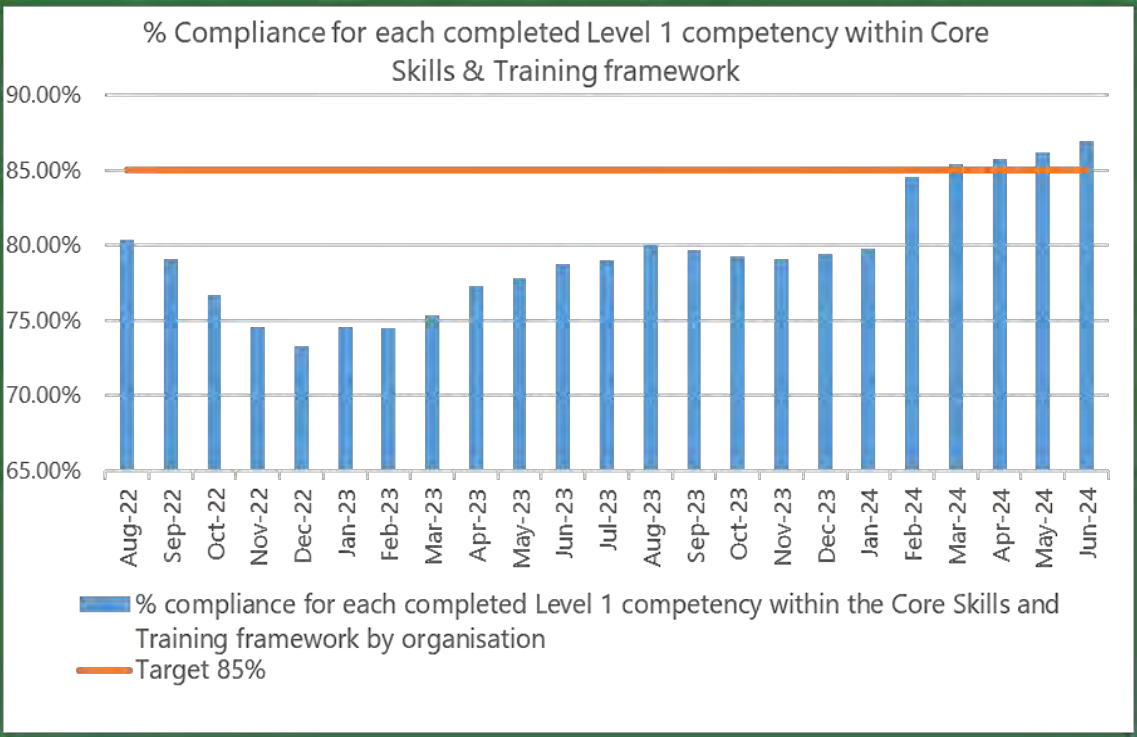
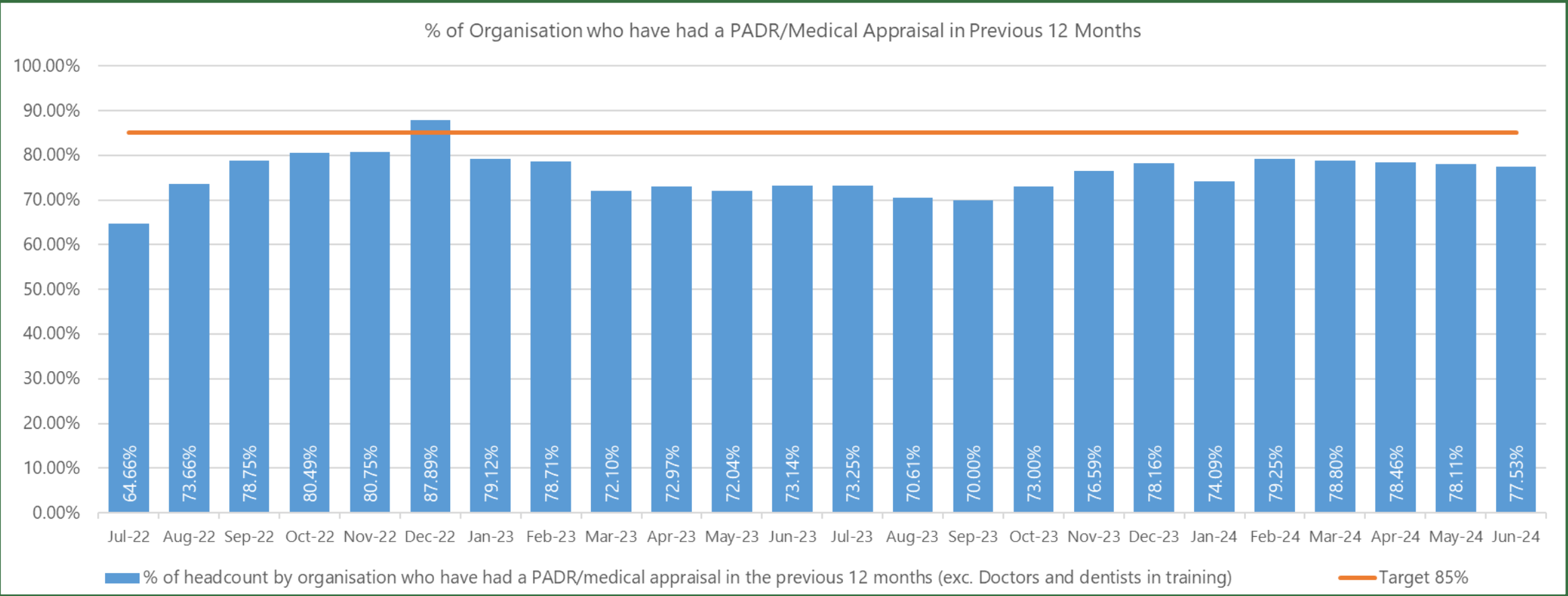
CI

PCC

Health & Care Standard

Health – Staff & Resources

Self-Assessment: Strength of Internal Control: Strong



**Analysis**  
PADR rates decreased from 78.1% in May 2024 to 77.5% in June 2024 and remain below the 85% target. Over the reporting period this target has only been achieved once, in December 2022.

In June 2024 Statutory & Mandatory Training rates reported a combined compliance of 84.05%; which is the 6<sup>th</sup> consecutive month to see an improvement. However, only Dementia Awareness (94.92%) and Moving & Handling (93.49%), achieving the 85% target. Equality & Diversity (82.97%), Safeguarding Adults (81.38%). Fire Safety (78.31%), Violence Against Women, Domestic Abuse & Sexual Violence (73.14%), Information Governance (74.68%), Paul Ridd (70.94%), Welsh Language Awareness (64.37%) and Fraud Awareness (63.95%), all remain below this target.

There are currently 15 Statutory and Mandatory courses that NHS employees must complete in their employment. These are listed in the table below:

**Remedial Plans and Actions**  
Engagement in the PADR process serves as a Key metric for evaluating team cultural health. By increasing engagement with the PADR process, our goal is to enhance employee Development opportunities, support better Communication between managers and employees and develop a culture of accountability and continual improvement. We intend to assess PADR engagement levels (Q1) across teams to pinpoint areas with higher participation rates and gather insights into effective practices and strategies for PADR participation.

There has been a continuation of the climb toward achievement of the 85% target across the remainder of the Core Skills Training Framework competencies which is projected to continue to increase as more learning content is moved to the user friendly LMS365 environment enabling easier access to these reportable competencies.

**Expected Performance Trajectory**  
Performance is improving as compliance has risen.

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

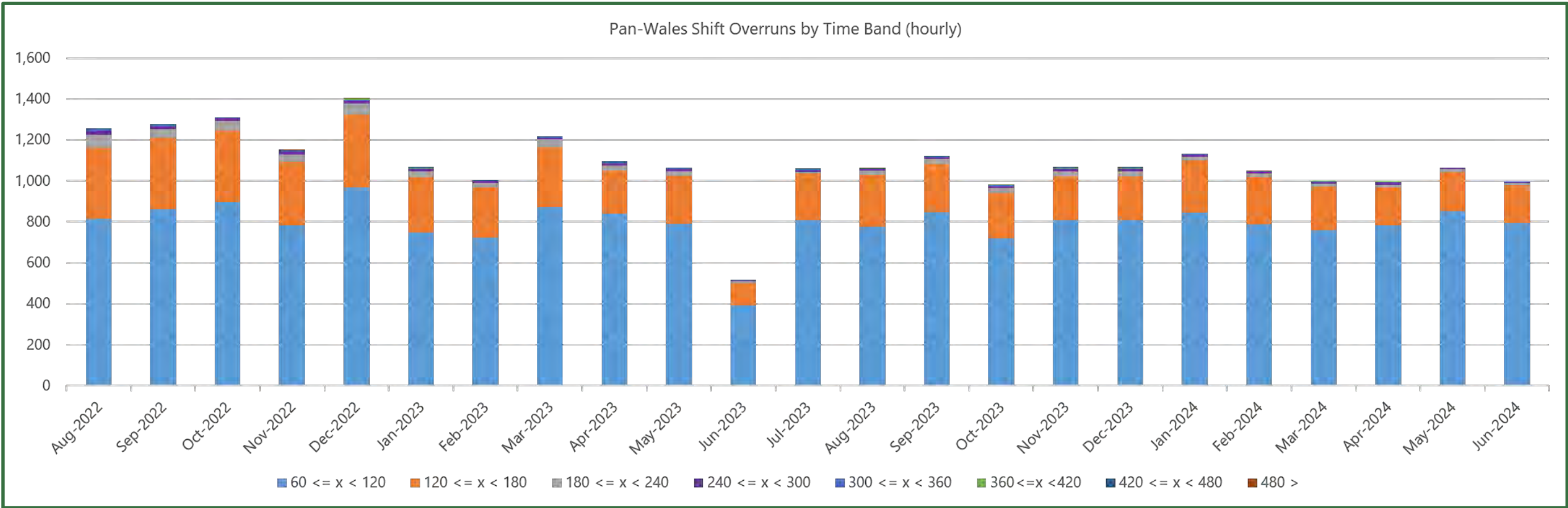
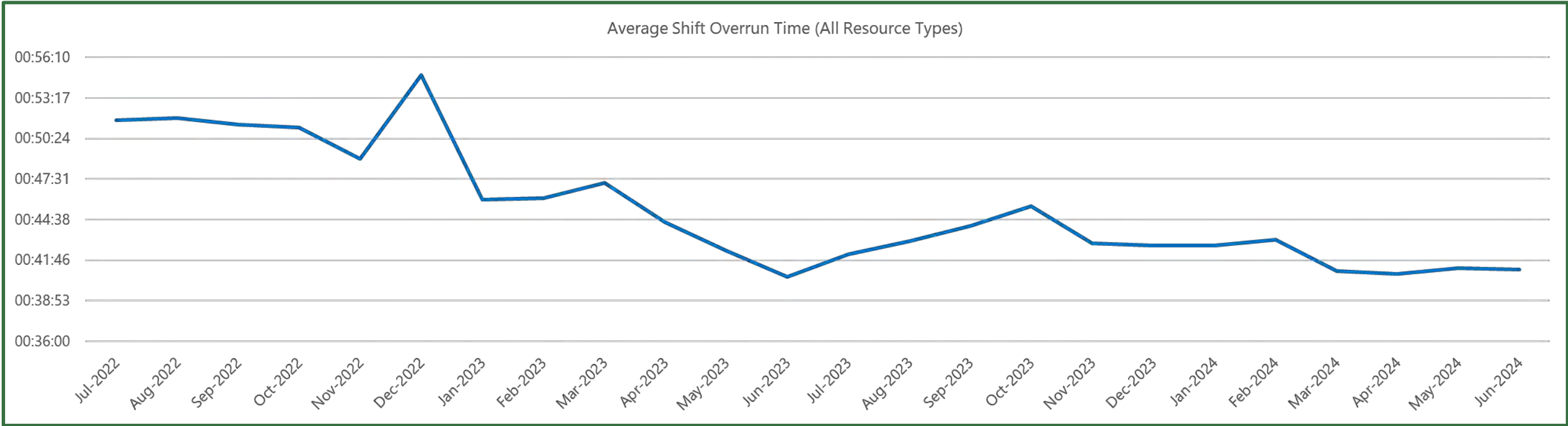
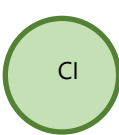
# Our People

## Health and Well-being – Shift Overruns

(Responsible Officer: Angela Lewis)

Overruns

G



**Analysis**

The average figure for June 2024 was 41 minutes and 7 seconds compared to 41 minutes and 13 seconds in May 2024, indicating a downward trend.

The highest volume of shift overruns occur within the 0 to 60-minute category, accounting for 73.2% of the total. 20.2% fall within the 61 to 120-minute category, 5.7% in the 121 to 180-minute category, 0.5% in the 181 to 240-minute category and 0.2% in the 241 minutes and over category.

**Remedial Plans and Actions**

Shift overruns are a key element of staff wellbeing and work is ongoing to mitigate these in conjunction with handovers, as although not shown here there is a clear correlation.

As part of the Trust’s winter resilience planning, it is introducing “pods” at some hospital locations to aid staff finishing on time. These are continuing, at this time, into 2024/25.

**Expected Performance Trajectory**

Overruns correlate with handover lost hours. As we have moved out of winter both levels had started to drop. We may expect this to stabilise before moving into higher levels again next winter.



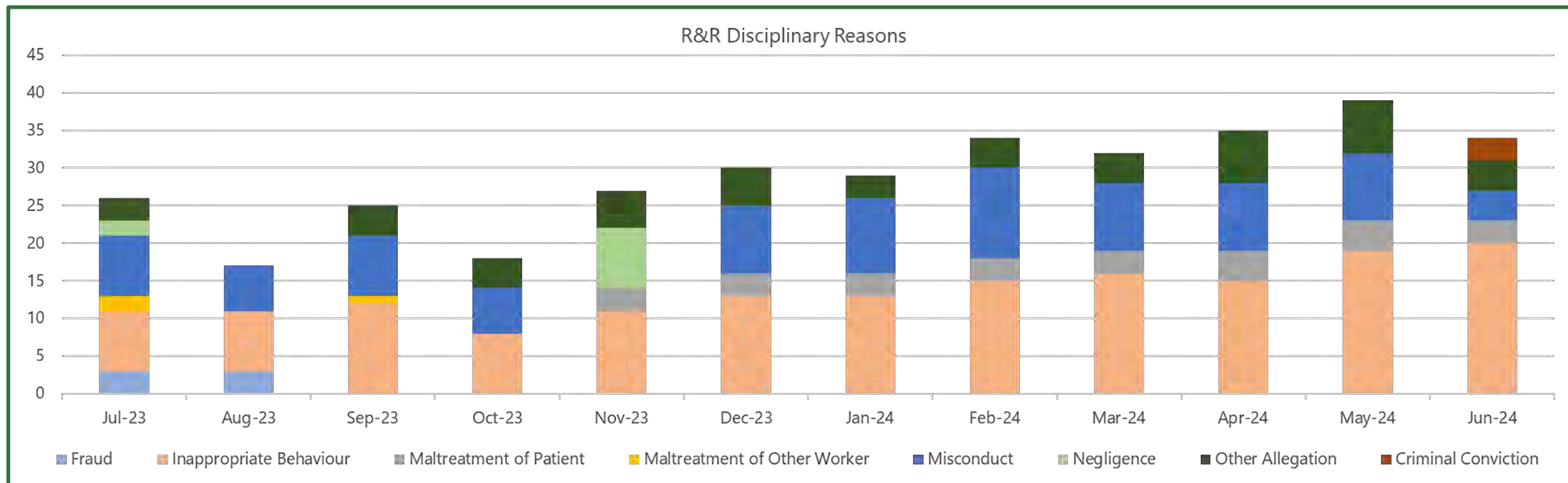
# Our People

## Culture – Number of R&R Disciplinary Hearings and Number of Applicants Shortlisted from Under-Represented Groups

(Responsible Officer: Angela Lewis)

Self-Assessment:  
Strength of Internal  
Control: Moderate

PCC



### Analysis

There were 34 open formal disciplinary cases recorded at the end of June 2024, a slight decrease compared to 39 in May 2024. Of these Disciplinary cases, the majority are again due to allegations of inappropriate behaviour, followed by misconduct.

There were 9 open formal Respect and Resolution cases submitted by employees in June 2024, an increase from the 8 recorded in May 2024. These are a mixture of both Respect and Resolution Grievances and Dignity at work.

The bottom graph shows that in June 2024 973 job applications were processed and 367 interviews were planned.

Of the 973 applications, a total of 383 were from under-represented groups with 163 in the category of Ethnicity, 109 within Disability and 111 within Sexual Orientation.

In June 2024, 36.6% (n=140) of all applications from under-represented groups made it through shortlisting and were invited for interview. This was an increase from the 24.4% in May 2024.

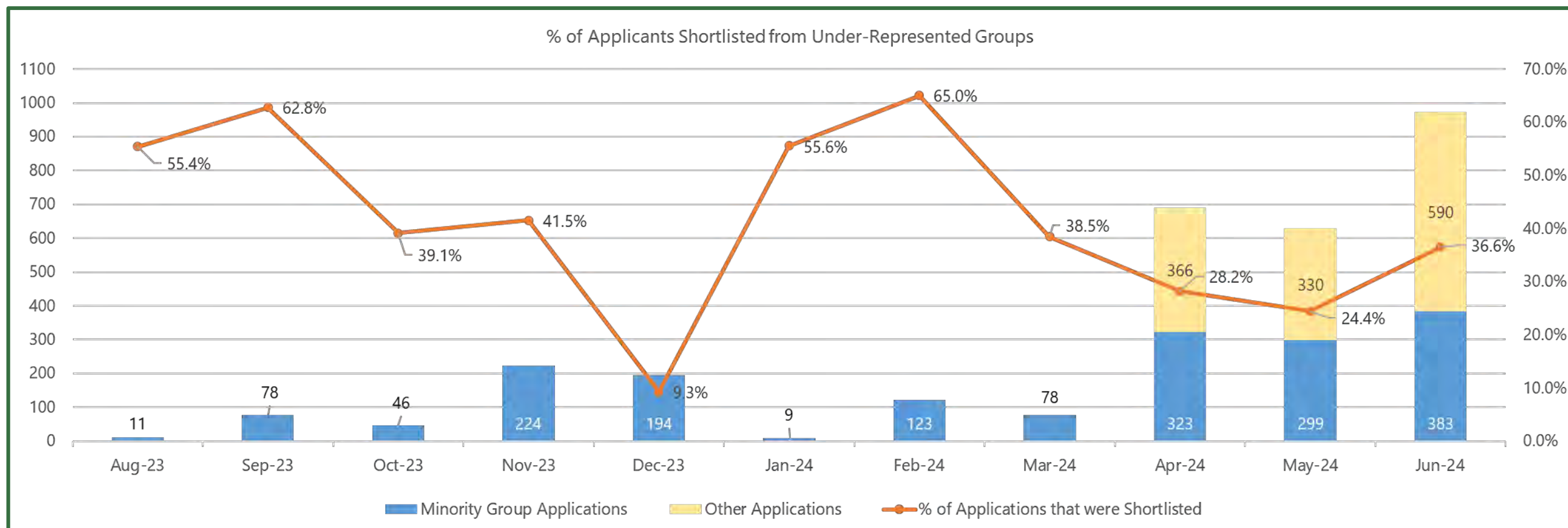
### Remedial Plans and Actions

**R&R Formal Disciplinary Cases:** Continue to monitor. The Trust has a substantial programme of work in place, connected to behaviours.

**Applications:** The inclusive recruitment work is ongoing to develop targeted recruitment campaigns and events.

### Expected Performance Trajectory

Continue to monitor levels, no trajectory for this measure.



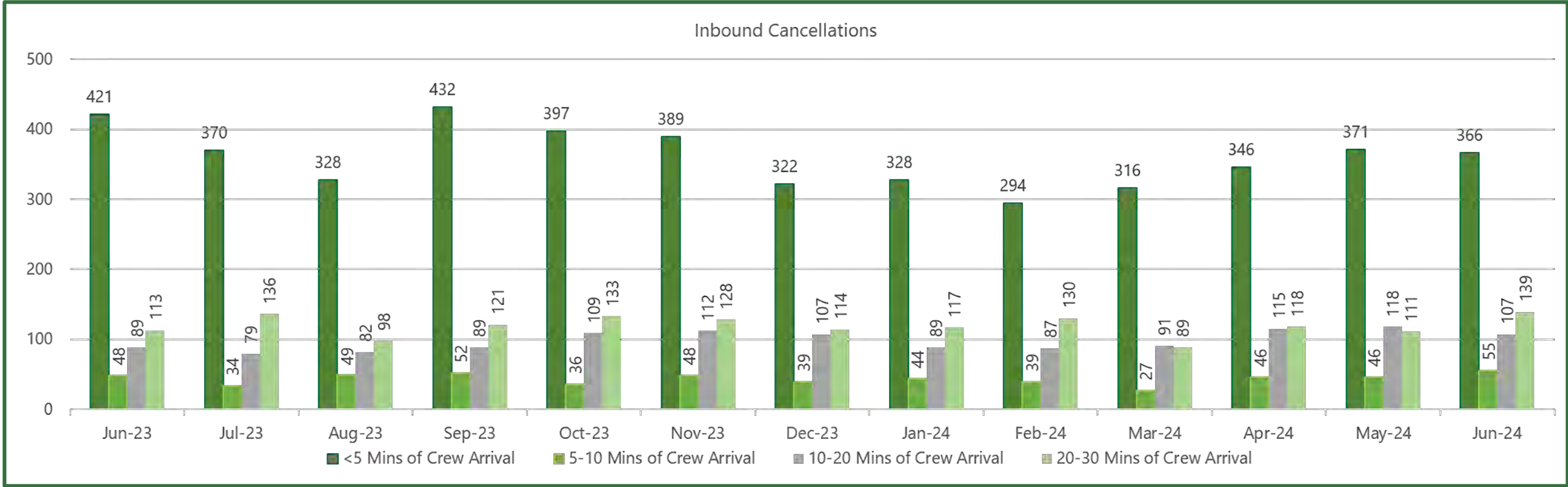
# Finance, Resources and Value

## Value: Ambulance Care Indicators

(Responsible Officer: Lee Brooks)

Cancellations

A



### Analysis

Inbound cancellations of 5 minutes or less of the crew arrival time saw a slight decrease in June 2024 to 366, compared to 371 in May 2024. The total number of cancellations within 30 minutes increased from 646 in May 2024 to 667 in June 2024.

Cancellations within 5-minutes of arrival appears to have seen an overall decrease during the past 12 months. In June 2024 there were 85 cancelled by patient\* entries made within 5-minutes of crew arrival, remaining consistent with the previous month (94). The top reasons for less than 5-minute cancellations included: 34 patient not located, 13 address not located, 14 unwell/too ill to travel and 6 no appointment.

Same day cancellations increased slightly from 20.3% in May 2024 to 22% in June 2024.

### Remedial Plans and Actions

Work with Hywel Dda to develop a direct link between their PAS system and our CAD but has been delayed by a clash of organisational priorities but will be picked back up in late Q1. Once in place this will allow for WAST to be notified once the health board cancels or alters an appointment.

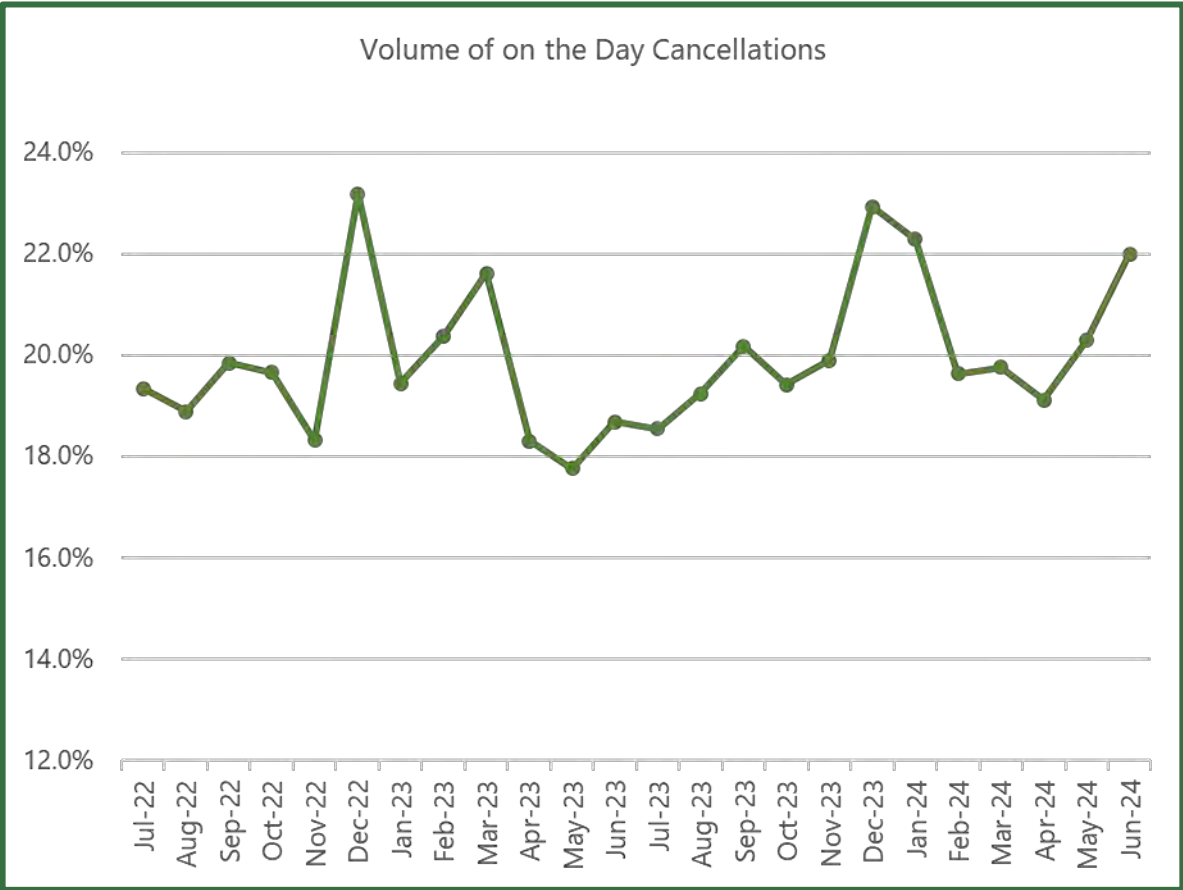
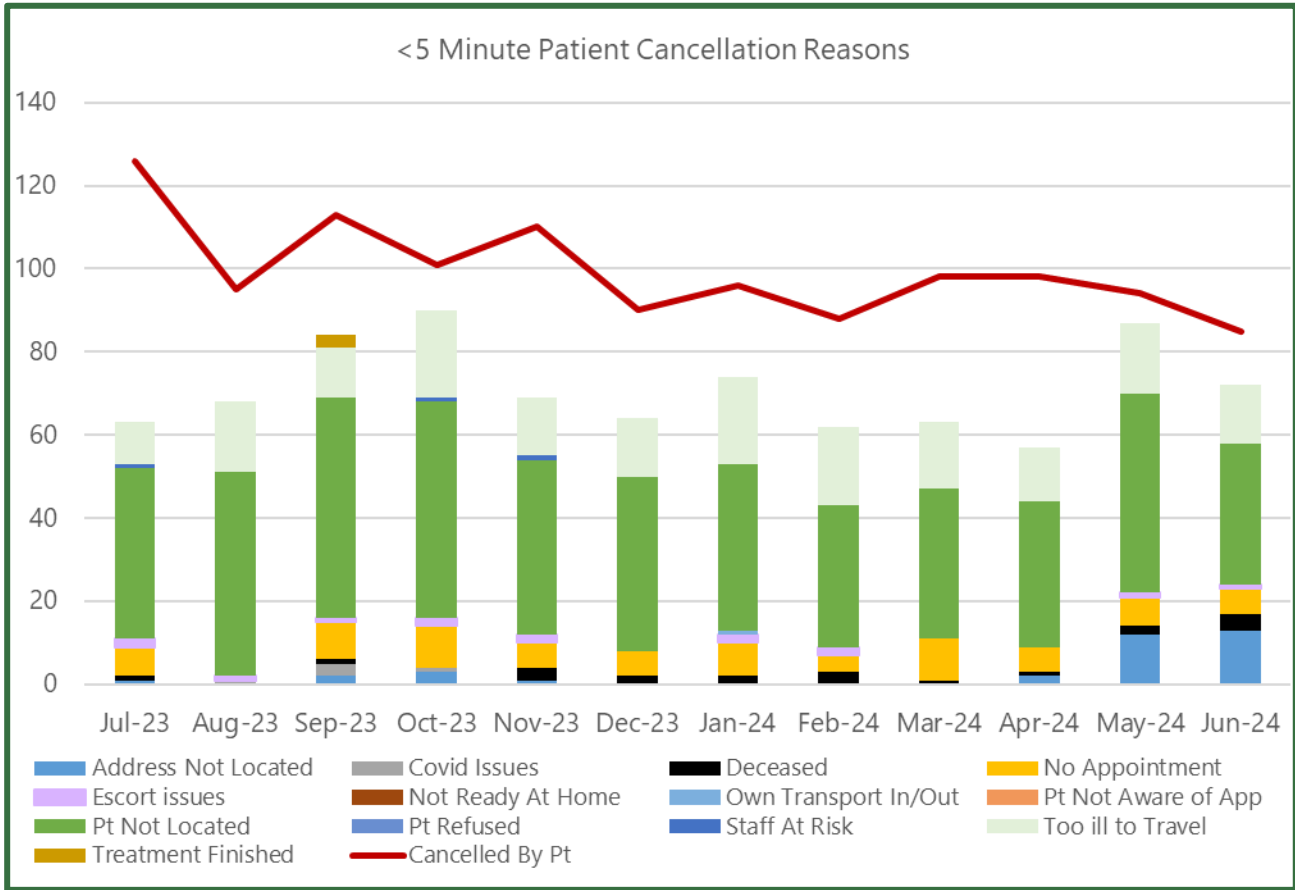
Work is also underway to enhance the service’s text messaging options to improve notification to patients. This should be complete in Q2.

### Expected Performance Trajectory

Until this work is completed, we do not anticipate a significant shift in the trajectory as many of the factors affecting this are outside of our direct control.

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

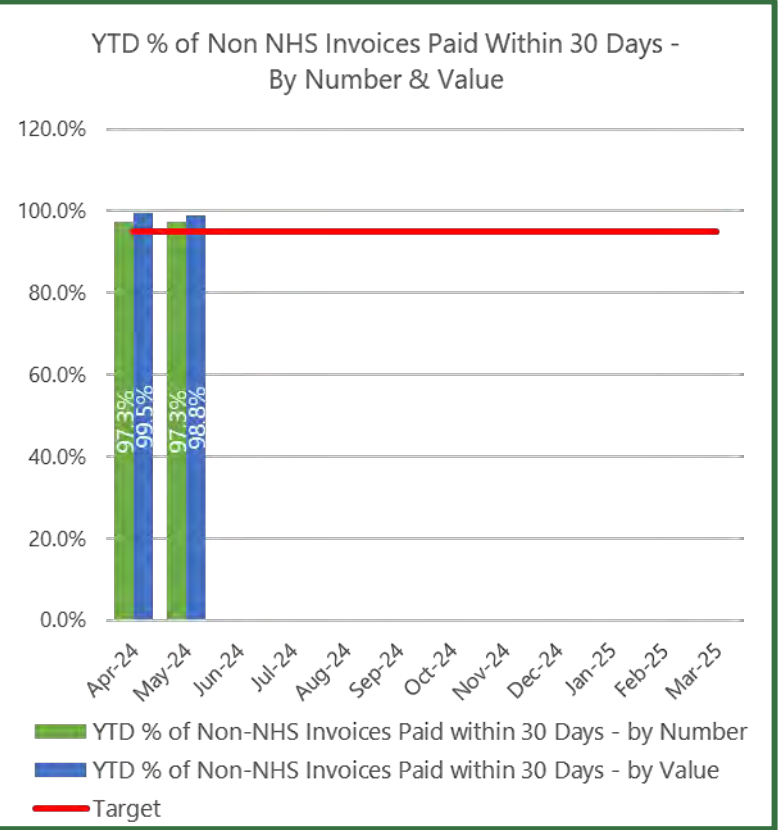
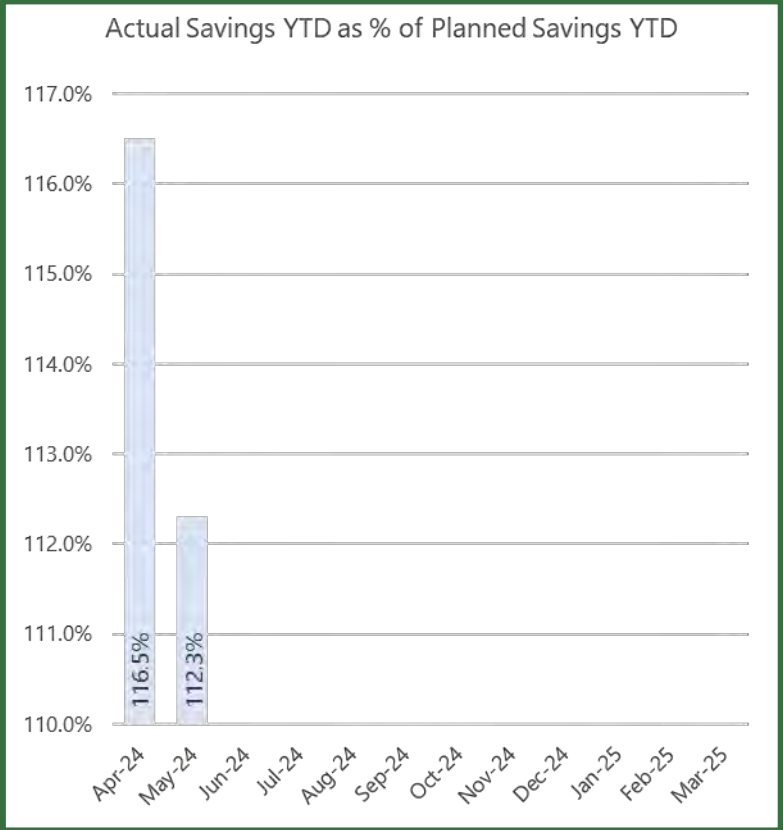
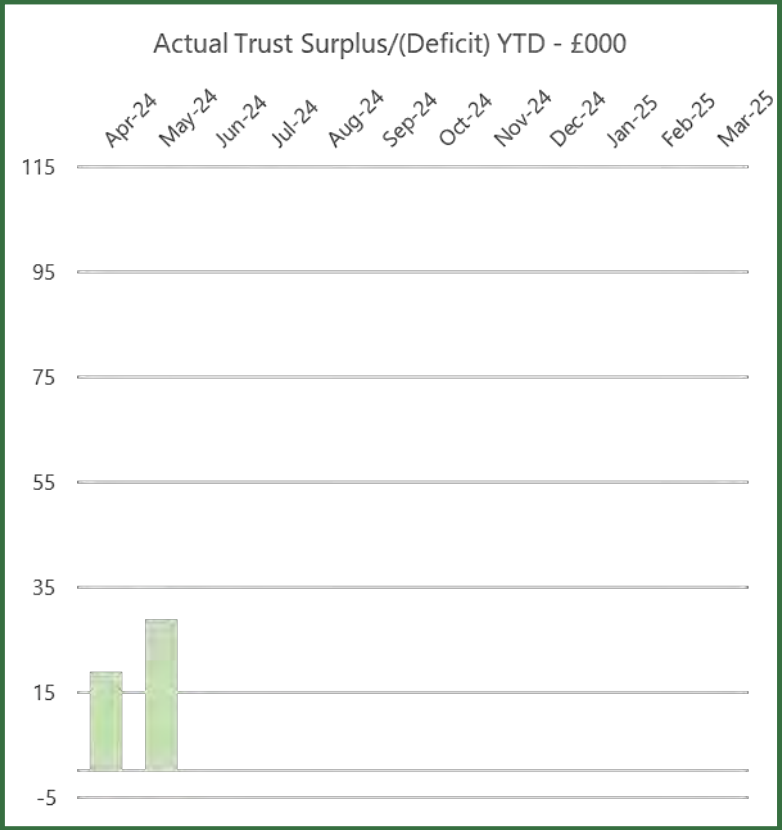
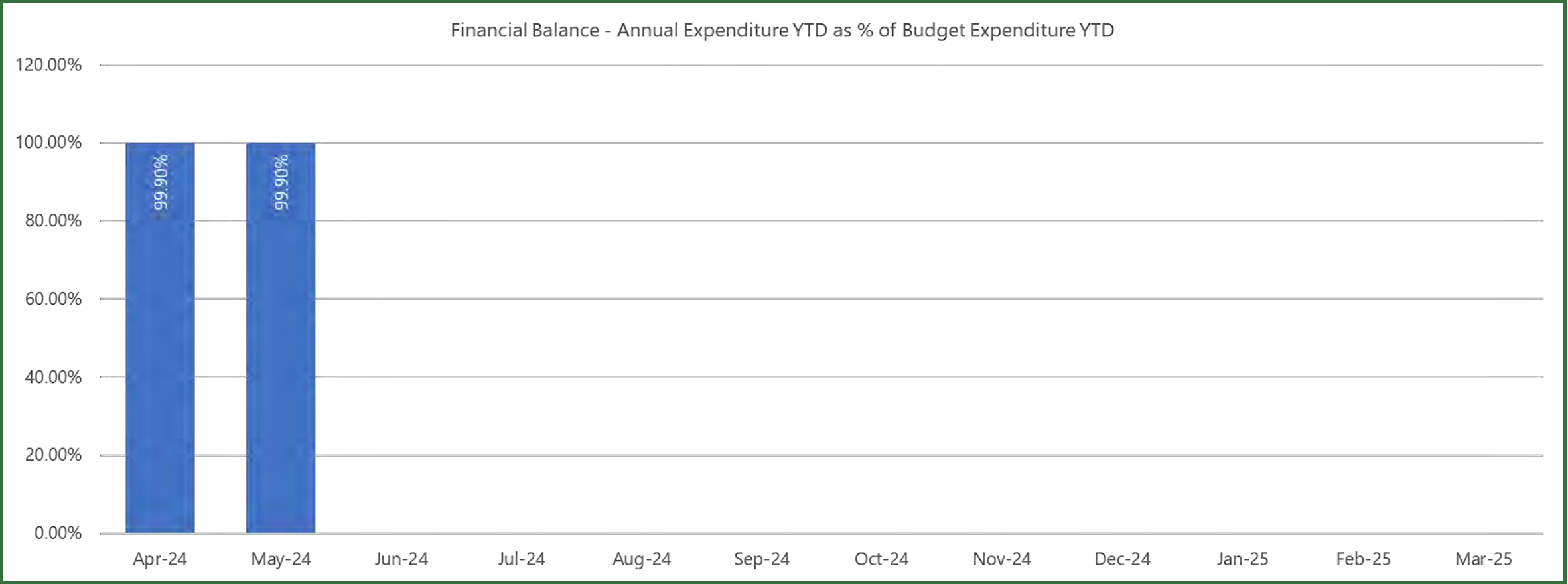
*\*Please note that MDTs do not appear to provide specific cancellation reasons for either inbound or outbound journeys. There are at present multiple and duplicated reasons both crews, control and the liaison desk can select.*



# Finance, Resources and Value

## Value - Finance Indicators

(Responsible Officer: Chris Turley)



**Analysis**

The reported outturn performance at Month 2 is a surplus of £29k.

For Month 2 the Trust is reporting planned savings of £1.136m and actual savings of £1.276m (an achievement rate of 112.3%).

The Trust’s cumulative performance against PSPP as at Month 2 is 97.3% against a target of 95%.

At Month 2 the Trust is forecasting to achieve both its External Financing Limit and its Capital Expenditure Limit.

**Remedial Plans and Actions**

There is no remedial plan required given the Trust is forecasting to breakeven; however, as the Trust moves into 2024/25 key areas of focus include:-

- Undertaking a review of commercial opportunities for income generation (Report being considered by FSP group).
- A continued focus on the Trust’s financial sustainability programme.
- Improved governance for Value Based Health Care, with a particular focus on benchmarking; and
- An improved approach to benefits realisation

**Expected Performance Trajectory**

The expectation is that the Trust will continue to meet its statutory financial duties, as outlined in its IMTP for the 2024/25 financial year; however, it is expected that the Trust will continue to operate in a challenging financial environment and will need to deliver a planned level of savings in the 2024/25 financial year of c£6.4m.



# Finance, Resources and Value

## EMS Utilisation & Average Job/Shift Times

(Responsible Officer: Lee Brooks)

Job Cycle  
R

CHARU Utilisation  
R

FPC

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

**Analysis**  
**Pan Wales Utilisation metrics in June 2024 were 58.5% for all vehicles types, decreasing slightly from May 2024 (59.1%).** UCS achieved the highest rate during the month at 68.7% while EA was at 68%. Both have seen a generally stable trend over the past two years. The optimal utilisation rate for EAs needs to lower so that they are free to respond to incoming calls.

As demonstrated in the bottom left graph, the average job cycle in all categories decreased in June 2024, to 2 hours 11 minutes for EAs, to 2 hours and 44 minutes for UCS to 59 minutes for CHARU and to 1 hour and 24 minutes for APPs.

Overall average jobs per shift was 2.31 in June 2024, indicating a slight increase from May 2024 (2.27). EAs were 2.40 jobs per shift and UCS crews at 2.26 jobs per shift This is less than half of what would be ideal and a product of handover delays.

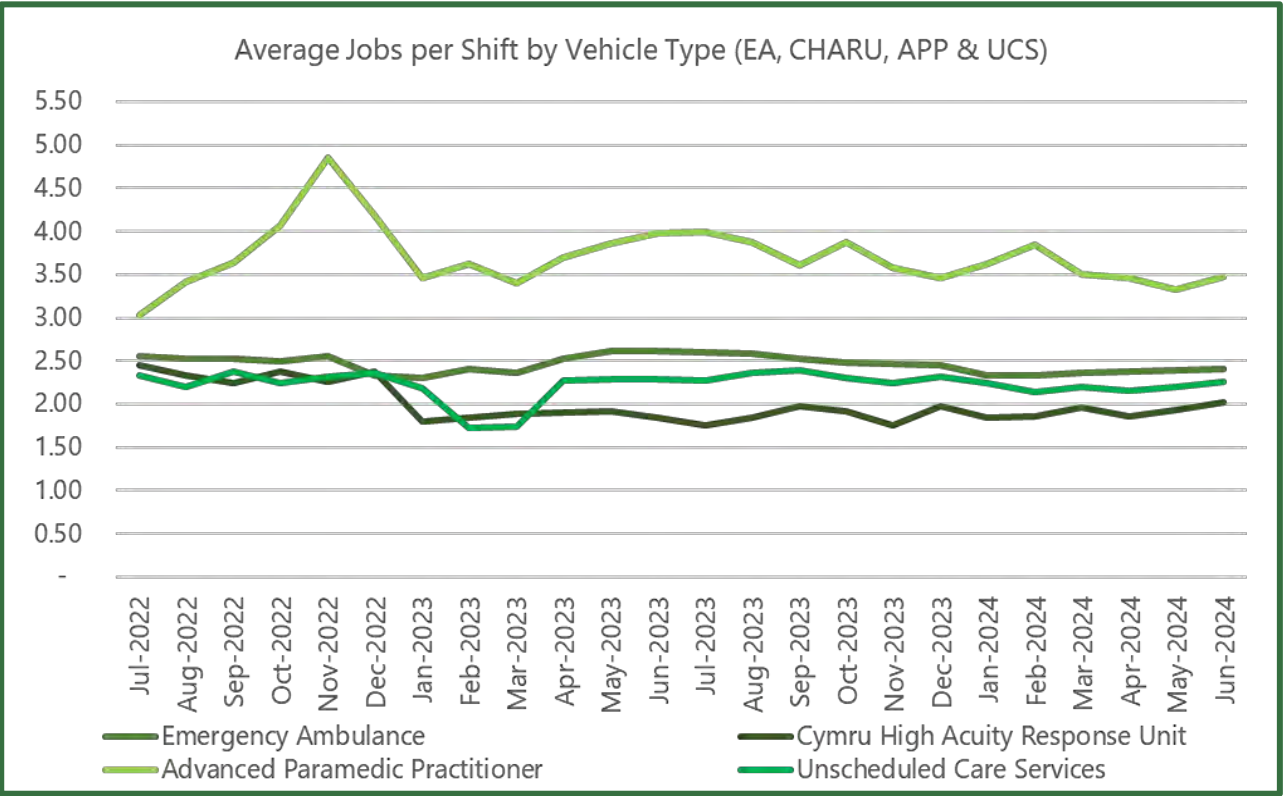
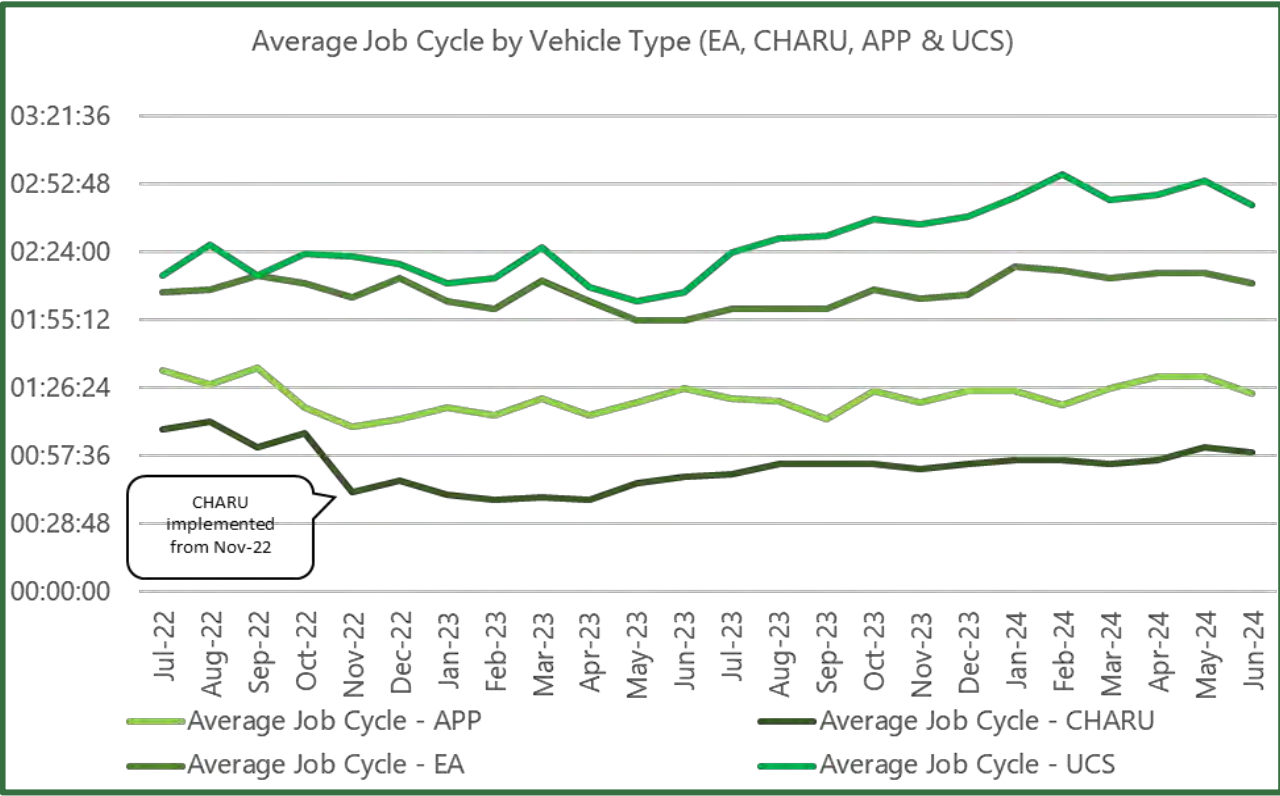
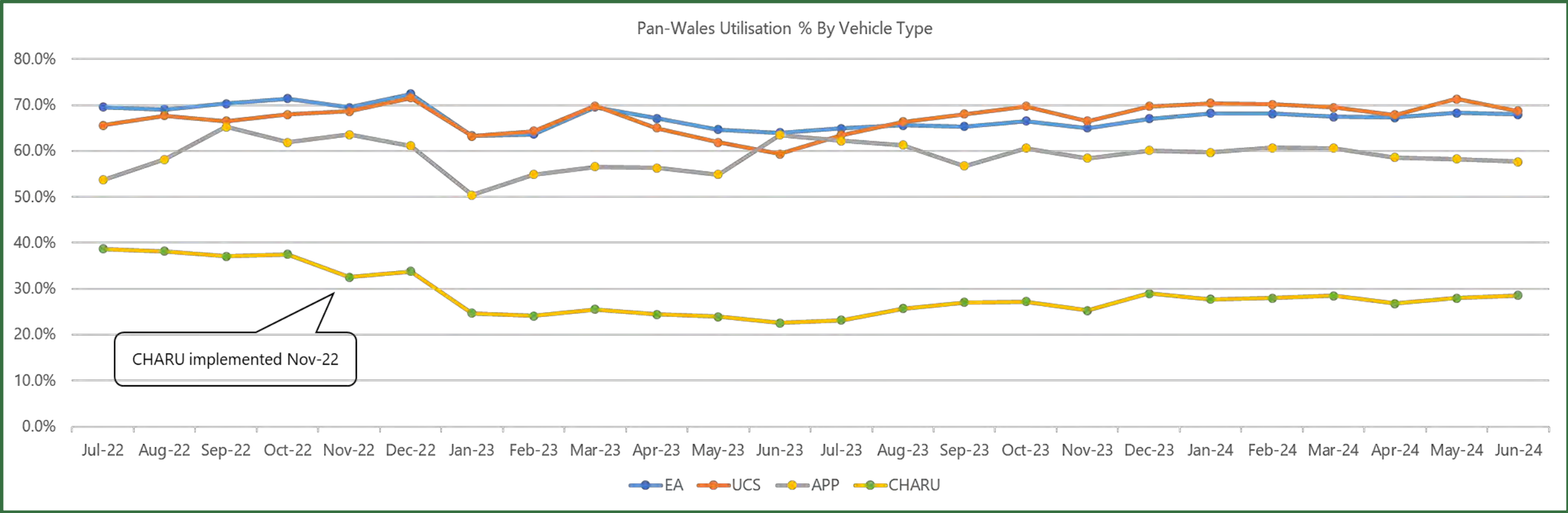
APPs attended on average 3.48 jobs per shift and CHARU's 2.02 jobs per shift. The CHARU data is under review.

**Remedial Plans and Actions**  
EA and UCS jobs per shift is fundamentally a product of handover delays.

For APPs, the newly created APP Recruitment Task & Finish Group will give a focus on further improvement, in particular, improved information and a re-roster.

CHARU is a particular area of focus. Initial analysis indicates that CHARU contribution to Red compares favourably with the previous resource: RRVs.

**Expected Performance Trajectory**  
The Trust's ability to reduce the high utilisation rates for EAs and UCS is a product of handover, which it does not control. The Trust would expect an increase in APP and CHARU utilisation during 2024/25 linked to the remedial actions identified above.

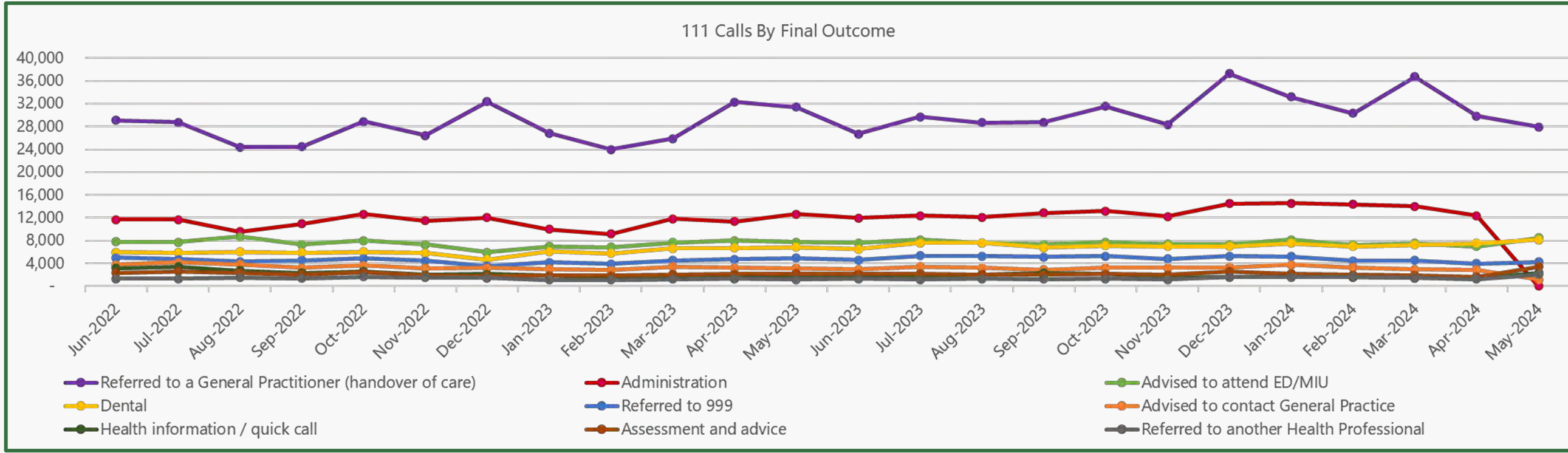


# Partnerships / System Contribution

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

### Influencing Factors – Demand and Clinical Hours Produced

(Responsible Officer: Lee Brooks)



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

**Analysis**  
During May 2024, 57,748 calls were received into the 9 categories displayed in the graph opposite, a slight decrease compared to the 67,954 received during April 2024. However, data quality issues have been identified in 111. These are currently being addressed

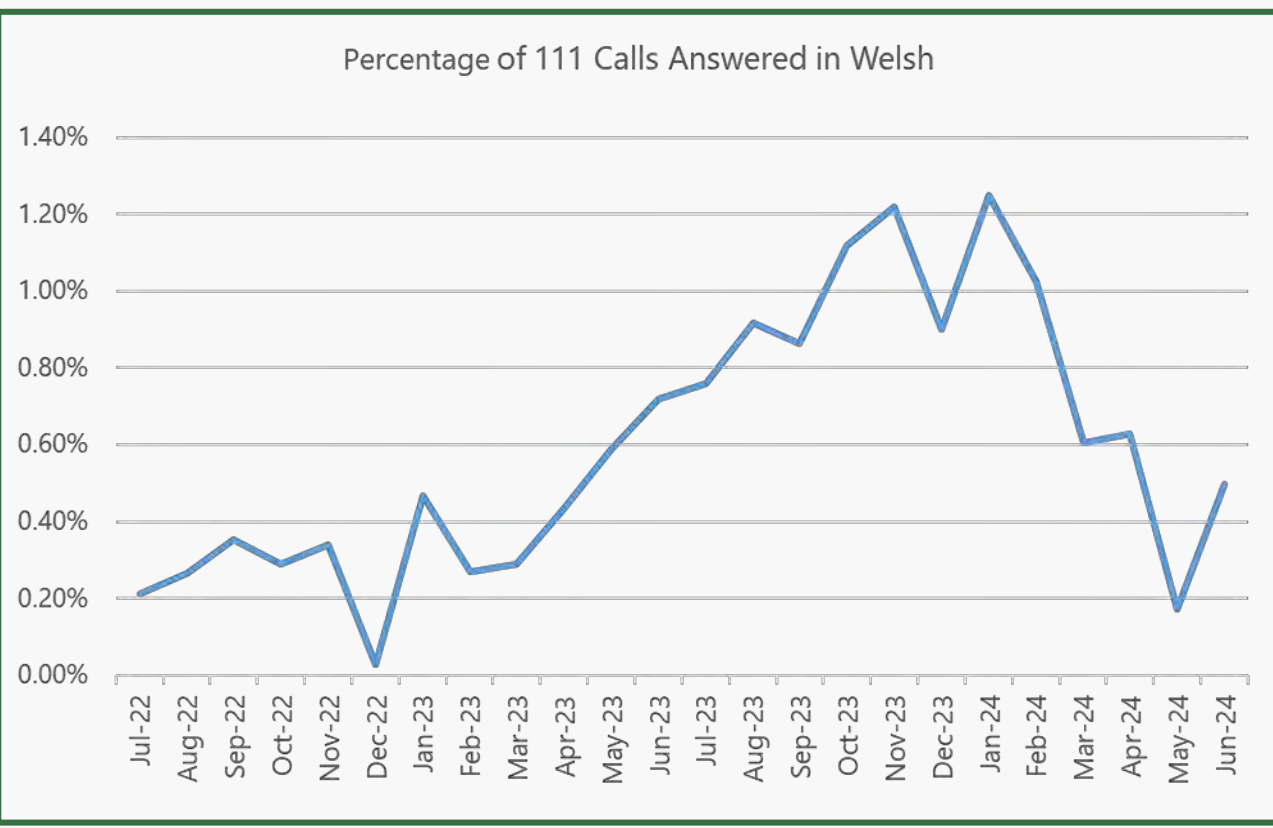
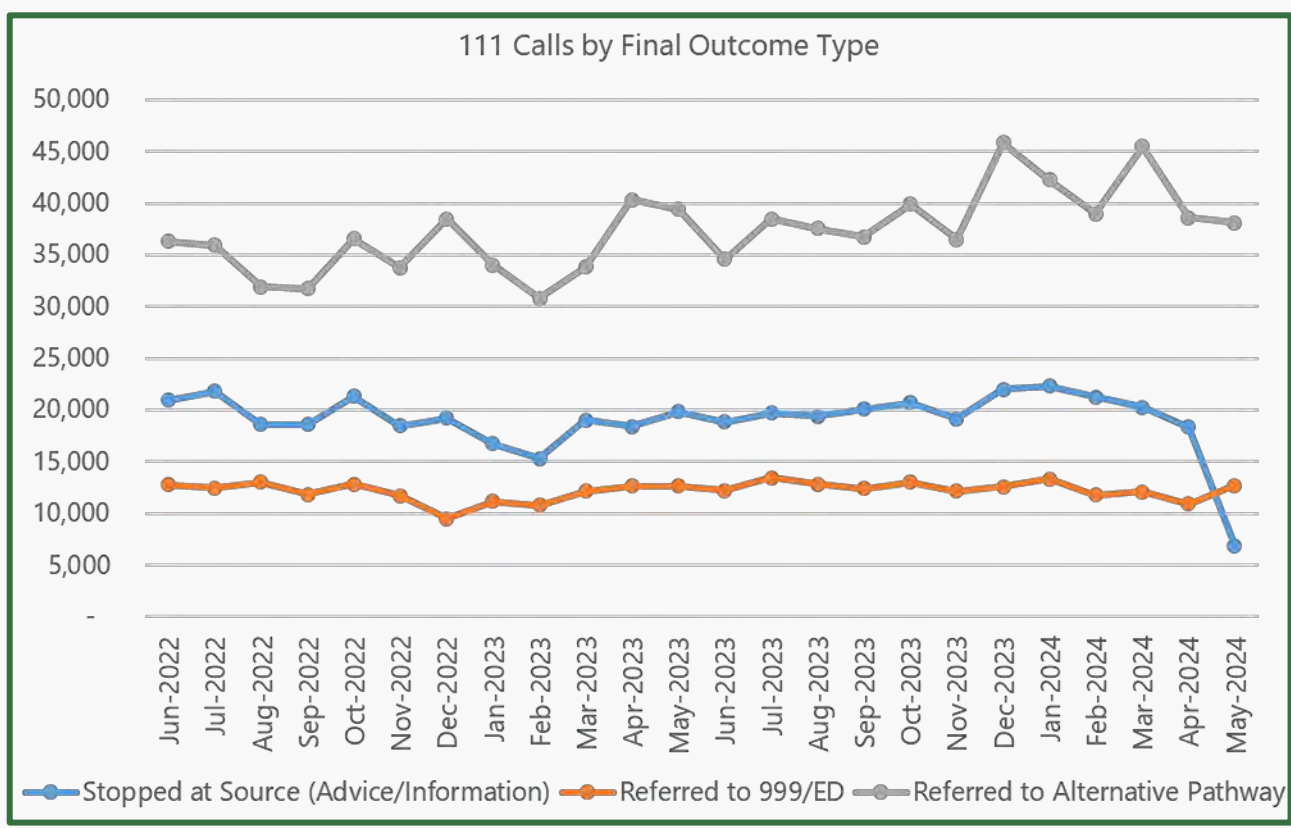
Calls Referred to a General Practitioner (handover of care) continued to be the top outcome for NHS111 accounting for 48.37 % of all calls during May 2024.

As the bottom left graph highlights, in May 2024, 6,914 calls into 111 were provided with information or advice, with no onward referral, a decrease from the 18,382 in April 2024. However, due to the 111CAS system change on 30<sup>th</sup> April 2024, work is ongoing to replicate all outcome categories.

The percentage of 111 calls answered in Welsh increased from 0.17% in May 2024 to 0.50% in June 2024. This equated to only 24.6% of all 111 calls being offered in Welsh being answered, an increase from the 9.4% answered in May 2024.

**Remedial Plans and Actions**  
There is currently a 111 Measures Task and Finish Group. This is a collaborative meeting between WAST its commissioners and DCHW. The focus is the development of a nationally reportable 111 data set. Similar to what is currently in place for Ambulance Service Indicators (ASIs). Part of this work involves looking at the reporting of disposition final outcomes.

**Expected Performance Trajectory**  
No performance trajectory is set at this time, as the Trust develops measures and systems around these metrics. Once these have been developed there will be an opportunity to develop benchmarks. The focus remains to shift left, where it is clinically safe and appropriate to do so.





# Partnerships / System Contribution

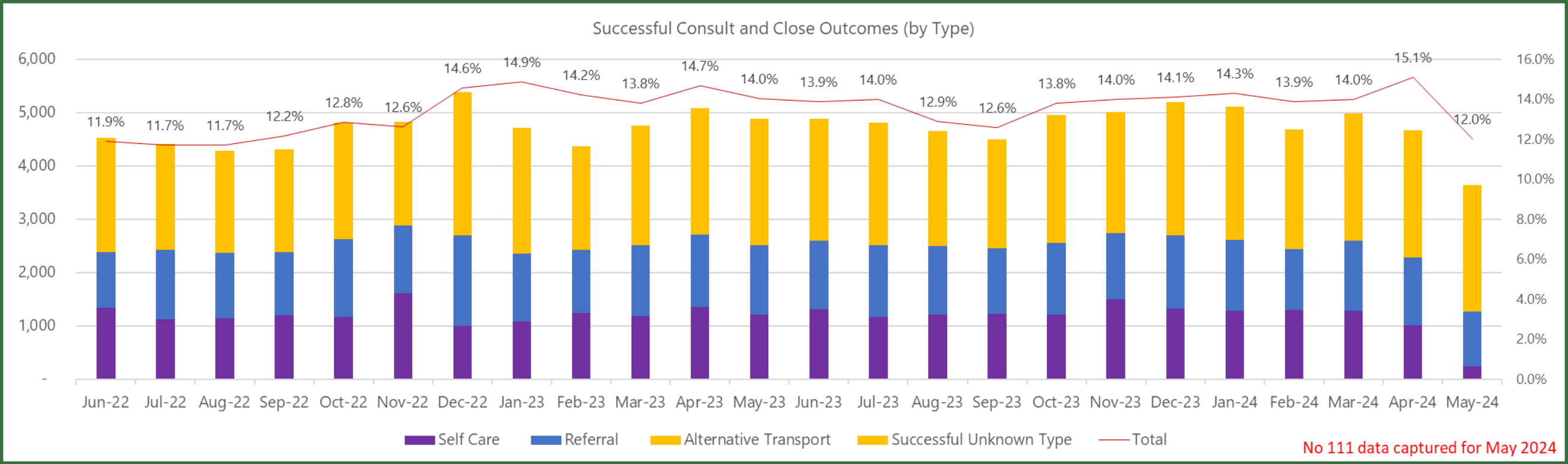
## Consult & Close Indicators

(Responsible Officer: Lee Brooks)

C&C Outcomes

R

FPC



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

### Analysis

**Consult and Close**, with contributions from Clinical Service Desk (CSD) (11%), NHS111 (0%), WAST APP (0.6%) and the Health Boards using Physician Triage and Streaming Service (PTAS) (0.4%) achieved 12% in May 2024, remaining short of the 17% IMTP ambition. In May 2024, the number of 999 calls resulting in a Consult and Close outcome was 4,403, down from 4,945 in April 2024.

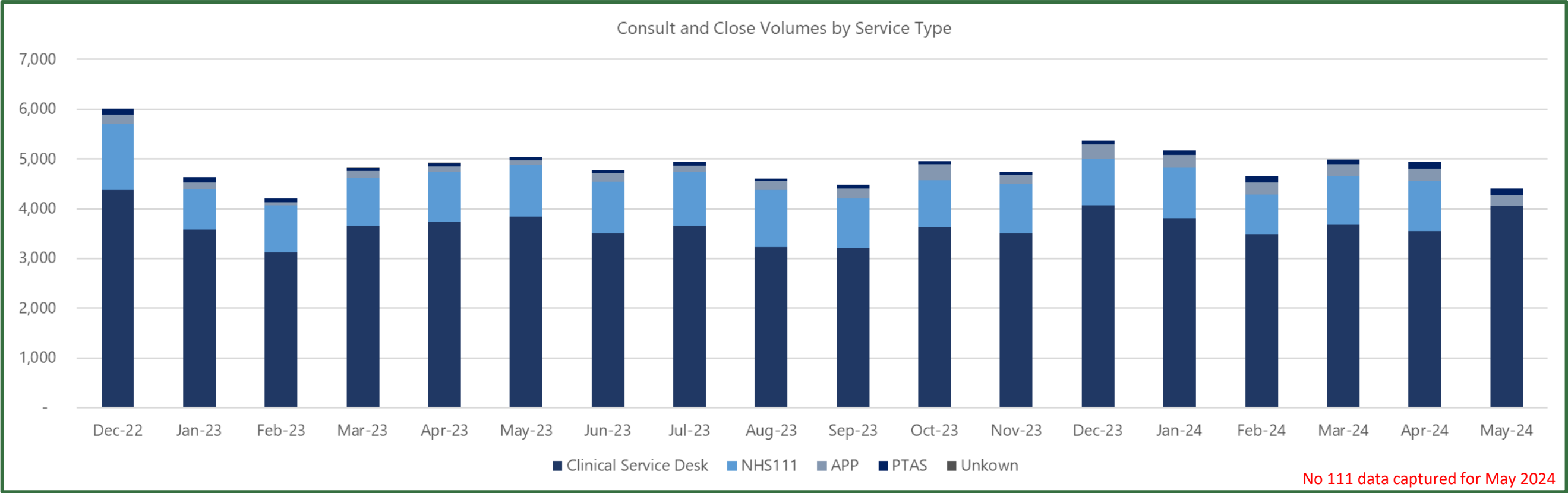
Of the calls successfully closed in May 2024, 1,003 patients received an outcome of self-care; 1,026 patients were referred to other services (including to Minor Injury Units and SDEC) and 2,380 were advised to seek alternative transport services to acquire treatment.

### Remedial Plans and Actions

- Work underway with HI to establish a quality assured data warehouse for all new 111CAS data.
- reviewing processes, has yielded efficiencies in remote clinical support which is recognised by those calling.
- Implementation of 15 recommendations from commissioner review.
- Progressing process with 111 to pass calls electronically from CSD, saving time.
- Recruitment of additional 23 FTEs for 24/25.

### Expected Performance Trajectory

Further improvement is expected linked to CSD staff attendance (reduced absences and less vacancies). The ambition remains 17%.



# Partnerships / System Contribution

## Conveyance to ED Indicators

(Responsible Officer: Andy Swinburn)

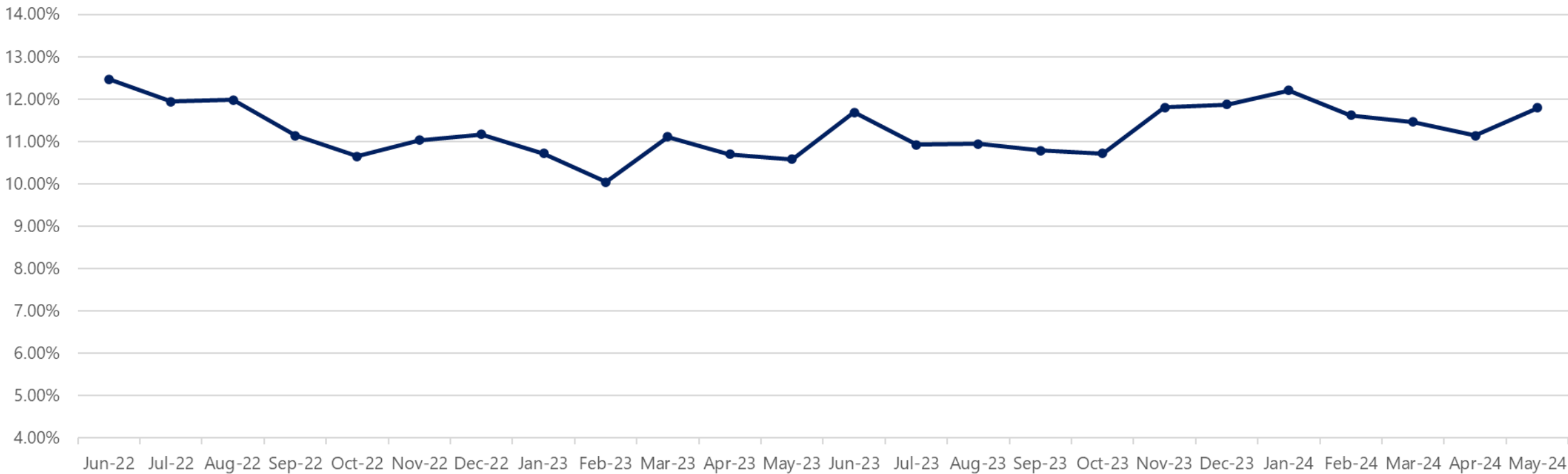
Conveyances

R

FPC

Ministerial Measure

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



### Analysis

**In May 2024 11.8% of patients (1,703) were conveyed to a service other than a Type One ED, while 34.6% of patients were conveyed to a major ED, as a percentage of verified incidents.**

The combined number of incidents treated at scene or referred to alternate providers increased slightly, from 3,661 in May 2024 to 3,792 in June 2024.

APP conveyance rates increased to 45.9% in June 2024 and continues to experience a generally increasing trend March 2023. however, data quality issues around accurately capturing APPs on shift is likely to be contributing to this figure.

Patients conveyed to SDEC's remained low at 0.08% in June 2024.

### Remedial Plans and Actions

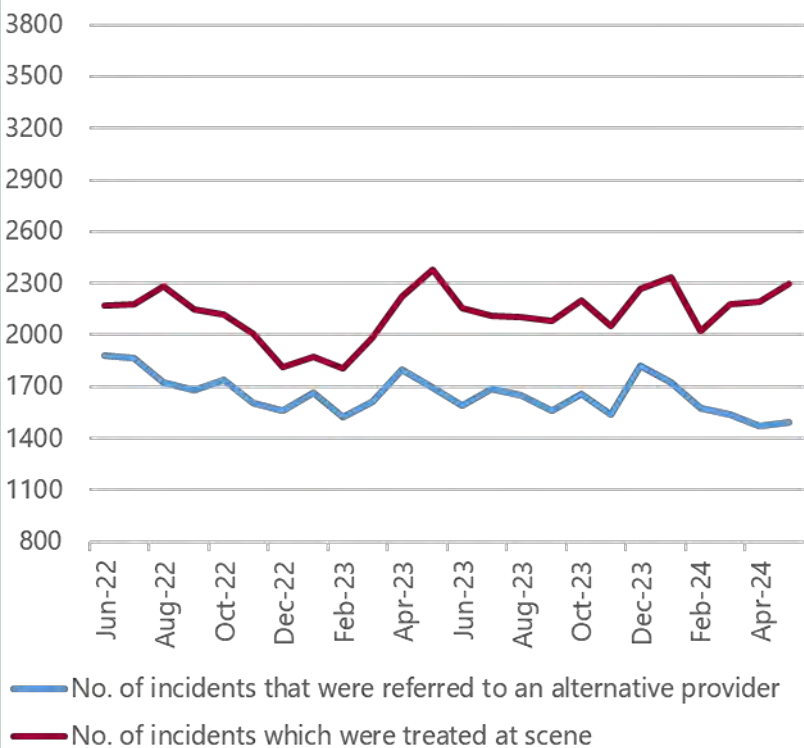
- Continued provision of information to external stakeholder about the effectiveness of SDECs.
- Further investment in the APP workforce in 2024/25 (+32 APPs).
- Establishment of an APP Recruitment Task & Finish Group, with focus on re-rostering to demand keys, improved placement (training) experience and more certainty for TAPPs about where they will be located.
- Review of performance systems for APPs to improve data quality.

### Expected Performance Trajectory

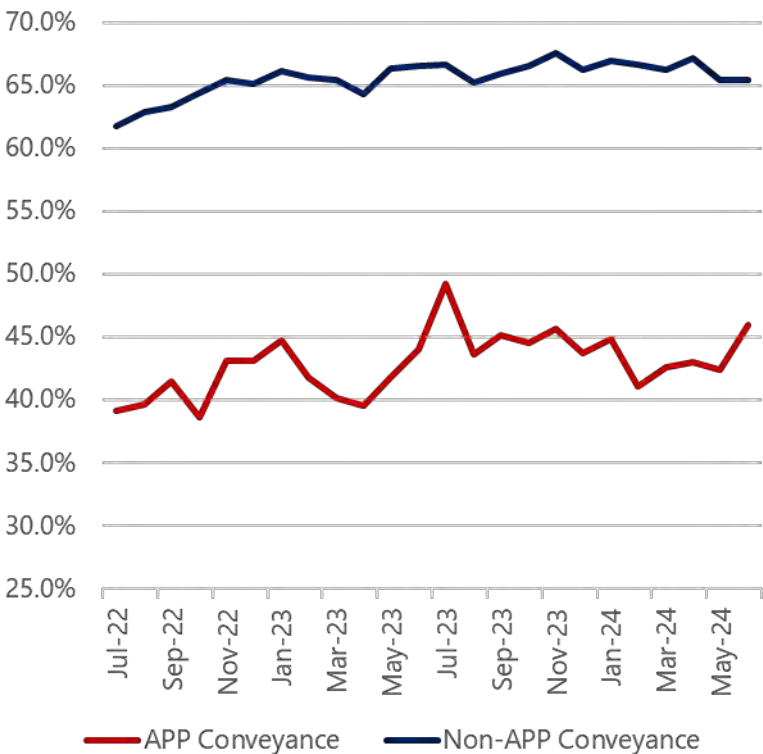
The 2023 EMS Demand & Capacity Review (strategic) models various future states. The modelled scenarios indicate that the Trust will need to fully invert the triangle with health boards significantly reducing handover e.g. 12,000 hours or 7,500 hours, alongside varying levels of investment. Further in year tactical modelling for winter will be required to determine a performance trajectory for 2024/25. This cannot be undertaken at this point in the year.

Welsh Ambulance Services University NHS Trust

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



APP vs Non-APP Conveyance Rates



% Patients Conveyed to SDEC Units Pan-Wales



# Partnerships / System Contribution

## Handover Indicators

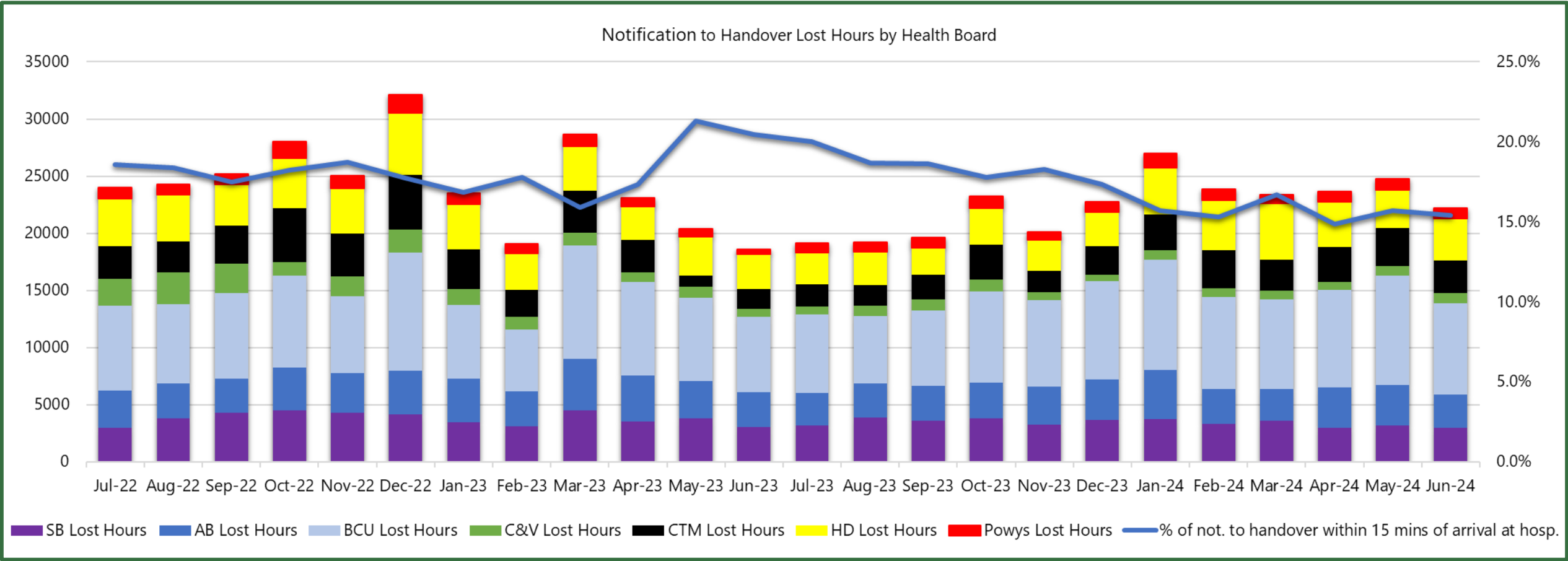
(Responsible Officer: Health Boards)

Lost Hours

R

CI

QUEST



### Analysis

**268,957 hours were lost to Notification to Handover, i.e. hospital handover delays, over the last 12 months (Jul-23 to Jun-24), compared to 291,961 over the same timeframe the previous year.** There were 22,229 hours lost in June 2024, a decrease from the 24,759 lost in May 2024 (although over 1 less day). The June 2024 figure is 19.6% higher than the figure recorded in June 2023.

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

- Ysbyty Gwynedd Hospital (BCUHB) at 3,063 lost hours
- Morriston Hospital (SBUHB) at 2,788 lost hours
- Grange University Hospital (ABUHB) at 2,769 lost hours
- Maelor General Hospital (BCUHB) at 2,463 lost hours

Notification to handover lost hours averaged 741 hours per day during June 2024 compared to 799 hours a day in May 2024.

In June 2024, the Trust could have responded to approximately 6,908 more patients if handovers were reduced, which highlights the impact the numbers are still having on service.

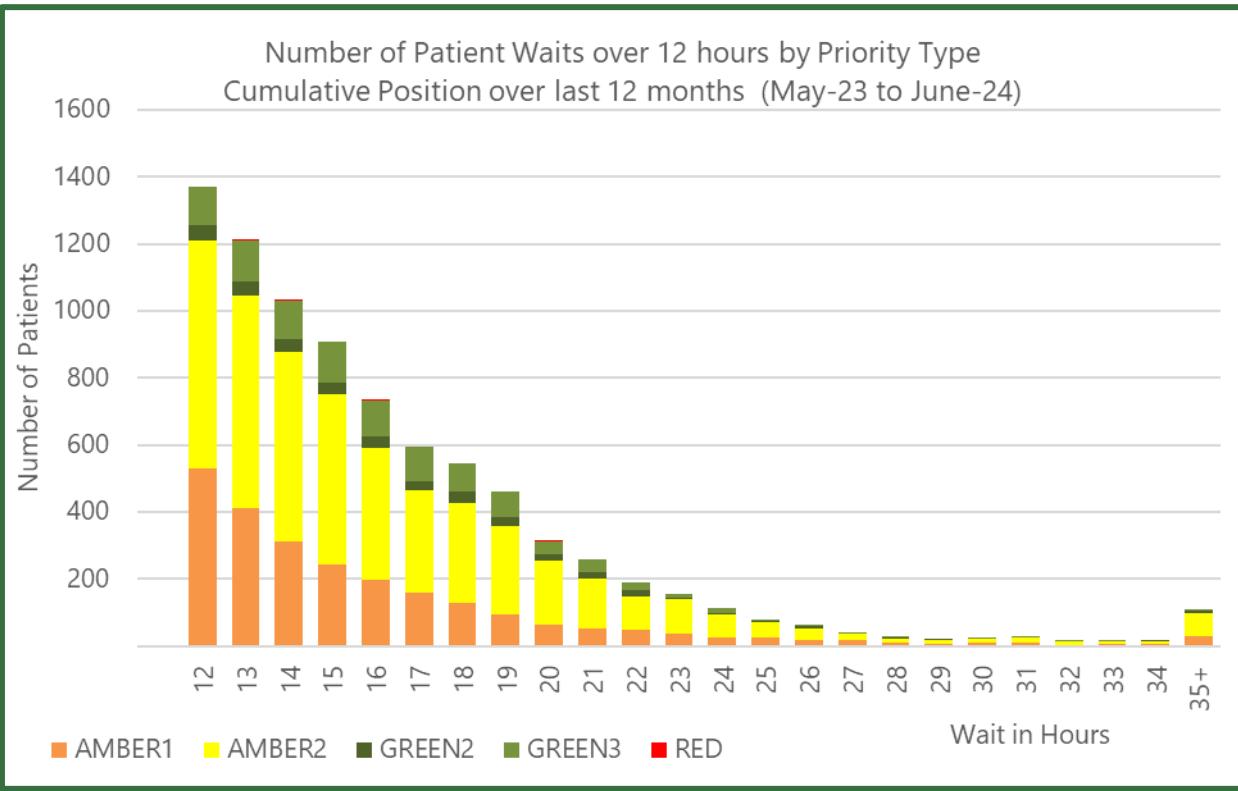
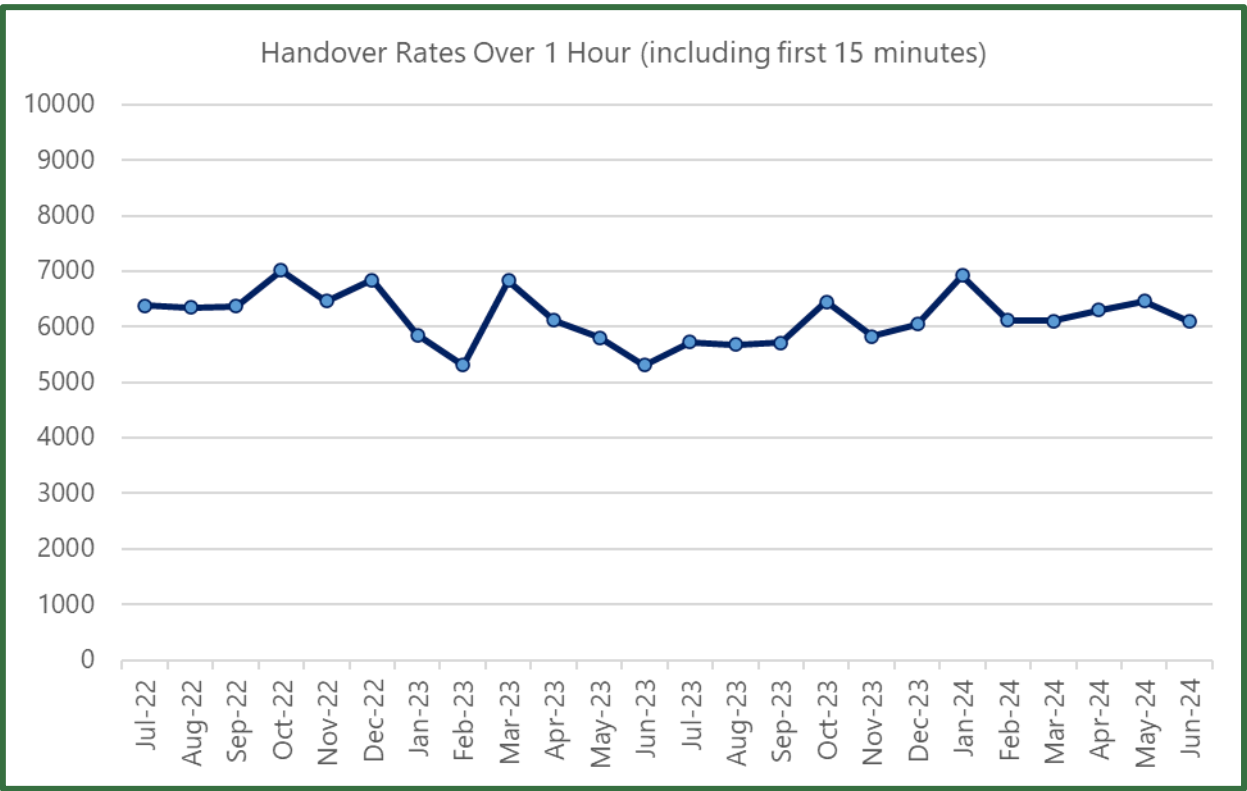
In June 2024, 730 patients waited over 12 hours for an ambulance response and 43 compliments were received from patients and/or their families.

### Remedial Plans and Actions

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

### Expected Performance Trajectory

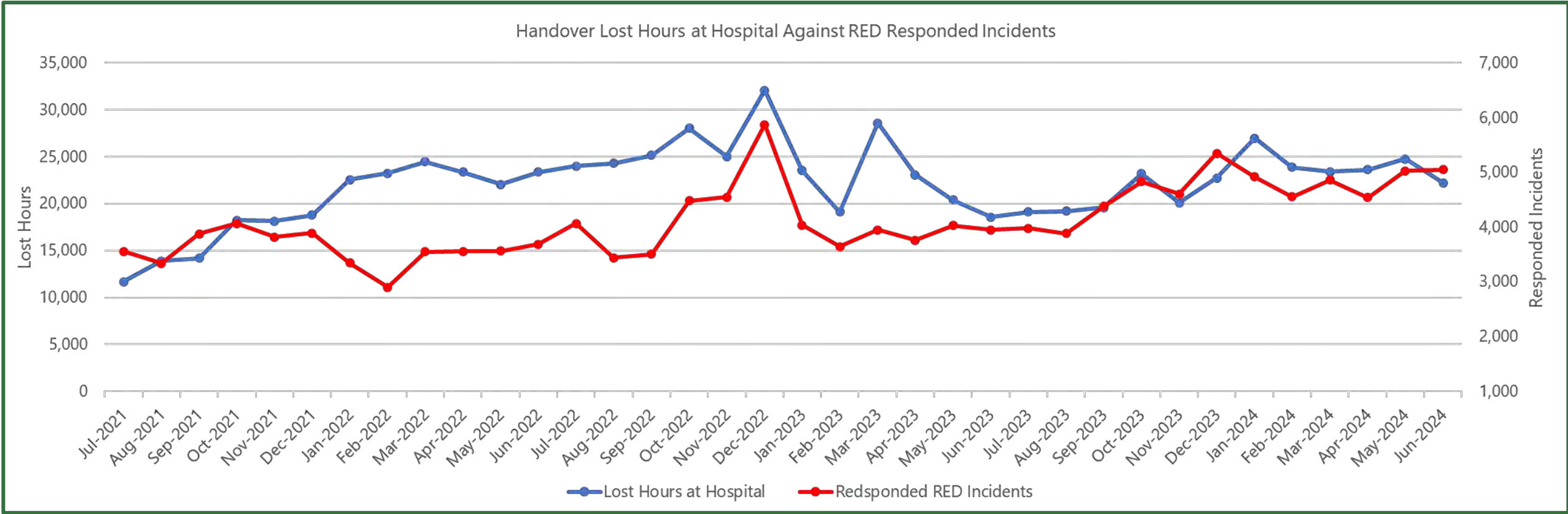
The Welsh Government handover target for 2024/25 is no waits over one hour; this equates to 7,000 hours lost to handover delays per month. There would need to be a 70% reduction in handover levels for this to be achieved.





# Partnerships / System Contribution

## Handover Lost Hours Against Red & Amber 1 Responded Incidents

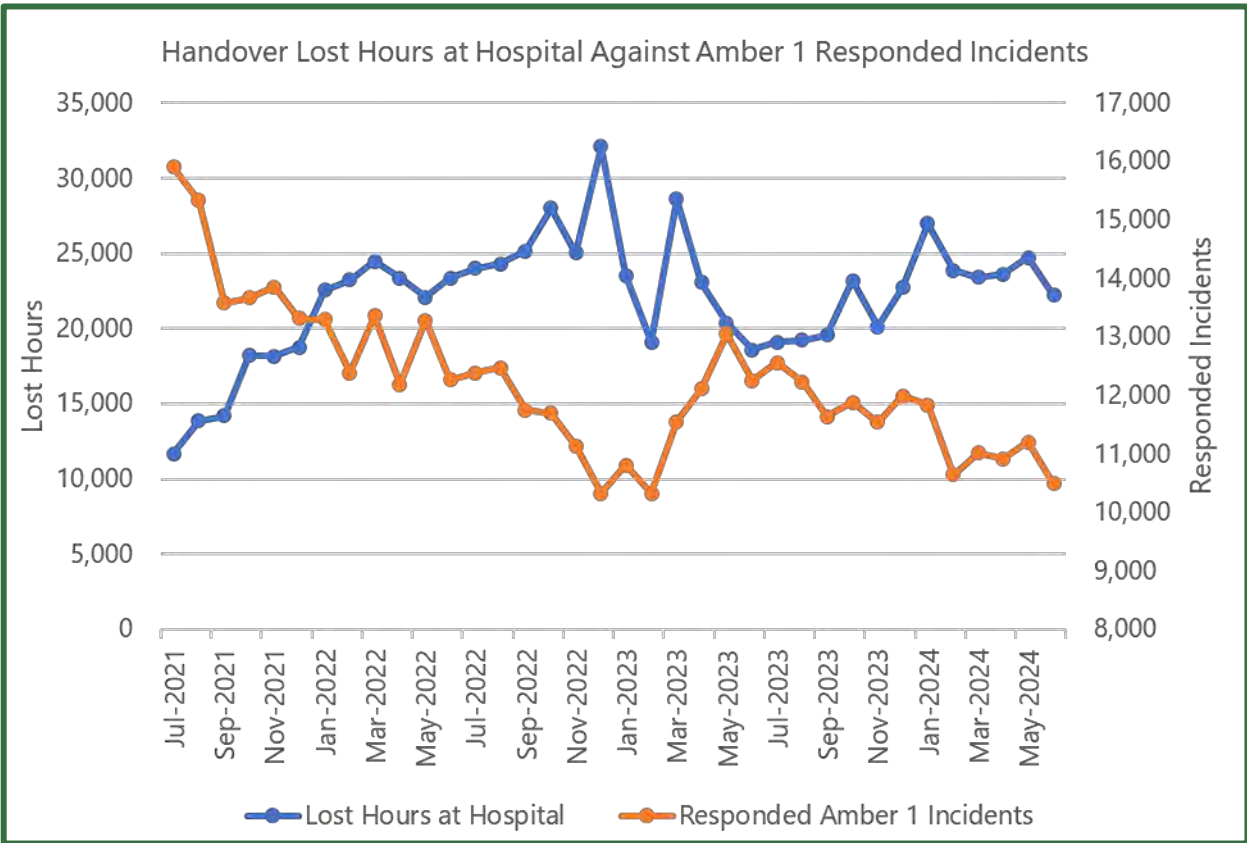
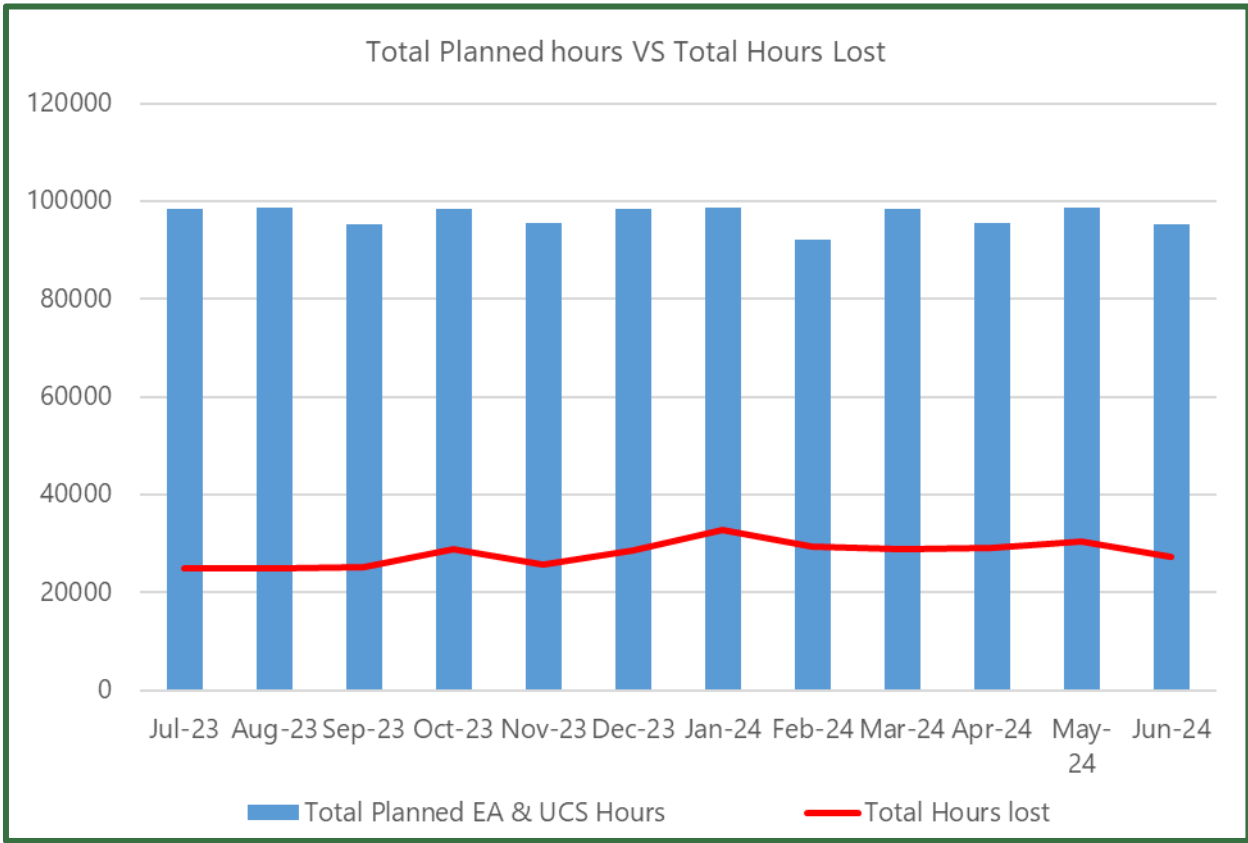


**Analysis**

The top graph highlights that as handover lost hours have increased since July 2021, so too have the number of Red incidents being responded to. This shows that when CSP is in periods of high demand and hospital handover increases, Red responses are protected, even during high pressure within the system.

However, as the bottom graph illustrates, as the response to Red increases, there is an impact on Amber 1 responses, particularly at times of high demand, such as during December 2022. During these periods, the number of Amber 1 incidents attended decreases, notwithstanding that some of these patients within the Amber 1 category will still be seriously ill.

The bottom graph also highlights that as lost hours have increased since July 2023, so Amber 1 responses have declined, due to the increased system pressures.



**Remedial Plans and Actions**

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

**Expected Performance Trajectory**

The Commissioning intention for 2023/24 is that handover lost hours should reduce to 15,000 hours per month, the same seen levels seen in the winter of 2019/20, which were considered extremely high, 12,000 hours by the end of Quarter 2 and sustained and incremental improvement in quarters 3 and 4. The ambition that there should be no waits over 4 hours during 2023/24. Non-release for Immediate Release Requests should become a Never Event.

*\*NB: Data correct at time of abstraction.*

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



# Definition of Indicators

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

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

## DIGITAL REPORTING

|                  |                                                                            |
|------------------|----------------------------------------------------------------------------|
| <b>MEETING</b>   | Finance & Performance Committee                                            |
| <b>DATE</b>      | 16 <sup>th</sup> July 2024                                                 |
| <b>EXECUTIVE</b> | Jonny Sammut, Director of Digital Services                                 |
| <b>AUTHOR</b>    | Leanne Smith, Assistant Director of Digital                                |
| <b>CONTACT</b>   | <a href="mailto:leanne.smith4@wales.nhs.uk">leanne.smith4@wales.nhs.uk</a> |

| EXECUTIVE SUMMARY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ol style="list-style-type: none"> <li>1. This report brings to the committee Digital Key Performance Indicators (KPIs) relating to Data &amp; Analytics, ICT Systems, Digital services, projects &amp; programmes, and progress against the recently refreshed Digital Plan.</li> <li>2. The data in this report previously reported in-year from 1<sup>st</sup> April 2023 to 31<sup>st</sup> March 2024. With the new financial year, and now a full 12 months of historic data, the graphical elements of this report have transitioned into a rolling 12 month view, and so currently represents the period of 1<sup>st</sup> June 2023 to 31<sup>st</sup> May 2024 unless otherwise indicated. June 2024 data is not included here due to the timing of the committee meaning the complete month of data was not available at the time of writing.</li> <li>3. Key points of note from this report include:             <ol style="list-style-type: none"> <li>a. For the <b>Data &amp; Analytics</b> metrics, the average turnaround time for non-trivial data requests saw a record spike in March 2024 due to the pressures of demand and the commencement of the "pause &amp; improve" initiative, whereby the team operated with a "pause" on all new non-essential requests for a period of 6 weeks, focusing instead on the 111 CAS replacement programme along with a small list of other key priorities and improvements. This metric dropped back to an average of 17.4 days per request in April, partly due to an effort during the pause to reduce the backlog and a return to Business as Usual following the pause. However, increased demand again in May and ongoing work to the data structures, definitions and official reporting for 111 CAS, saw the turnaround time</li> </ol> </li> </ol> |

spike again to over 29 days for non-trivial tasks, but with an 86% same-day turnaround for 'quick' tasks, showing the team are still working to meet the dynamic and most urgent needs of the Trust.

- b. **Records Requests** continue to be received at a sustained high level – progressing the trend of Q4 2023/24. Investment has been received which will allow the Health Informatics team to increase the number of Records Officers from 1.8 WTEs to 3.8, and recruitment process has commenced. However, due to long term sickness within the Records team, compliance to the target is at risk, and many broader records management activities are currently on hold.
  - c. The ICT **System Availability Metrics** show that almost all systems exceeded the 99.99% industry standard of availability or 'up-time' in Q4 of 2023/24 and Q1 of 2024/25 so far. This is in all areas except for the Ambulance Care CAD – Cleric, where for a short period on the 17th April the South East region was not able to radio NEPTS vehicles due to an issue with call sign visibility in the LifeX system. However, this still resulted in more than 99.9% availability for the month.
4. In terms of Digital's contribution to WAST's strategy and IMTP, this month's report has regrouped initiatives under the 5 pillars of the refreshed Digital Plan (namely: Everyday Essentials; Cyber, Security & Safety; Digital Pioneers; Transformation; and Data, Information and Insight). Most of these initiatives are still being scoped or are pending recruitment following the recent additional investment in Digital; however, some key points of note include:
- a. The **Drones** initiative has seen the Drone Wales Highway Project commence in Q1 2024/25.
  - b. The future of the **111 Wales Website** has recently been explored, and a project concluded in June with the collation of stakeholder views, research and industry best practice advice, and a recommendation on the vision & strategy of the website, its requirements to meet the needs of the Welsh population and UK regulations, and a way to support the demands on 111 operations. A cross-Directorate group will now develop a business case.
  - c. The **NDR Programme** line item represents what was previously listed as the "data linkage" project in earlier reports. This continues to progress, with a recent milestone being the signing of a Joint Controller Agreement between DHCW and WAST. This allows the chosen pilot dataset (i.e. Out-of-Hospital Cardiac Arrest dataset) to now be consumed via the National Data Resource (NDR) analytics platform and shared with the NHS Wales Executive / Cardiac Network and national registry. Following successful acquisition, linkage and consumption of this dataset by the appropriate parties, WAST will look to establish pipelines for the next prioritised dataset – still to be agreed but likely one which will give back intelligence to WAST

following linkage (e.g. linking CAD and ePCR data with a Health Board's Emergency Department data set would give insight on patient outcomes).

- d. The **PowerBI migration** initiative is the ongoing effort of transitioning our reporting and dashboards from Qlik to PowerBI to help modernise, streamline and secure our intelligence. This has a deadline of September due to licencing constraints with QlikSense, but this timeline is **at risk** due to the Data & Analytics team's effort being diverted to (and sustained on) the 111 CAS implementation.
5. The spotlight for this reporting period focuses again on the Mobile Data Vehicle Solution (MDVS) Installation Project:
- a. The installation of the MDVS solution across the existing **EMS & Ambulance Care fleet** is now complete. The table in the report shows successful installation of 501 EMS vehicles and 256 Ambulance Care vehicles - a huge milestone for the project, and the result of great collaboration between Digital, Operations and Fleet.
  - b. The project has not concluded however, as there are 25 **new vehicles** still to receive the install, but the Trust is awaiting delivery of these 16 ambulance care and 9 emergency ambulance vehicles.
  - c. The latest **dashboard** can be found on Siren at the following link which is refreshed weekly:  
<https://nhswales365.sharepoint.com/sites/AMB-Intranet-Digital-Services/SitePages/Mobile-Data-Vehicle-Solution.aspx>
6. **The COMMITTEE are asked to NOTE the contents of the accompanying report and the trends in metrics presented.**

#### KEY ISSUES/IMPLICATIONS

7. The pace of the 111 CAS replacement project and the ongoing evolution and development of the system means adjustments were made to the 2023/24 Digital Plans (some of which were not fully complete by year end) and will mean further adjustment to timelines of the refreshed Digital Plans and tranche 1 delivery in 2024/25.

#### REPORT APPROVAL ROUTE

Digital Leadership Group – w/c 17<sup>th</sup> June 2024

#### REPORT APPENDICES

Main report – 'Digital Reporting July 24\_Open FPC'



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

| MDV's: Verifying the Implementation |                     |                 |            |                     |                 |            |
|-------------------------------------|---------------------|-----------------|------------|---------------------|-----------------|------------|
| Region                              | EMU                 |                 |            | MDV                 |                 |            |
| Region                              | Total for Group (n) | Total Group (n) | Percentage | Total for Group (n) | Total Group (n) | Percentage |
| Algeria                             | 28                  | 28              |            | 28                  | 28              |            |
| Angola                              | 40                  | 40              |            | 40                  | 40              |            |
| Argentina                           | 28                  | 28              |            | 28                  | 28              |            |
| Australia                           | 28                  | 28              |            | 28                  | 28              |            |
| Austria                             | 28                  | 28              |            | 28                  | 28              |            |
| Bahamas                             | 28                  | 28              |            | 28                  | 28              |            |
| Bahrain                             | 28                  | 28              |            | 28                  | 28              |            |
| Bangladesh                          | 28                  | 28              |            | 28                  | 28              |            |
| Barbados                            | 28                  | 28              |            | 28                  | 28              |            |
| Belize                              | 28                  | 28              |            | 28                  | 28              |            |
| Bermuda                             | 28                  | 28              |            | 28                  | 28              |            |
| Bhutan                              | 28                  | 28              |            | 28                  | 28              |            |
| Bolivia                             | 28                  | 28              |            | 28                  | 28              |            |
| Bosnia and Herzegovina              | 28                  | 28              |            | 28                  | 28              |            |
| Botswana                            | 28                  | 28              |            | 28                  | 28              |            |
| Brazil                              | 28                  | 28              |            | 28                  | 28              |            |
| Bulgaria                            | 28                  | 28              |            | 28                  | 28              |            |
| Burkina Faso                        | 28                  | 28              |            | 28                  | 28              |            |
| Burundi                             | 28                  | 28              |            | 28                  | 28              |            |
| Cambodia                            | 28                  | 28              |            | 28                  | 28              |            |
| Cameroon                            | 28                  | 28              |            | 28                  | 28              |            |
| Canada                              | 28                  | 28              |            | 28                  | 28              |            |
| Cape Verde                          | 28                  | 28              |            | 28                  | 28              |            |
| Cayman Islands                      | 28                  | 28              |            | 28                  | 28              |            |
| Central African Republic            | 28                  | 28              |            | 28                  | 28              |            |
| Chad                                | 28                  | 28              |            | 28                  | 28              |            |
| Chile                               | 28                  | 28              |            | 28                  | 28              |            |
| China                               | 28                  | 28              |            | 28                  | 28              |            |
| Colombia                            | 28                  | 28              |            | 28                  | 28              |            |
| Costa Rica                          | 28                  | 28              |            | 28                  | 28              |            |
| Cote d'Ivoire                       | 28                  | 28              |            | 28                  | 28              |            |
| Croatia                             | 28                  | 28              |            | 28                  | 28              |            |
| Cuba                                | 28                  | 28              |            | 28                  | 28              |            |
| Cyprus                              | 28                  | 28              |            | 28                  | 28              |            |
| Czech Republic                      | 28                  | 28              |            | 28                  | 28              |            |
| Dominican Republic                  | 28                  | 28              |            | 28                  | 28              |            |
| Dominica                            | 28                  | 28              |            | 28                  | 28              |            |
| DRC                                 | 28                  | 28              |            | 28                  | 28              |            |
| Ecuador                             | 28                  | 28              |            | 28                  | 28              |            |
| Egypt                               | 28                  | 28              |            | 28                  | 28              |            |
| El Salvador                         | 28                  | 28              |            | 28                  | 28              |            |
| Equatorial Guinea                   | 28                  | 28              |            | 28                  | 28              |            |
| Eritrea                             | 28                  | 28              |            | 28                  | 28              |            |
| Estonia                             | 28                  | 28              |            | 28                  | 28              |            |
| Ethiopia                            | 28                  | 28              |            | 28                  | 28              |            |
| Fiji                                | 28                  | 28              |            | 28                  | 28              |            |
| Finland                             | 28                  | 28              |            | 28                  | 28              |            |
| France                              | 28                  | 28              |            | 28                  | 28              |            |
| Gabon                               | 28                  | 28              |            | 28                  | 28              |            |
| Gambia                              | 28                  | 28              |            | 28                  | 28              |            |
| Germany                             | 28                  | 28              |            | 28                  | 28              |            |
| Ghana                               | 28                  | 28              |            | 28                  | 28              |            |
| Greece                              | 28                  | 28              |            | 28                  | 28              |            |
| Guatemala                           | 28                  | 28              |            | 28                  | 28              |            |
| Guinea                              | 28                  | 28              |            | 28                  | 28              |            |
| Guinea-Bissau                       | 28                  | 28              |            | 28                  | 28              |            |
| Haiti                               | 28                  | 28              |            | 28                  | 28              |            |
| Honduras                            | 28                  | 28              |            | 28                  | 28              |            |
| Hungary                             | 28                  | 28              |            | 28                  | 28              |            |
| Iceland                             | 28                  | 28              |            | 28                  | 28              |            |
| India                               | 28                  | 28              |            | 28                  | 28              |            |
| Indonesia                           | 28                  | 28              |            | 28                  | 28              |            |
| Iran                                | 28                  | 28              |            | 28                  | 28              |            |
| Ireland                             | 28                  | 28              |            | 28                  | 28              |            |
| Israel                              | 28                  | 28              |            | 28                  | 28              |            |
| Italy                               | 28                  | 28              |            | 28                  | 28              |            |
| Jamaica                             | 28                  | 28              |            | 28                  | 28              |            |
| Japan                               | 28                  | 28              |            | 28                  | 28              |            |
| Jordan                              | 28                  | 28              |            | 28                  | 28              |            |
| Kazakhstan                          | 28                  | 28              |            | 28                  | 28              |            |
| Kenya                               | 28                  | 28              |            | 28                  | 28              |            |
| Korea                               | 28                  | 28              |            | 28                  | 28              |            |
| Kuwait                              | 28                  | 28              |            | 28                  | 28              |            |
| Laos                                | 28                  | 28              |            | 28                  | 28              |            |
| Latvia                              | 28                  | 28              |            | 28                  | 28              |            |
| Lebanon                             | 28                  | 28              |            | 28                  | 28              |            |
| Lesotho                             | 28                  | 28              |            | 28                  | 28              |            |
| Liberia                             | 28                  | 28              |            | 28                  | 28              |            |
| Lithuania                           | 28                  | 28              |            | 28                  | 28              |            |
| Luxembourg                          | 28                  | 28              |            | 28                  | 28              |            |
| Madagascar                          | 28                  | 28              |            | 28                  | 28              |            |
| Mali                                | 28                  | 28              |            | 28                  | 28              |            |
| Maldives                            | 28                  | 28              | </         |                     |                 |            |



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

Ymddiriedolaeth Brifysgol GIG  
Gwasanaethau Ambiwylans Cymru  
Welsh Ambulance Services  
University 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>    |

**Integrated Medium Term Plan (IMTP)**  
**24/25 Delivery & Assurance Approach and Q1 Delivery & Assurance Update**

|                  |                                                                                                                   |
|------------------|-------------------------------------------------------------------------------------------------------------------|
| <b>MEETING</b>   | Finance & Performance Committee                                                                                   |
| <b>DATE</b>      | 16 <sup>th</sup> July 2024                                                                                        |
| <b>EXECUTIVE</b> | Rachel Marsh - Executive Director of Strategy, Planning and Performance                                           |
| <b>AUTHOR</b>    | Alexander Crawford - Assistant Director of Planning and Transformation<br>Heather Holden – Head of Transformation |
| <b>CONTACT</b>   | Heather.holden@wales.nhs.uk                                                                                       |

**EXECUTIVE SUMMARY**

The purpose of this paper is to provide Finance & Performance Committee with an overview of the revised IMTP delivery and assurance arrangements for 2024-27. This was presented to Strategic Transformation Board (STB) on 8<sup>th</sup> July with approval to transition the existing IMTP Delivery Programmes into the revised structure, distinguishing between the Strategic Transformation portfolio (aligned to our Clinical Model Transformation) and the wider Directorate-led IMTP portfolio.

The paper also provides the Q1 position on IMTP 2024-27 objectives, including the Ministerial (now Cabinet Secretary) Priorities set by Welsh Government.

**RECOMMENDED:**

**That the Finance & Performance Committee:**

- 1. Notes the revised arrangements for IMTP delivery and assurance;**
- 2. Notes the IMTP 2024-27 Q1 position; and**
- 3. Refers to Appendix 1 (240708 - IMTP Delivery & Assurance Report) for a detailed account.**

**KEY ISSUES/IMPLICATIONS**

A new IMTP Delivery and Assurance framework has been developed and approved by STB. The revised approach to IMTP delivery and assurance will see a transition of existing IMTP Delivery Programmes into a single, cross-organisational Clinical Model Transformation (CMT) Programme. The transition will be supported by a strengthened, consistent approach to the cyclical

development of Directorate Local Delivery Plans (LDPs), with Directorate-led projects and initiatives being managed through existing business meetings.

IMTP objectives have been clearly aligned to defined workstreams within the CMT Programme and reporting lines for deliverables have been confirmed.

The Q1 position of IMTP deliverables has been confirmed and the forward plan for ongoing assurance under the revised arrangements has been clarified – into either CMT workstreams or into Directorate LDPs for delivery in 2024/25.

The only deliverable significantly off track (**RED**) continues to be the introduction of Independent Prescribing as a core requirement within the APP job description. Independent Prescribing was included within the generic job description for Advanced Practitioners and will subsequently need to be incorporated into the academic education plan for new and existing APPs. The challenges to implementation are two-fold: (1) Lack of supervisory support for Trainee APPs and APPs, however this is progressing, and an options appraisal was presented to ELT (May) and SLT (June), and (2) delivering the additional training required to qualify as an Independent Prescriber. APP education is delivered through a combination of university education and practice placements managed by Health Boards. The lead time for allocation of Practice Placement Plan placements and Health Board capacity to incorporate the additional Independent Prescriber element, and to allocate suitable places to WAST APPs, present significant challenges to delivery.

Appendix 1 sets out the more detailed Q1 position and the revised arrangements for IMTP delivery and assurance.

#### REPORT APPROVAL ROUTE

**Strategic Transformation Board 8<sup>th</sup> July 2024**

#### REPORT APPENDICES

[Appendix 1 - 240708 - IMTP Delivery & Assurance Report.pptx](#)

Appendix 2 - Assurance against the Cabinet Secretary's priorities 2024/25

[Appendix 3 - Delivery & Assurance Status Definitions.pdf](#)

#### REPORT CHECKLIST

| Confirm that the issues below have been considered and addressed |   | Confirm that the issues below have been considered and addressed |     |
|------------------------------------------------------------------|---|------------------------------------------------------------------|-----|
| EQIA (Inc. Welsh language)                                       | y | Financial Implications                                           | y   |
| Environmental/Sustainability                                     | y | Legal Implications                                               | N/A |



|                    |     |                             |     |
|--------------------|-----|-----------------------------|-----|
| Estate             | Y   | Patient Safety/Safeguarding | N/A |
| Ethical Matters    | N/A | Risks (Inc. Reputational)   | Y   |
| Health Improvement | Y   | Socio Economic Duty         | N/A |
| Health and Safety  | Y   | TU Partner Consultation     | Y   |

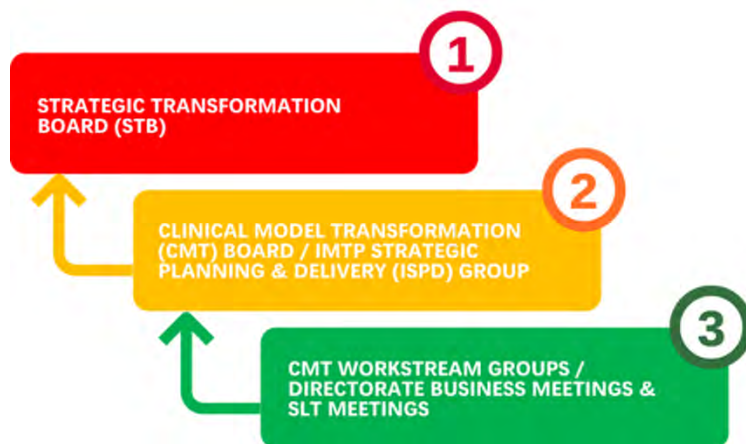
## **Appendix 1**

### **Revised IMTP 2024/25 Delivery & Assurance Arrangements**

1. Following an internal audit of Strategy Development in 2023, there was a recommendation to review the Delivery and Assurance Framework relating to the transformation of our Emergency Response Model (Inverting the Triangle). The recommendation was endorsed by Audit Committee in March 2024, initiating an open discussion at STB on the 8<sup>th</sup> April 2024. A clear mandate was provided to explore and propose potential changes to the current delivery and assurance structures.
2. The recommendation was timely, coinciding with the evolution of our Clinical Service Model and the ambition to adopt a more holistic and integrated approach, considering how all our services (999, 111, and NEPTS) contribute to the transformation of care.
3. Our existing IMTP Delivery Programmes align to our core services, with Clinical Transformation as a stand-alone pillar within the overall structure. Whilst this approach effectively delivered previous iterations of our IMTP, as plans for our Clinical Response Model have evolved, so too must our approach to delivery and assurance.
4. Driving our thinking on the revised IMTP delivery and assurance arrangements are three core principles:
  - a. **Integration** – the need for a holistic transformation programme to evolve our Clinical Model that emphasises integration, collaboration, and matrix working.
  - b. **Alignment** – the opportunity to strengthen the relationship between Directorate LDPs and our IMTP Planning Cycle, ensuring clear alignment of plans to paper.
  - c. **Clarity** – a commitment to establish single, consistent reporting lines that reflect the complexity of our IMTP objectives, and the conditions required for delivery; *Organisational Leadership vs. Directorate Leadership*.

### 5. 3:3 Delivery & Assurance Matrix

We will adopt a delineated approach to the delivery of our business, distinguishing between our approach to core business (Tier 3), Directorate-led change and service improvement (Tier 2) and organisationally led change and transformation (Tier 1).



We will recognise three levels of delegated assurance to enable our subject matter experts to be responsible for managing the detail, with increasing escalation through clearly defined reporting lines. By empowering our people to

operate autonomously within their scope of practice, we create the time and space for our Boards to focus on strategic direction setting and prioritisation.

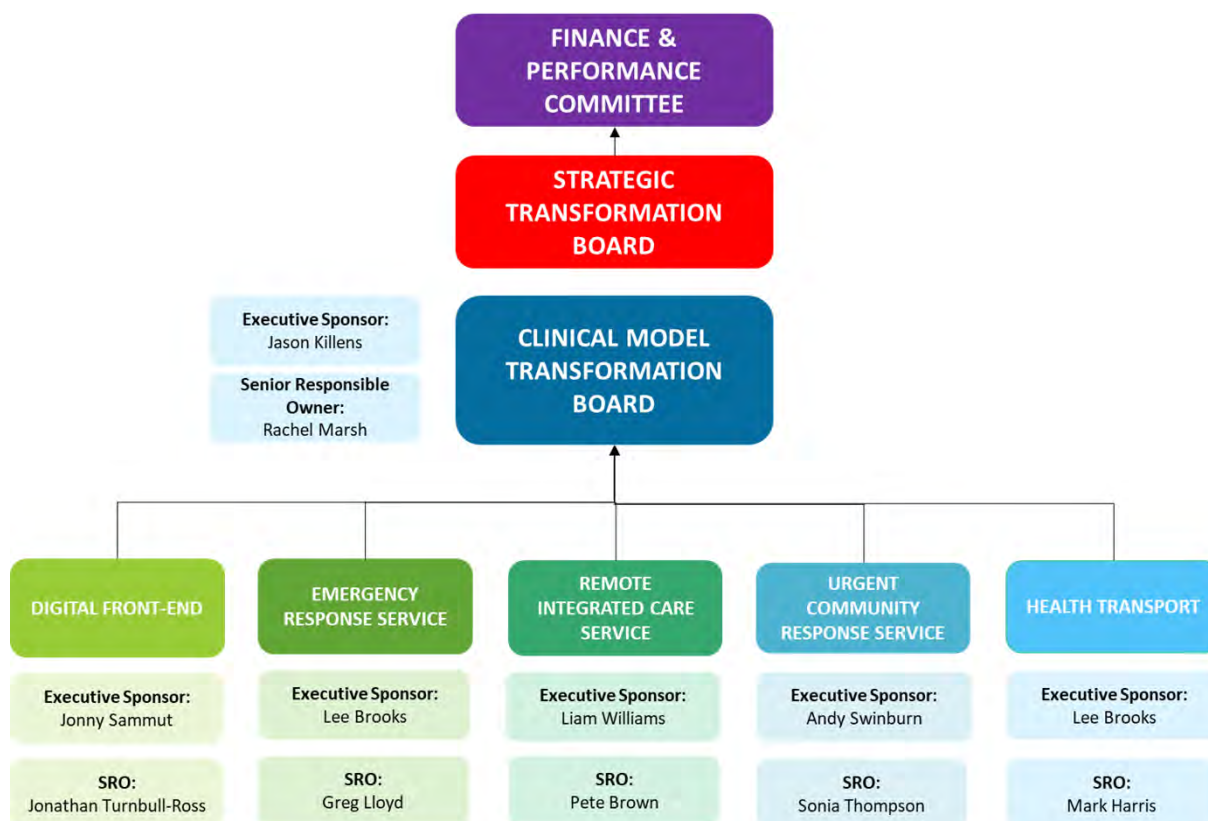
6. **Tier 1 – Strategic Transformation** – the evolution of our Clinical Service Model will require strong, cross-organisational working to integrate our existing services and effectively manage the impact of this on our people, our patients, and our partners. It will also need to be managed in increments, delivering a step-change in business operations and performance. To manage this effectively and to promote collaboration, shared vision, and ownership, we will transition our existing IMTP Delivery Programmes into a single, cross-organisational transformation programme with clearly defined workstreams arranged around key contact points in the patient journey.

7. **Tier 2 – Wider IMTP Work** – We will manage our wider IMTP portfolio by strengthening the consistency of Directorate LDPs and will use existing Directorate Business meeting processes as the mechanism for oversight and assurance. This approach delivers both appropriate governance of Directorate-led projects and initiatives and embeds Directorate LPDs as a core planning and assurance tool underpinning the IMTP planning cycle.



8. **Tier 3 – Core Business** – we will continue to deliver core business and tactical change and service improvement through existing forums like SLT/ADLT, and Corporate Boards with assurance through traditional delegation of authority through hierarchy.

### **Clinical Model Transformation Programme Delivery & Assurance Approach**



9. The CMT programme is structured around 5 core workstreams reporting into an overarching CMT Programme Board (formerly Transformation Steering & Assurance Group), providing a forum for holistic oversight, prioritisation, and vision setting.
10. Underpinning the programme are several defined enabling workstreams including Partnerships & Engagement, Change Management, and Performance, Monitoring, and Evaluation.
11. The CMT Programme Board will meet 6-weekly, aligned to STB, with informal CMT Executive Programme catch-ups at fortnightly intervals between Boards.

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

12. As outlined above in point 7, IMTP deliverables outside the scope of the Clinical Model Transformation programme will be managed through Directorate Plans (Local Delivery Plans, (LDPs)).

13. Directorate Plans will be core to the planning process for the development of future IMTPs and will also now be the provide the mechanism for assurance against our IMTP deliverables outside of the scope of the Transformation Programme.
14. Existing Directorate Business Meetings will be utilised, and assurance will be provided to the Strategic Transformation Board at a high-level.
15. This process will be facilitated by the Integrated Strategic Planning & Development Group (ISPD), formerly Integrated Strategic Planning Group (ISPG), with summary updates from Directorates to the group. Updates by exception will subsequently be incorporated into quarterly AAA reports to STB, providing status updates on the IMTP deliverables and escalating any key risks/issues or achievements.

### **Implementing the Revised Arrangements – Next Steps**

16. A CMT programme transition plan is in development and will be owned and managed by the Transformation Support Office.
17. Priority next steps include:
  - a. Establishment of the CMT Programme Board; first meeting to be scheduled for 29<sup>th</sup> July.
  - b. Development of CMT Terms of Reference for approval at STB on 19<sup>th</sup> August.
  - c. Existing IMTP Programme Board meetings will be stood down and CMT Workstream meetings arranged in line with the 6-weekly reporting cycle.
  - d. Development of a single CMT Programme transition report providing a formal record of all IMTP Programme Board closures, and the establishment of the evolved structure and arrangements.
  - e. Updates to Corporate Governance Organisation-wide map.
  - f. Application of the Project Path Framework across the CMT programme, delivering a consistent approach to project governance. **Note:** documentation will need to be developed in increments, prioritising development of project controls and initiation documentation during Q2.
18. The transition of Directorate-led IMTP objectives and deliverables will be owned and managed by the SPP Planning Team.
19. Planning & Performance Business Partners will work with each Directorate to:
  - a. Transition to the new core template for Directorate LDPs.
  - b. Establish the revised oversight arrangements for IMTP deliverables through Directorate Business Forums
  - c. Establish a central SharePoint site where Directorates will have access to their plans, with SPP oversight to support cross organisational planning.



- d. Establish an informal network for Directorate Plan leads across the organisation to support integrated planning that can feed into ISPD and the IMTP Project Team.

20. Established mechanisms for IMTP delivery assurance in relation to financial sustainability and capital development will continue:

- Financial Sustainability Programme will report into Strategic Transformation Board directly and onto Finance and Performance Committee;
- Capital developments will be reported through to committee via Capital Management Board and will not feature in this report, except where there is direct consequence to the delivery of revenue priorities.

### **IMTP 2024-27 Q1 Updates**

21. The revised approach to IMTP 2024-27 Delivery & Assurance will be implemented during Q2 and subsequently the Q1 update takes a hybrid approach, with updates against each emerging CMT workstream, updates against the Directorate-led IMTP deliverables to be transitioned to Directorate LDPs, and the current Directorate-led initiatives (formerly referred to as our Enablers and Fundamentals).

### **IMTP 2024-27 – Q1 Position**

Going forwards there will be two distinct reporting routes for our IMTP commitments.

The following workstreams will report through the Clinical Model Transformation (CMT) Programme Board:

- **Digital Front-End**
- **Emergency Response Service**
- **Remote Integrated Care Service**
- **Urgent Community Response Service**
- **Health Transport Service**

As stated in paragraph 20, the **Financial Sustainability Programme** will report directly into STB via 6-weekly reporting.

IMTP objectives and deliverables out of scope of the CMT Programme Board will be managed through existing Directorate business meetings, with updates by exception to the Integrated Strategic Planning and Development Group, STB and by exception to the Committee.

The Q1 position has been summarised below for all IMTP objectives, disaggregated into the CMT Workstreams and Directorate-led deliverables. **Appendix 1 includes a detailed update against all deliverables, and Appendix 3 includes the definitions for each status type.**

| Digital Front-End Workstream                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Overall RAG |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| A modern, easily accessible, user-friendly digital offer integrated with the NHS Wales App and the 111-telephony service, acting as a gateway to the information, advice, and care that patients need                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Yellow      |
| <ul style="list-style-type: none"> <li>An external review of the 111.Wales website is complete, and the full report will be submitted to Executive Leadership Team (ELT) to discuss the options presented and to agree next steps.</li> <li>Commissioners have been engaged following the discovery work and are supportive of a formal request for investment, however <b>YELLOW</b> (cautionary) status as funding is yet to be confirmed.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                 |             |
| Emergency Response Service Workstream                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Overall RAG |
| Delivering immediate 999 call answering, accredited determination of callers' needs and efficient and effective processes to allocate and dispatch the right resource                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Yellow      |
| <ul style="list-style-type: none"> <li>The development of the Rapid Clinical Screening function is progressing well with weekly project meetings to drive progress.</li> <li>Planning assumptions around recruitment, training, and onboarding of the Clinical Navigators remains on track for go-live (including CSD backfill) by w/c 13/11, however the job description has been delayed at Job Evaluation Panel due to staffing shortages but is expected to be considered at panel w/c 15/07 at the latest. <b>YELLOW</b> (cautionary) status as delay in approval of the Job Description beyond 22/07 will require recruitment timescales to be revised, potentially impacting the planned go-live date.</li> </ul>                                                                                                                                                                |             |
| IMTP Objectives and Deliverables transitioning to Directorate-led IMTP Delivery & Assurance Route (Directorate Plan)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Overall RAG |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Green       |
| <p>All workstreams <b>GREEN</b> and on track:</p> <ul style="list-style-type: none"> <li>The OCP period for the EMSC restructure extended by 2-weeks with agreement of EMSC Head of Service and TU reps (due to end 21/06).</li> <li>Colleagues have been well engaged in the process with an emphasis on effective change management to ensure that colleagues feel involved, empowered, and able to co-design positively, influencing and shaping their future.</li> <li>Work on the Single Allocator Model was temporarily paused at the end of May at the request of TU partners due to concerns around the detail for the Support Coordinator and Response Coordinator roles.</li> <li>An all-day event was subsequently convened on 12/06 to review the roles with TU partners; the event was extremely beneficial in allaying the concerns and work has re-commenced.</li> </ul> |             |

| Remote Integrated Care Service Workstream (formerly Gateway to Care)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Overall RAG   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Multi-disciplinary team delivering high quality, timely, remote clinical triage, assessment, and consultation, making decisions on the best response for each patient and the system                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Yellow</b> |
| <ul style="list-style-type: none"> <li>Initial steps towards the integration of 111 and CSD clinicians progressing well, with an emphasis on comms and engagement with colleagues impacted by the change.</li> <li>Working group of CSD and 111 clinical managers to be established to co-design the model.</li> <li>Early testing of CPSS (111 patient management system) for Green calls progressing well, with proposal for 3-day pilot commencing 09/07.</li> <li>Connecting Support Cymru recruitment and onboarding progressing well, however the Business Case decision from Welsh Government has been delayed and may significantly limit benefits realisation before the end of the SBRI contract, and subsequently impact the case for investment; subsequent <b>AMBER</b> status.</li> <li>A costed service model options paper is in development for the Mental Health Response Vehicle; <b>YELLOW</b> cautionary status as funding confirmation is outstanding.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |               |
| Urgent Community Response Service Workstream (formerly Clinical Transformation)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Overall RAG   |
| 24/7 on-scene, clinical assessment, treatment, and referral service; range of clinicians providing high quality, immediate or timely on scene assessment, care, and referral                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Yellow</b> |
| <ul style="list-style-type: none"> <li>The clinical supervision appraisal for the Clinical OCP will be presented to Senior Leadership Team (16/07) and high-level Clinical Practice plan presented at Optimising Care Group.</li> <li>Work continues to develop the APP Navigator model with Health Board partners and an AQM question set has been developed for APPs to support Consult and Close.</li> <li>Planning for the first APP Scheduling Test of Change is underway and is proposed for 22/07 in Swansea Bay utilising Palliative Care Paramedics (PCPs).</li> <li>End of life care improvements is <b>AMBER</b> due to inability to extend PCP schemes without HB funding.</li> <li>Long-standing challenges to implementation of Independent Prescribing for APPs The only deliverable significantly off track <b>(RED)</b> continues to be the introduction of Independent Prescribing as a core requirement within the APP job description. Independent Prescribing was included within the generic job description for Advanced Practitioners and will subsequently need to be incorporated into the academic education plan for new and existing APPs. The challenges to implementation are two-fold: (1) Lack of supervisory support for Trainee APPs and APPs, however this is progressing, and an options appraisal was presented to ELT (May) and SLT (June), and (2) delivering the additional training required to qualify as an Independent Prescriber. APP education is delivered through a combination of university education and practice placements managed by Health Boards. The lead time for allocation of Practice Placement Plan placements and Health Board capacity to incorporate the additional Independent Prescriber element and to allocate suitable places to WAST APPs, present significant challenges to delivery.</li> </ul> |               |

| IMTP Objectives and Deliverables transitioning to Directorate-led IMTP<br>Delivery & Assurance Route (Directorate Plan)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Overall RAG<br><br>Yellow |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| <ul style="list-style-type: none"> <li>Funding has been approved for ePCR interface upgrades.</li> <li>The Mental Health portfolio will continue to be managed by the Mental Health/Dementia/Learning Disabilities &amp; Neurodiversity Delivery Group, reporting into Clinical Quality Commissioning Group.</li> <li>Plans to move to 24/7 Mental Health support to WAST callers is <b>AMBER</b>; paper is in development, but a decision remains outstanding.</li> <li>Similarly, Mental Health Education and the development of Level 7 provision is <b>AMBER</b> as decision is outstanding, however discussions are underway with HEIW.</li> <li>Work to establish the optimal configuration of dementia-friendly ambulances continues to progress and options are being explored for future funding of RITA and scoping of Patient Activity Toolkit (PAT) is underway.</li> </ul> |                           |
| Health Transport Workstream (formerly Ambulance Care)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Overall RAG               |
| A clear vision for Ambulance Care Services that supports wider health and care transformation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Green                     |
| <ul style="list-style-type: none"> <li>A NEPTS Collaborative Planning Event was convened on 29/04 and a follow-up Vision Setting event is planned with the Joint Commissioning Committee (JCC) for 10/07</li> <li>The next phase of ORH modelling has commenced for development of a pan-Wales Transfer &amp; Discharge service, however this project is currently <b>YELLOW</b> (cautionary state) as WAST needs to clarify next steps with commissioners and a clear vision for the service.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                               |                           |
| IMTP Objectives and Deliverables transitioning to Directorate-led IMTP<br>Delivery & Assurance Route (Directorate Plan)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Overall RAG<br><br>Green  |
| <p>All projects and workstreams to deliver “a flexible, user centred NEPTS with the right capacity in place to meet demand” are progressing well and are on track. Of note:</p> <ul style="list-style-type: none"> <li>The NEPTS transport roster review has commenced, aiming for implementation in Q1 25/26.</li> <li>Prebooked discharges have been included in national quality performance indicators and will support an increase in the proportion of transfers booked in advance.</li> <li>A working group has been established with Oncology Liaisons and an enhanced hub to review current working practices and to consider improvement areas.</li> <li>Engagement sessions took place throughout May-24 to inform development of the Urgent Care Service.</li> </ul>                                                                                                        |                           |

| Financial Sustainability Workstream                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Current Financial RAG | Overall RAG |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------|
| Delivering exceptional value                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Green                 | Amber       |
| <p>Overall status us <b>AMBER</b> as progress has been limited by leave/absence across the core delivery team.</p> <ul style="list-style-type: none"> <li>• <b>Achieving Efficiency – GREEN</b>; initial summary reports have been completed for the Service Review will now be reviewed and action plans taken forwards.</li> <li>• <b>Income Generation – AMBER</b>; establishment of a Commercial function and substructure is off track as Job Description remains in development. A meeting will be arranged to take this forward.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                       |             |
| People & Culture (by exception)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                       |             |
| <p>The following deliverables are currently <b>AMBER</b> (off-track);</p> <ul style="list-style-type: none"> <li>• <b>Develop and amplify employee voice (Hive introduction)</b>; off-track due to capacity; recruitment to OD Manager post by mid-July (lead for Hive development).</li> <li>• <b>People Management Essentials including compassionate leadership</b>; some progress on agreed actions; employee Journey Framework agreed and visual produced. Capacity issues in the team have continued to impact delivery – aiming to launch end-Aug.</li> <li>• <b>NHS Wales Staff Survey feedback</b>; access to full data sets now received but confidentiality protections mean that some data is inaccessible to some teams. Touchpoint meetings continue to be held with directorate leads to identify actions to improve team culture.</li> <li>• <b>Occupational Health and Wellbeing Service improvements</b>; service accreditation of the WAST OH service off track; programme plan in development and group to lead being established.</li> </ul> <p>Development of our <b>Strategic Workforce Plan</b> is <b>AMBER/RED</b> as despite progress, this has been significantly delayed by resource availability despite exceptional efforts by those involved. There is growing confidence in delivery in Aug-24, however status remains off-track.</p> |                       |             |
| Our Commitments to Our People                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                       |             |
| <ul style="list-style-type: none"> <li>• <b>Shift Overruns – GREEN</b>; Morriston ED Holding Area continues to perform extremely well and has facilitated 1535 crews at end of shift since 29/11. This does not include the 1883 meal breaks facilitated since 20/12.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                       |             |



- **Digital Experience** – **AMBER**; limited progress, however discussions with key suppliers have been re-initiated with a view to developing an options plan for Q2. Work continues with Learning and Development to support colleagues Digital Literacy and Job Descriptions are being developed for Digital Skills Facilitator and Robotic Process Automation roles.
- **Flexible Working** – **GREEN**; there was an action plan update to SOT/SLT on 17/05 and Operations management support has been agreed to develop guidance and coaching to improve flexible working plans.

### Digital (by exception)

The following deliverables are currently **AMBER** (off-track);

- **National Data Resource (NDR) Programme Support**; work continues supporting the National Data Resource programme, however 24/25 funding has not yet been agreed, creating a financial risk around the two dedicated posts within the data engineering team to support the programme.

### Quality, Safety, and Patient Experience

- **Working Safely Plan** – **COMPLETE**; closure report complete and programme closed.
- **Quality Management System (QMS) Implementation** – **GREEN**; good progress through regular Quality Management Group meeting. Communications plan drafted to launch Duty of Quality e-learning and pack developed to support colleagues in supervisory/leadership roles.

### Corporate Governance

- **Risk Management Framework** – **GREEN**; the Risk Management Policy was approved in May-24 and guidelines have been published.
- **Strengthening Welsh Language Compliance** – **AMBER**; status due to slippage of approval from Q1 to Q2, however the policy has been drafted and will be reviewed by Welsh Language Advisory Group and then Policy Group.

22. In seeking approval for the IMTP at Trust Board in March 2024, the EQIA set out a range of actions including
- a. A discussion on how we evidence positive impacts on protected characteristics and;

b. Developing a baseline for health inequalities maturity.

The first action (a) will be developed as part of the work to meet the recommendations set out in the last Audit Wales Structured Assessment (see paragraph 23). The second action (b) has been completed as part of a review of our maturity that was submitted to the Association of Ambulance Chief Executives (AACE) Health Inequalities workstream and will be reviewed and acted upon through our development of Population Health, Health Inequalities and value based health care as set out in the IMTP 2024-27.

23. The [Audit Wales Structured Assessment for 2023](#) published in February 2024 included a recommendation to “provide better clarity on whether the actions delivered have achieved the intended impact.” Whilst we have an MIQPR which sets out what has been done and is being done around the performance metrics reported to Committee and Board, we are cognisant of the need to link the delivery of the IMTP set out above to existing but also emerging metrics which were set out in the plan. The IMTP set out a number of ‘what good looks like’ statements in each area of the plan and this will form the basis for how we link delivery to impact going forward, without duplicating the reporting already set out in the MIQPR. We aim to bring this through in the end of Q2 report to the Committee and Board.

## Recommendation

24. That the Finance & Performance Committee:

- **Notes** the overall delivery of the IMTP detailed in this paper and appendices.
- **Notes** the approach to IMTP delivery and assurance reporting set out in this paper.
- **Notes** the ongoing work to address recommendations in the last Structured Assessment and actions within the EQIA for this IMTP.

## **Appendix 2**

### **Assurance against the Cabinet Secretary's priorities 2024/25**

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

26. The following table sets out the key areas for WAST against the priorities, and the milestones to be achieved in quarter 1.

| <b>Cabinet Secretary Priority</b>                                                                                   | <b>Area for WAST</b> | <b>Milestones Q1</b>                                                                                                                                                                                                                                | <b>Progress</b>                                                                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Primary and Community Care, with a focus on improving access and shifting resources into primary and community care | 111 Skill Mix        | <ul style="list-style-type: none"><li>Group established to consider and develop scope for 111 MDT skill mix</li></ul>                                                                                                                               | <ul style="list-style-type: none"><li>This is part of the transition to directorate led workstreams which will progress through the next quarter</li></ul>                                                                                                        |
|                                                                                                                     | 111 Pathways         | <ul style="list-style-type: none"><li>Dental access improved in 4x health boards by end of Q4</li><li>Strengthened links into primary care / Out of Hours in. Urgent Primary Care Centre access by end of Q4</li><li>Medicines management</li></ul> | <ul style="list-style-type: none"><li>Project group established and mapping of current CSD pathways which are not available on the DoS is underway; side by side analysis between CSD and 111 pathways to be conducted</li><li>DoS workshop planning is</li></ul> |

| <b>Cabinet Secretary Priority</b> | <b>Area for WAST</b>                        | <b>Milestones Q1</b>                                                                                                                                                                                                                                 | <b>Progress</b>                                                                                                                                                                                                                                                   |
|-----------------------------------|---------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                   |                                             | pathways in place by end of Q4                                                                                                                                                                                                                       | <p>underway to set the approach to further pathway development across QSPE and Operations (aim Aug-24)</p> <ul style="list-style-type: none"> <li>• Q4 delivery</li> </ul>                                                                                        |
|                                   | 999 Pathways: Falls & Frailty               | <ul style="list-style-type: none"> <li>• Level 1 falls - Assessment of the demand &amp; capacity modelling undertaken</li> <li>• Level 2 falls - Undertake evaluation of our existing services</li> </ul>                                            | <ul style="list-style-type: none"> <li>• Modelling undertaken by ORH</li> <li>• Falls contract for level 1 extended for further work to take place</li> <li>• Further progress needed on Falls level 2 evaluation</li> </ul>                                      |
|                                   | 999 Pathways: Digitised pathways            | <ul style="list-style-type: none"> <li>• Evaluate the effectiveness of the new digital solutions to make referrals to existing pathways and usage</li> </ul>                                                                                         | <ul style="list-style-type: none"> <li>• A new digital transformation and innovation programme has been set up to manage and prioritise digital workstreams that fall outside the clinical transformation programme – as such this work may be delayed</li> </ul> |
|                                   | 999 Pathways: Connected Support Cymru (CSC) | <ul style="list-style-type: none"> <li>• Recruitment of key roles to support CSC delivery (dependent on outcome of business case)</li> <li>• Commenced recruitment of internal volunteers</li> <li>• Testing 'ambulance in a box' in Care</li> </ul> | <ul style="list-style-type: none"> <li>• A restructure within the QSPE directorate has established the leadership required for CSC</li> <li>• Volunteer recruitment and onboarding progressing well. Delayed decision on</li> </ul>                               |

| <b>Cabinet Secretary Priority</b>                                            | <b>Area for WAST</b>                                                                                          | <b>Milestones Q1</b>                                                                                                                                     | <b>Progress</b>                                                                                                                                                                                                                                                 |
|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                              |                                                                                                               | Homes in AB & BCU, evaluate and conclude forward plan                                                                                                    | Business Case from WG incl. proposal to increase CSD provision. Decision due at next SBRI meeting (07/24), however the delay may significantly limit benefits realisation before the end of the SBRI contract, and subsequently impact the case for investment. |
| Urgent and Emergency Care, with a focus on delivery of the 6 goals programme | Goal 2: New 111 System                                                                                        | <ul style="list-style-type: none"> <li>• Full implementation of new CAS system 30th April</li> <li>• Decommission old system</li> </ul>                  | <ul style="list-style-type: none"> <li>• CAS system implemented on time</li> </ul>                                                                                                                                                                              |
|                                                                              | Goal 2: 111 website & symptom checkers                                                                        | <ul style="list-style-type: none"> <li>• Scoping exercise to review requirements of a 111 website – and develop options appraisal accordingly</li> </ul> | <ul style="list-style-type: none"> <li>• External review of the NHS 111 Wales website is complete, and the full report will be submitted to ELT with SBAR to discuss the options presented, and to agree next steps</li> </ul>                                  |
|                                                                              | Goal 2: 111 re-roster                                                                                         | <ul style="list-style-type: none"> <li>• No Q1 milestone</li> </ul>                                                                                      | <ul style="list-style-type: none"> <li>• Short-term actions to be progressed through existing Integrated Care &amp; People and Culture Directorate Plans</li> </ul>                                                                                             |
|                                                                              | Goal 3: <ul style="list-style-type: none"> <li>• Develop the remote clinical assessment speciality</li> </ul> | <ul style="list-style-type: none"> <li>• Milestones set out in the programme to deliver the future clinical service model and reporting</li> </ul>       | <ul style="list-style-type: none"> <li>• See assurance report in appendix 1</li> </ul>                                                                                                                                                                          |



| Cabinet Secretary Priority | Area for WAST                                                                                                                                                                                                                                                                                                                                                                                                                                   | Milestones Q1                                                                                                                                                                                                                                      | Progress                                                                                                                                                                                                                                              |
|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                            | <ul style="list-style-type: none"> <li>• Develop a fully remote working clinician offer (operations/training/digital)</li> <li>• Develop Pre-Dispatch Outcome Risk Stratification Tools linking CAD &amp; ePCR data</li> <li>• Roll out of new integrated (111/clinical support desk) care model</li> <li>• Connected support Cymru</li> <li>• Extend use of video/ phone consultation</li> <li>• Urgent On-Scene Community Response</li> </ul> | will be in main body of IMTP assurance report                                                                                                                                                                                                      |                                                                                                                                                                                                                                                       |
|                            | SDEC Pathways                                                                                                                                                                                                                                                                                                                                                                                                                                   | <ul style="list-style-type: none"> <li>• Re-establish ICAPs with Health Boards (subject to JCC commissioning arrangements)</li> <li>• Complete data quality assurance of end destination in CAD to ensure SDEC referrals fully captured</li> </ul> | <ul style="list-style-type: none"> <li>• This is now under goal 4. WAST is now part of the Goal 4 delivery group and will develop its own 6 goals delivery plan reflecting actions to improve referrals into SDEC from clinicians on scene</li> </ul> |

| <b>Cabinet Secretary Priority</b> | <b>Area for WAST</b>                       | <b>Milestones Q1</b>                                                                                                                                                                                                                                                                                                                                                                                     | <b>Progress</b>                                                                                                                                       |
|-----------------------------------|--------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                   | Goal 4: CHARU                              | <ul style="list-style-type: none"> <li>• Complete CHARU recruitment by end Q2</li> <li>• Improve utilisation rate to modelled benchmark by end Q2<br/>(work ongoing during Q1)</li> </ul>                                                                                                                                                                                                                | <ul style="list-style-type: none"> <li>• Recruitment ongoing</li> <li>• Red improvement plan includes actions to improve utilisation</li> </ul>       |
|                                   | Goal 4: Rural variation                    | <ul style="list-style-type: none"> <li>• Complete CHARU recruitment by end Q2</li> <li>• Continue process of targeted recruitment and process of smoothing i.e. aligning SIP to establishment by end Q2</li> <li>• Build rurality results from 2023 EMS Demand &amp; Capacity Review by end Q2</li> <li>• Agree Implementation Plan with commissioners by end Q2<br/>(work ongoing during Q1)</li> </ul> | <ul style="list-style-type: none"> <li>• Recruitment ongoing</li> <li>• D&amp;C Report to be presented to closed meeting for consideration</li> </ul> |
|                                   | Goal 4: Sickness reduction in EMS and EMSC | <ul style="list-style-type: none"> <li>• Ongoing continuation of managing attendance and implementation of the health and wellbeing plan throughout year</li> </ul>                                                                                                                                                                                                                                      | <ul style="list-style-type: none"> <li>• Ongoing workstream across Operations with People &amp; Culture directorate support</li> </ul>                |
|                                   | Goals 5 & 6: Transfer and Discharge model  | <ul style="list-style-type: none"> <li>• Engagement on modelled options for transfer services with</li> </ul>                                                                                                                                                                                                                                                                                            | <ul style="list-style-type: none"> <li>• Further modelling being undertaken to strip out specific</li> </ul>                                          |

| <b>Cabinet Secretary Priority</b>                                   | <b>Area for WAST</b>                             | <b>Milestones Q1</b>                                                                                                                                                                                                           | <b>Progress</b>                                                                                                                                                                                                                                                                                            |
|---------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                     |                                                  | <p>health boards commenced</p> <ul style="list-style-type: none"> <li>Implementation of new MTPS protocols within the Computer Aided Dispatch (CAD) system designed to allocate transfer resources more effectively</li> </ul> | <p>services which may skew the data</p> <ul style="list-style-type: none"> <li>A review of the model needs to now be considered in the context of the Clinical Model transformation as part of the Health Transport and Emergency Response workstreams</li> <li>MTPS implementation due in July</li> </ul> |
| Planned Care and Cancer, with a focus on reducing the longest waits | Roster review of NEPTS Ambulance Care Assistants | <ul style="list-style-type: none"> <li>No specific milestone in Q1</li> </ul>                                                                                                                                                  | <ul style="list-style-type: none"> <li>N/A</li> </ul>                                                                                                                                                                                                                                                      |
|                                                                     | Enhanced hub for oncology patients               | <ul style="list-style-type: none"> <li>Establish expected outcomes &amp; principles to develop enhanced oncology service</li> </ul>                                                                                            | <ul style="list-style-type: none"> <li>Continues working group to establish role of the hub to support the three oncology centres. Creation of draft SOP/Core working practice between liaisons and Hub. Consultation with Oncology Centres to identify of improvements.</li> </ul>                        |
|                                                                     | Quality assurance of external providers          | <ul style="list-style-type: none"> <li>No specific milestone in Q1</li> </ul>                                                                                                                                                  | <ul style="list-style-type: none"> <li>N/A</li> </ul>                                                                                                                                                                                                                                                      |
| Mental Health, including                                            | Develop and implement a referral pathway         | <ul style="list-style-type: none"> <li>Completion of 111 CAS system implementation to</li> </ul>                                                                                                                               | <ul style="list-style-type: none"> <li>CAS implementation complete</li> </ul>                                                                                                                                                                                                                              |

| <b>Cabinet Secretary Priority</b>                         | <b>Area for WAST</b>               | <b>Milestones Q1</b>                                                                                                                                                                                                                  | <b>Progress</b>                                                                                                                                                                |
|-----------------------------------------------------------|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CAMHS, with a focus on delivery of the national programme | for 111 Press 2 teams              | aid improvement in 111 press 2                                                                                                                                                                                                        |                                                                                                                                                                                |
|                                                           | Mental Health Response Vehicles    | <ul style="list-style-type: none"> <li>• Collating and presenting evidence from pilot within AB, discussing outcomes and options for further pilots</li> </ul>                                                                        | <ul style="list-style-type: none"> <li>• See assurance report in appendix 1</li> </ul>                                                                                         |
|                                                           | Right Care Right Person            | <ul style="list-style-type: none"> <li>• Engaging with Police Services in Wales, NHS partners, Local Authorities and third sector providers on changes affecting response to people in crisis</li> </ul>                              | <ul style="list-style-type: none"> <li>• Engagement ongoing</li> </ul>                                                                                                         |
|                                                           | Mental Health Practitioners in CSD | <ul style="list-style-type: none"> <li>• Assess demand and capacity plan outlining future needs for the team and training requirements (as part of overall demand and capacity work for the future clinical service model)</li> </ul> | <ul style="list-style-type: none"> <li>• See assurance report in appendix 1 – this forms part of the Clinical Transformation Programme with a paper setting out the</li> </ul> |

### **Recommendation**

**That the Finance & Performance Committee: Notes the update against the quarter 1 milestones in the action plans to meeting the Cabinet Secretary's priorities set out in the 2024-27 planning framework.**

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# IMTP 24/25 Delivery & Assurance Approach



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IMTP 24/25 Delivery & Assurance Approach  
Released: 3<sup>rd</sup> July

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by Strategy, Planning, & Performance Team  
[Heather.holden@wales.nhs.uk](mailto:Heather.holden@wales.nhs.uk)





1

## INTEGRATION



### Our **Future Service Offer**

*Graphic in draft; for illustration purposes only*

A holistic transformation programme to evolve our Clinical Model that emphasises integration, collaboration, and matrix working

2

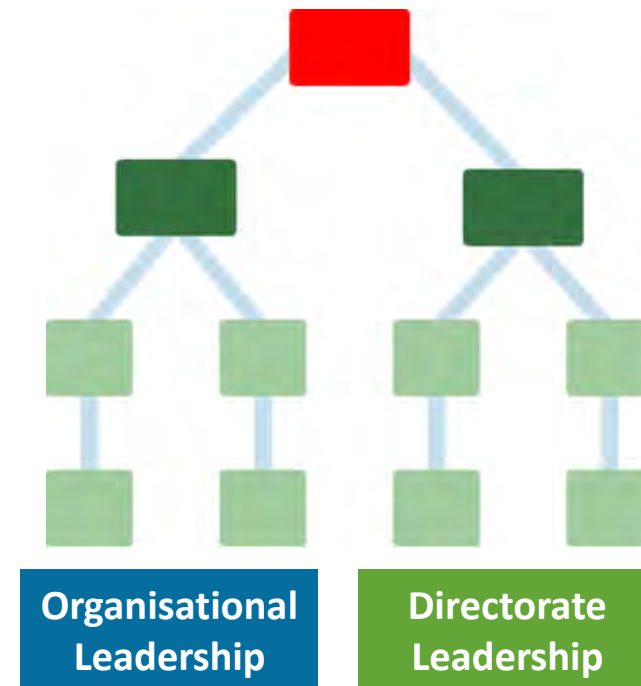
## ALIGNMENT



Strengthening the relationship between Directorate LDPs and our IMTP Planning Cycle, ensuring clear alignment of plans to paper

3

## CLARITY

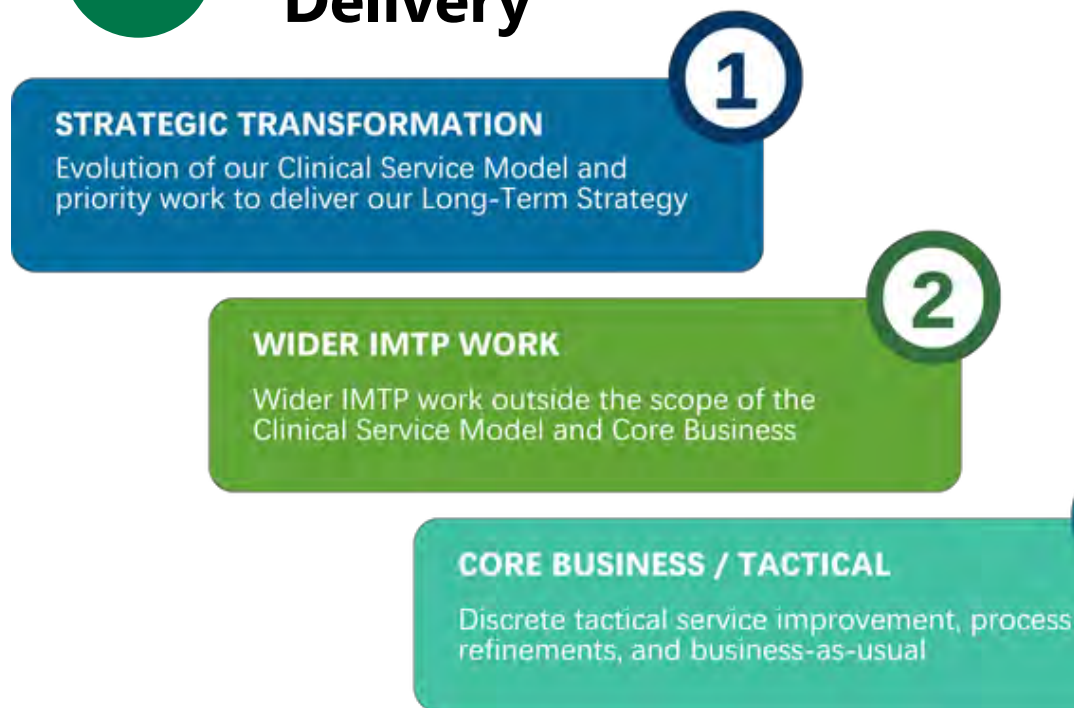


Single, consistent reporting lines that reflect the complexity of our IMTP objectives, and the conditions required for delivery



1

## 3 Tier Delineated Delivery

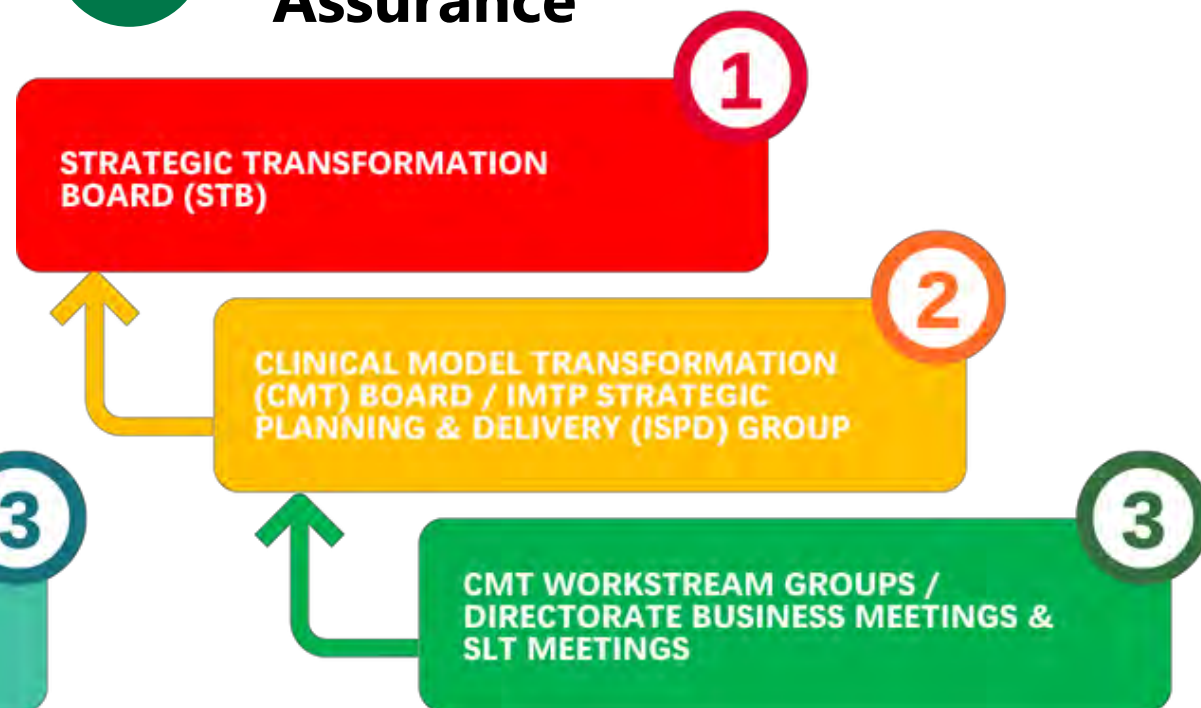


Adopting a delineated approach to the delivery of core business and change work across the organisation, to ensure clarity of responsibility, oversight and cross-organisational interdependencies.

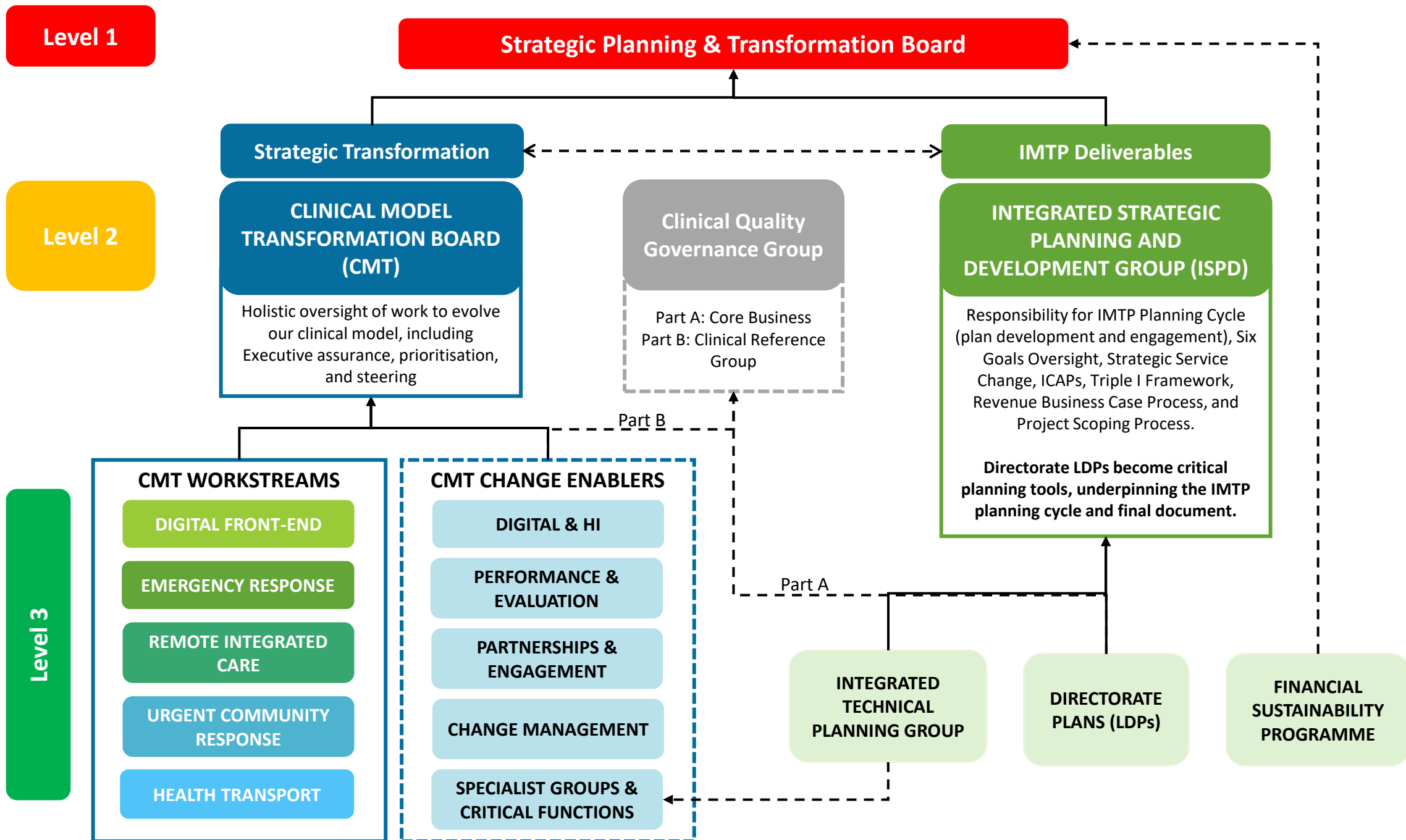
Tier 1 – Strategic Transformation will be supported by the dedicated Transformation Support Office (TSO).

2

## 3 Level Delegated Assurance



Resource-efficient approach to ensure subject matter experts are responsible for managing the detail, with increasing escalation through defined reporting lines. Improves cross-functional management, empowers people to operate within their scope of practice, and enables Boards to focus on strategic direction, prioritisation, and holistic oversight.



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# Clinical Model Transformation Programme Delivery & Assurance Approach



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CMT Programme Delivery & Assurance Approach  
Released: 3<sup>rd</sup> July

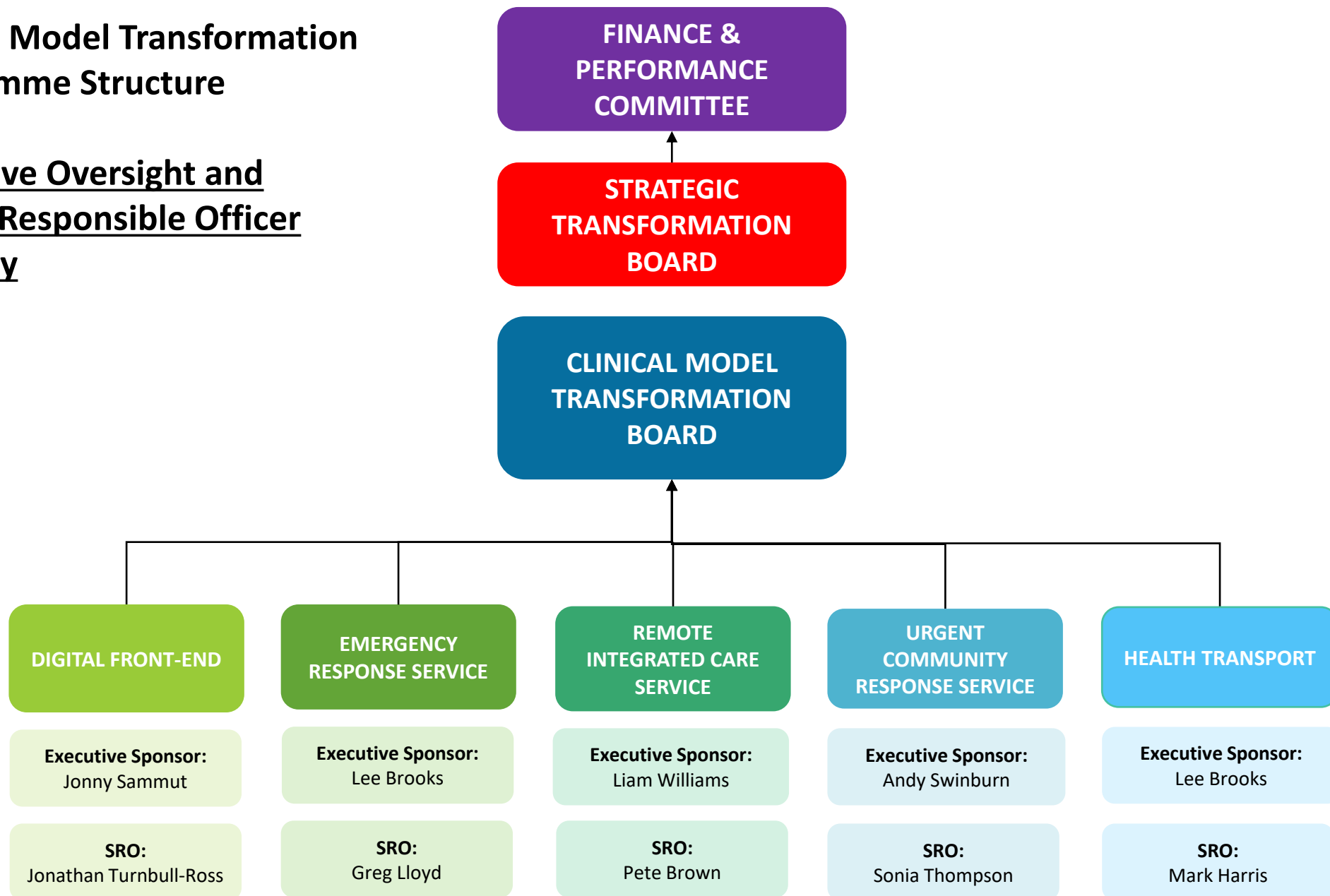
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Heather Holden, Head of Transformation



# Clinical Model Transformation Programme Structure

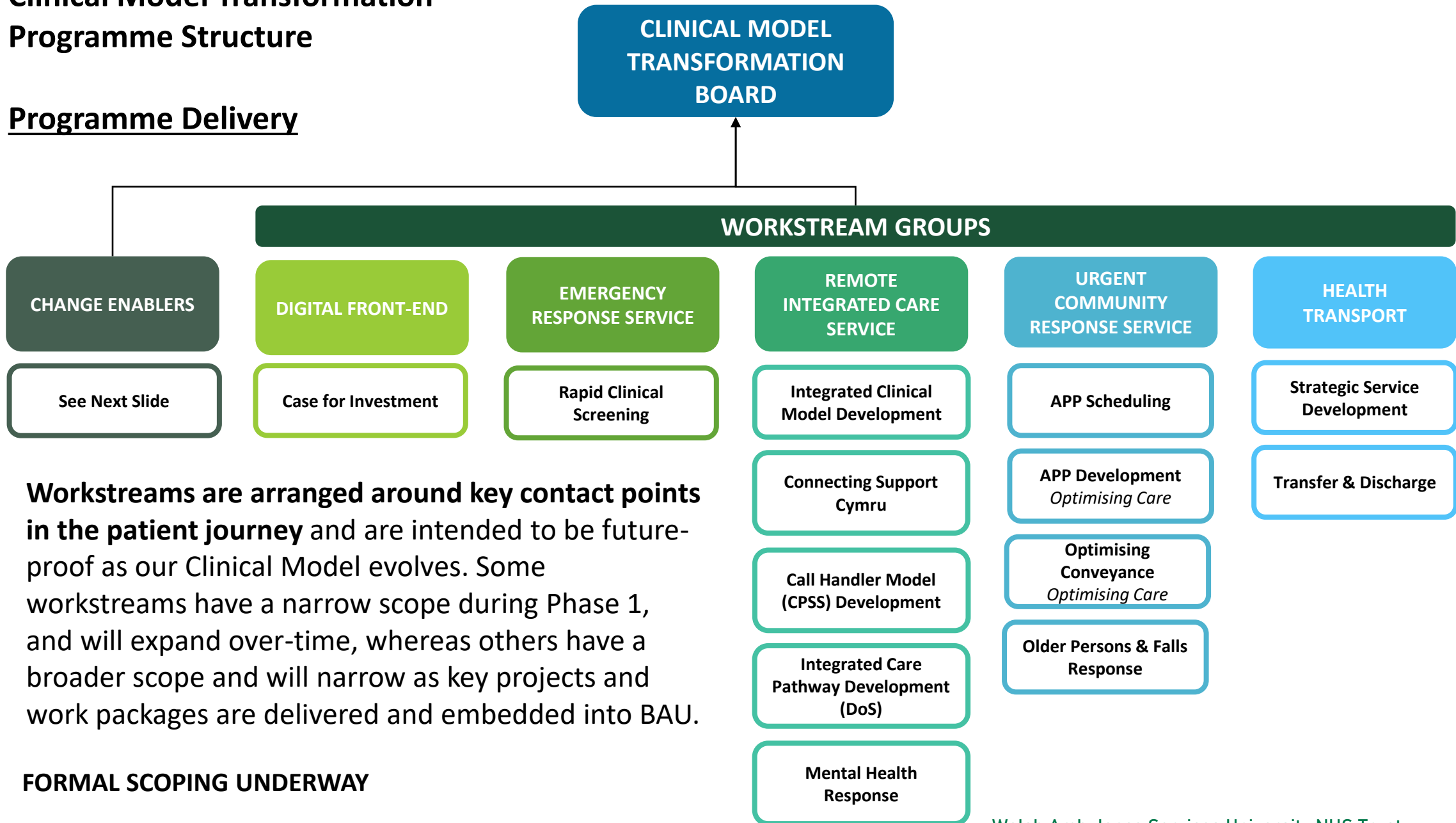
## Executive Oversight and Senior Responsible Officer Delivery





# Clinical Model Transformation Programme Structure

## Programme Delivery



Workstreams are arranged around key contact points in the patient journey and are intended to be future-proof as our Clinical Model evolves. Some workstreams have a narrow scope during Phase 1, and will expand over-time, whereas others have a broader scope and will narrow as key projects and work packages are delivered and embedded into BAU.

FORMAL SCOPING UNDERWAY

# Clinical Model Transformation Programme Structure

FORMAL SCOPING UNDERWAY

## Change Enablers

CHANGE ENABLERS

DIGITAL & HEALTH  
INFORMATICS

Executive Sponsor:  
Jonny Sammut  
Lead: Leanne Smith

**Proposal on STB agenda** for the management of the full Digital Transformation and Innovation portfolio including wider IMTP and Clinical Model Transformation work.

By Exception to CMT

PERFORMANCE  
MONITORING &  
EVALUATION

Executive Sponsor:  
Rachel Marsh  
Lead: Hugh Bennett

**To be established. Initial meeting w/c 22/07 to agree next steps and initiate.**

**Establishment of a Programme-level workstream** for holistic evaluation of the model and to ensure robust and consistent approach across workstreams.

Brief AAA to CMT

PARTNERSHIPS &  
ENGAGEMENT

Executive Sponsor:  
Estelle Hitchon  
Lead: James Houston

**Workstream established** to deliver Programme-level Communication and Engagement to our partners and our patients.

Brief AAA to CMT

CHANGE  
MANAGEMENT

Executive Sponsor:  
Angie Lewis  
Lead: Sarah Davies

**Dedicated support to Workstream Boards, and projects** in core membership.

**Establishment of a Programme-level workstream** bringing together Change, Project, and Operational Managers to support Change Readiness including internal comms.

Brief AAA to CMT

SPECIALIST GROUPS  
AND FUNCTIONS

**Various to be considered** including Integrated Technical Planning Group and Clinical Prioritisation Assessment Software Group.

Consideration of specialist and support services will be a **standing agenda item at all CMT meetings to prompt early identification and ownership** of consultation/engagement activities.

**A centralised mechanism for submitting support requests is also being considered facilitated through MS Forms**, to (1) ensure feasibility is considered during Scoping, and (2) to 'commission' work packages to enable delivery.

CRITICAL  
FUNCTIONS

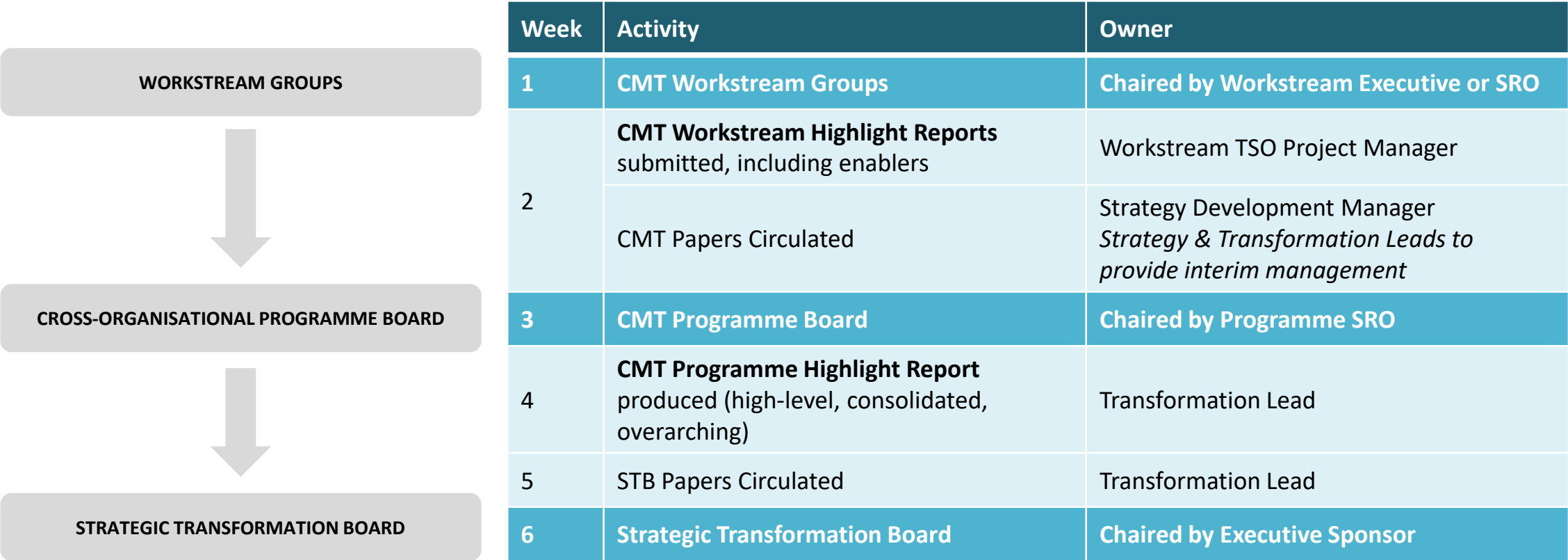
**Various to be considered** including Fleet, Estate, wider Capital, Recruitment, Training & Organisational Development, Support Services etc.



# Clinical Model Transformation Highlight Reporting



## 6-Week Cycle



Specific dates have been mapped and subject to agreement of the 6-week reporting cycle, a 24/25 schedule will be produced and cascaded to ensure clarity of expectations across the programme structure.

- Workstream project groups and working groups should consider alignment with CMT Workstream Boards
- **In addition to the 6-weekly formal CMT Programme Board, there will be informal CMT Executive Programme Catch-ups at fortnightly intervals between Boards**

# Next Steps

## Programme Governance

- Step-down the current TSAG meeting series and rebook in line with 6-weekly reporting schedule
  - **First CMT Programme Board 29/07**
- Develop **Terms of Reference for CMT Programme Board** to be reviewed at first meeting and **for Strategic (Planning) & Transformation Board** to be reviewed at the next meeting (19/08)
- Stand-down and re-book as appropriate CMT Workstream Boards including RICs, Urgent Community Response, and Health Transport
- **Approval Required:** Rather than producing separate transition reports for the existing IMTP Delivery Programmes, it is recommended that a **single Clinical Model Transformation Transition Report is produced and signed off by STB**. This will be the audit record of all transition arrangements and will reference the **refreshed Programme Initiation Documents to be created for each CMT Workstream**.

## Programme Administration

- **Central CMT Share Point Business Site created** for management of all programme level meetings, programme documentation, model development etc.
- **Standard filing structure to be developed and** for management of project documentation and legacy documentation to be transferred
- Development of **Project Administration standards and guidance for Project Managers and Support Officers** to ensure consistent management of Project Matrices, plans, meetings etc.

## Programme Documentation

- **Programme Matrix established** with early population of risks, decisions, and actions (including actions to manage the transition of existing Programme structures)
- **Programme governance map created** to be incorporated into Corporate Governance Organisation-wide Map following approval at first CMT Programme Board



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# Directorate-Led IMTP Delivery & Assurance Approach



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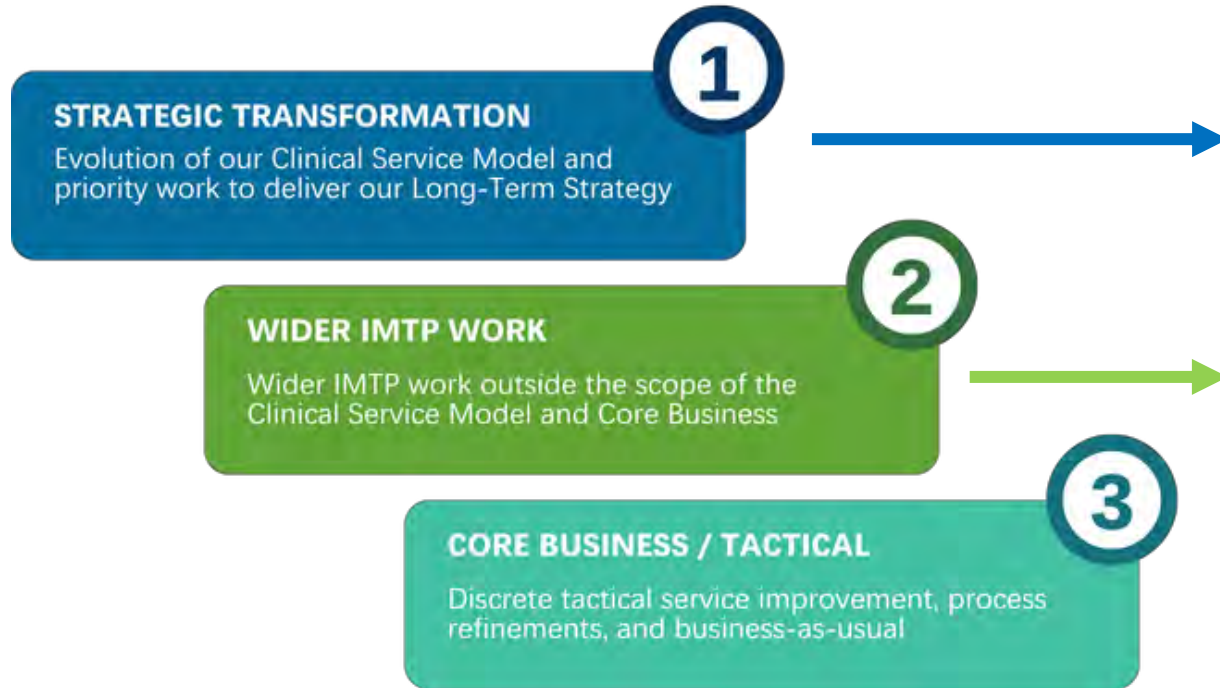
Directorate-Led IMTP Delivery & Assurance Approach  
Released: 3<sup>rd</sup> July

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Deborah Kingsbury, Senior Business Partner



### 3 Tier Delineated Delivery: Wider IMTP Work

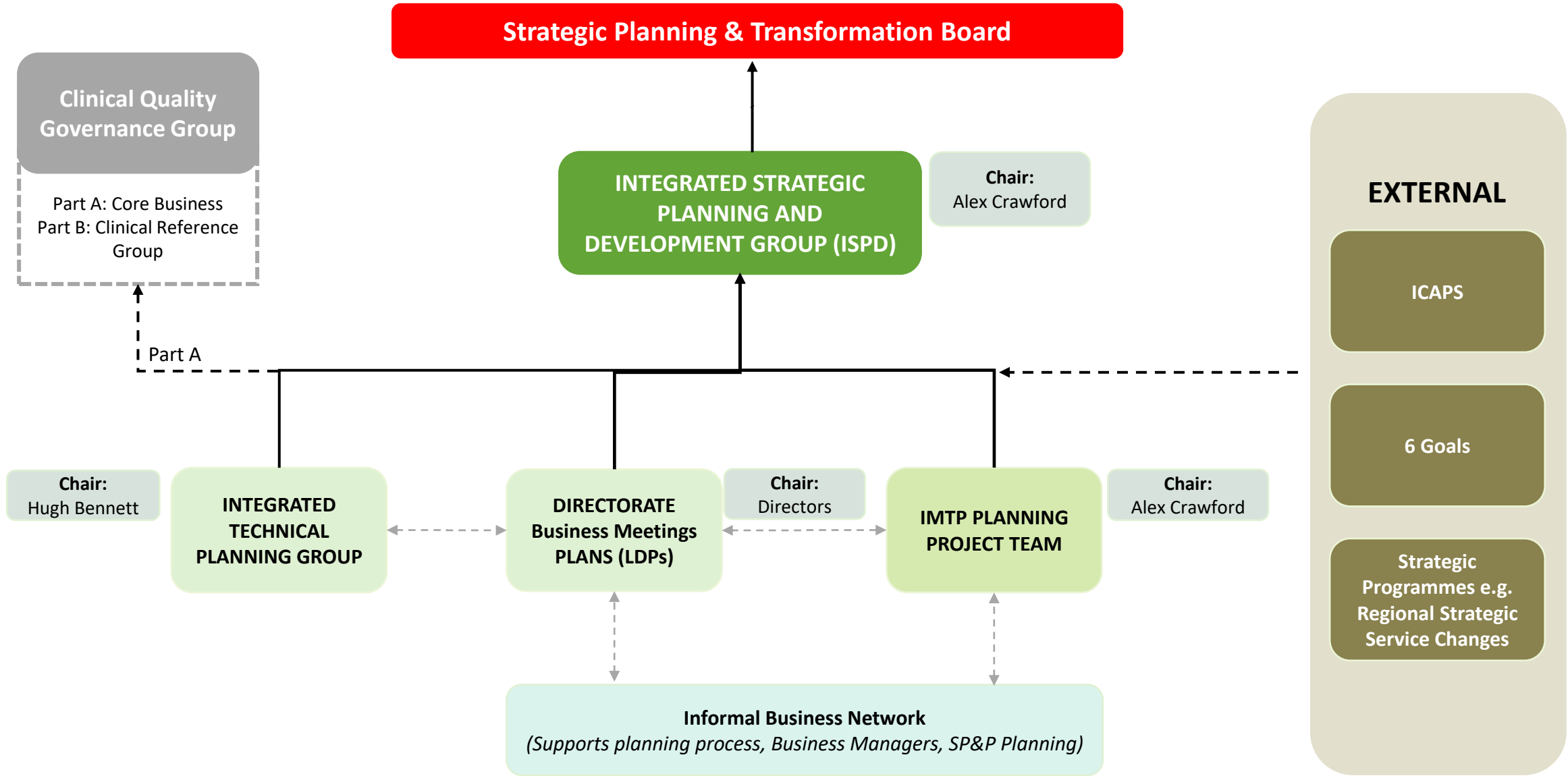


As Transformation Team focus on the Clinical Service Model we need to standardise and provide assurance on all other IMTP deliverables.

Proposed that use existing Directorate Business Meetings processes to keep oversight proportionate and streamline **but** will be need to work with Directorates to standardise to a core template to enable overarching assurance.

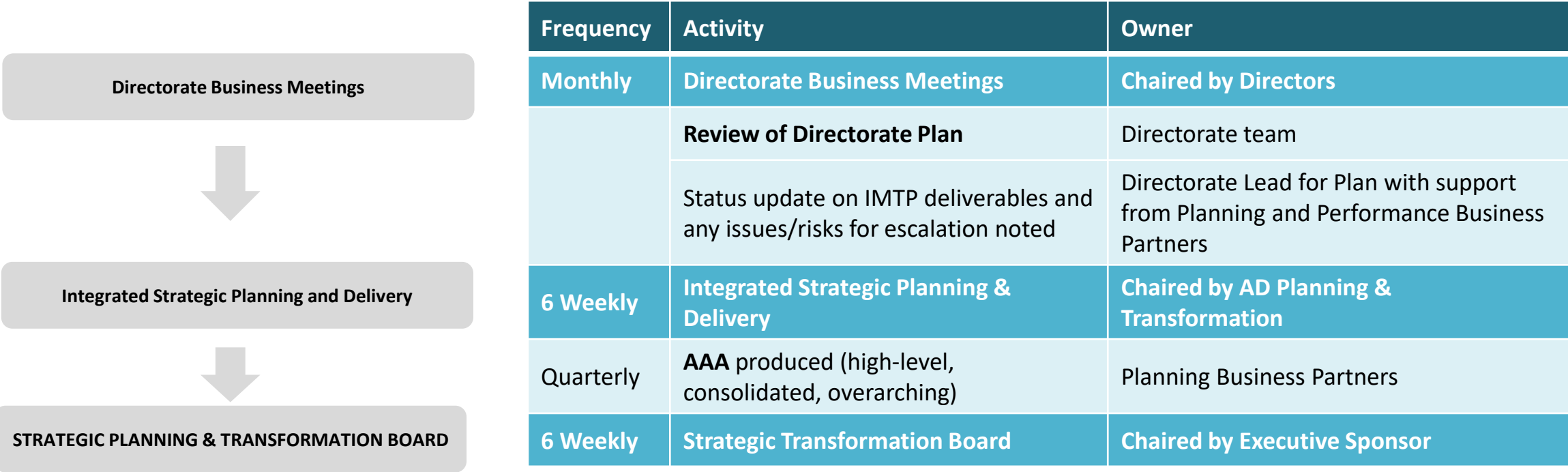
Proposed that the Directorate Plan becomes a core part of the planning cycle to dynamically feed into the development of the IMTP going forward.





Directorate Plan Planning and Delivery Assurance

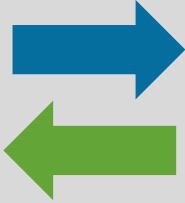
Dynamic Planning and Quarterly Assurance



Directorate Business Meetings are held across the organisation on at least a monthly basis enabling opportunity to escalate any issues/ risks/new deliverables through the 6 weekly ISPD and STB reporting cycle if necessary.

- A central folder for all Directorate plans is proposed to enable dynamic planning across interdependencies for Directorate Plans and Transformation
- A standard core template is recommended to enable cross organisation planning, enable oversight, support audit recommendations and preparation for VERTO implementation
- A Directorate Plan leads network will be created to support planning and oversight

The scope of the CMT Programme will evolve as the model is refined



Meaning that projects or work packages may transition from the CMT structure to ISPD structure and vice versa, as changes are embedded, or new priorities emerge

## Directorate Plans

### PURPOSE

- Planning of Directorate Work Programme and to inform IMTP Planning
- Identify priorities, risks, resources, benefits
- Also enables progress monitoring and provide assurance on delivery

### CONTENT

#### 3yr IMTP Deliverables

- Work to deliver objectives within the IMTP that falls out of scope of the Transformation Programme
- Largely Directorate-led and delivered discretely within functions

#### 1yr Core Business / Tactical

- Discrete tactical service improvements and process refinements
- Core business as usual activities

### MONITORING

- Monthly Assurance through Directorate Business Meetings
- Status update provided to ISPD quarterly
- Update included in ISPD AAA
- Opportunity for 6 weekly verbal escalation by exception to STB through ISPD

- Managed at the discretion of each Directorate through existing forums with ultimate assurance through Director/line management arrangements.



## Next Steps

### Transition 24/25 Plans

Planning & Performance Business Partners will work with each Directorate to transition:

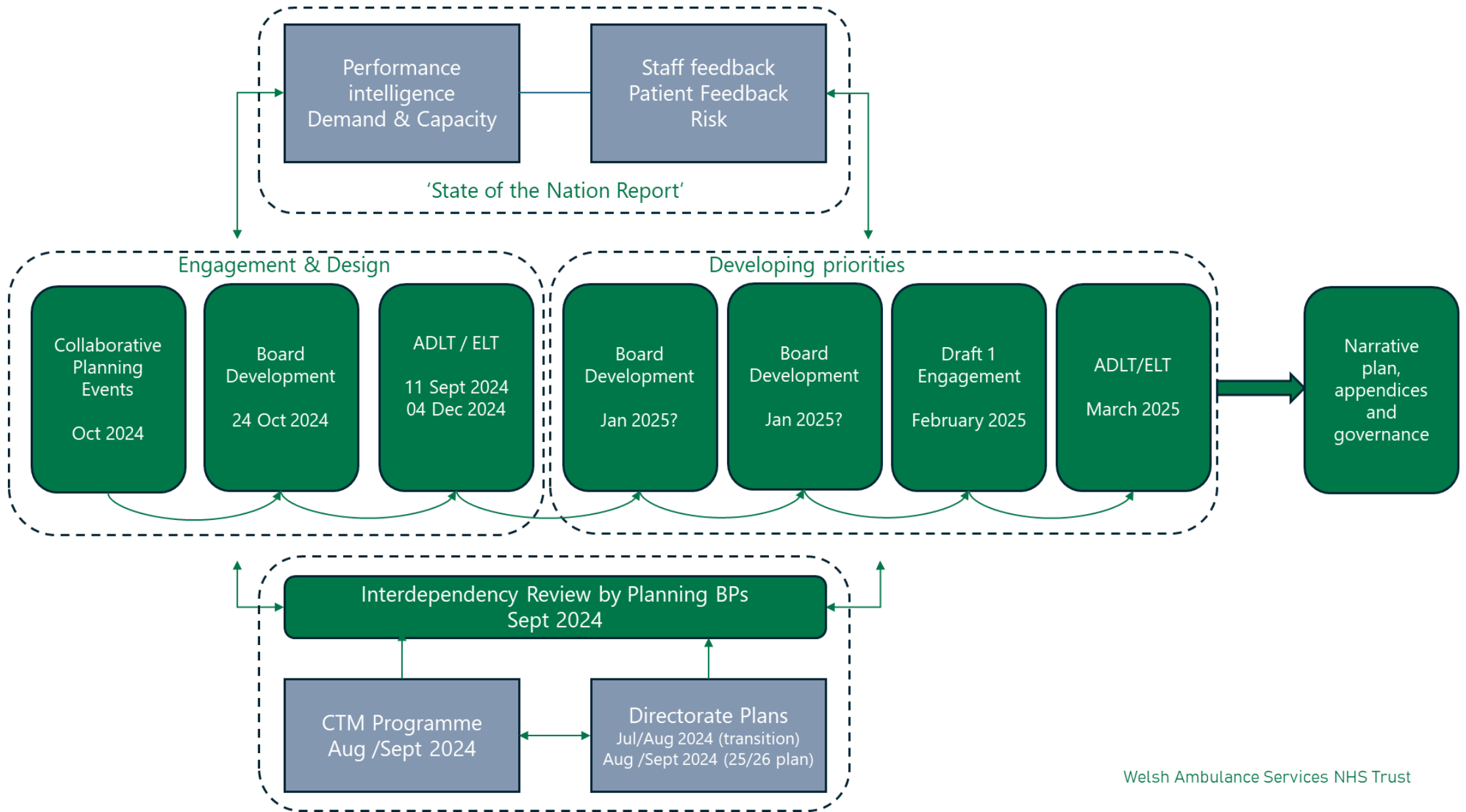
- To the new core template for Directorate Plans (aka LDPs)
- To work with Directorates on establishing the new oversight arrangements for IMTP deliverables through Directorate Business Forums
- Establish central sharepoint site where Directorates will have access to their plans, with planning oversight to support cross organisational planning
- Establish informal network for Directorate Plan leads across the organisation to support integrated planning that can feed into ISPD and IMTP Project Team.

### 25/26 Planning

The transition will support dynamic planning for the 25/26 IMTP Planning Cycle



# Planning Cycle





# Planning Cycle – Engagement Plan

| What                                  | Purpose                                                                                                                                                                                                                                            | When                                                       | Who lead           | Who comes                                    | Where                          |
|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|--------------------|----------------------------------------------|--------------------------------|
| SOT/SLT engagement                    | Regular engagement at SOT via Business Partner<br>AD planning & Transformation to discuss planning forward with SLT in August                                                                                                                      | SOT fortnightly<br>SLT TBC                                 | BPs<br>AC          | SOT/SLT                                      | On site /<br>Teams             |
| LDP development with directorates     | Work with directorates to transition existing plans into new structure and process alongside Transformation Programme structure                                                                                                                    | July / August 2024                                         | BPs/AC             | Directorate leads                            | Onsite /<br>Teams              |
| ADLT / ELT                            | PESTLE / SWOT<br>High level planning assumptions                                                                                                                                                                                                   | 11 September 2024<br>(already in diary)                    | AC/KRD             | ELT/ADLT                                     | WAST large venue               |
| Directorate planning sessions 2025-28 | BPs run sessions with directorates to bring to collaborative planning event in October                                                                                                                                                             | August / September 2024                                    | BPs<br>HH/JH<br>AC | Directorates with BPs                        | Existing meetings              |
| Transformation programme planning     | BPs to facilitate a session with JH/HH to determine the mechanism for the next step in developing the plans for 2025-28 IMTP                                                                                                                       | TBC September 2024                                         | BPs/JH/HH          | Workstream leads                             | Existing meetings              |
| Interdependency review                | Review of all plans from Directorates and transformation workstreams, considering interdependencies. This will be a desktop exercise by Planning BPs to feed into collaborative planning event                                                     | September 2024<br>(need date in dairy)                     | BPs                | SP&P                                         | Virtual                        |
| Collaborative Planning Event          | Establish where we are with IMTP Delivery – clinical model, wider IMTP<br>Present the ‘State of the Nation’ report<br>Emergent plans (in year) and re focus on priorities/gaps                                                                     | Early October 2024 after ADLT/ELT and directorate sessions | AC/KRD             | Execs, ADs, TU, Commissioners (up to 50 ppl) | Large venue (WAST or external) |
| Board Development                     | Update following Collaborative Planning Group<br>Discussion on State of Nation, gaps and priorities going into years 2 & 3 (as new years 1&2) and where we want to be by 2028                                                                      | 24 October 2024<br>(already in diary)                      | RM/AC              | Board                                        | On site                        |
| ADLT / ELT                            | Non-financial prioritisation – short, medium, long-term<br>Socialise commissioning intentions<br>Final planning assumptions<br>Interdependencies                                                                                                   | 4 December 2024<br>(already in diary)                      | AC/KRD             | ELT /ADLT                                    | WAST large venue               |
| Board Development                     | Bring together financial allocation information with revenue prioritisation and capital prioritisation discussion                                                                                                                                  | January 2025<br>(Corp governance to arrange)               | RM/AC              | Board                                        | On site                        |
| Prioritisation Workshop               | Bring together financial allocation information with revenue prioritisation and capital prioritisation discussion                                                                                                                                  | January 2025                                               | AC/KRD             | Execs, ADs, HoS, TUs (around 40 ppl)         | Large venue (WAST or external) |
| Draft 1 engagement                    | Engagement on draft 1 of the plan<br>Engage on Draft 1 in light of emerging - NB JCC engagement will be through JCC meetings (also BPs will need to take this back out through business meetings, HH and JH through programme and BPs through SOT) | February 2025<br>(Put a hold in diary)                     | TBC                | Execs<br>ADs<br>TUs                          | WAST large venue               |
| ADLT / ELT                            | Moving from draft 1 – 2 of the IMTP in order to finalise for governance<br>Focus on: TBC (depending on NHS planning framework and requirement for cab sec templates                                                                                | 5 March 2025<br>(already in diary)                         | AC/KRD             | ELT / ADLT                                   | WAST Large Venue               |

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# DTIP – Digital Transformation & Innovation Programme



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DTIP – Digital Transformation & Innovation Programme  
Released: 3<sup>rd</sup> July

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Jonny Sammut, Director of Digital



# DTIP – The 3 Tiers



CMT & Wider  
IMTP Enablers  
(Tier 3)



Digital  
Transformation &  
Innovation (Tier 2)



BAU & Change  
(Keeping the  
lights on) (Tier 1)



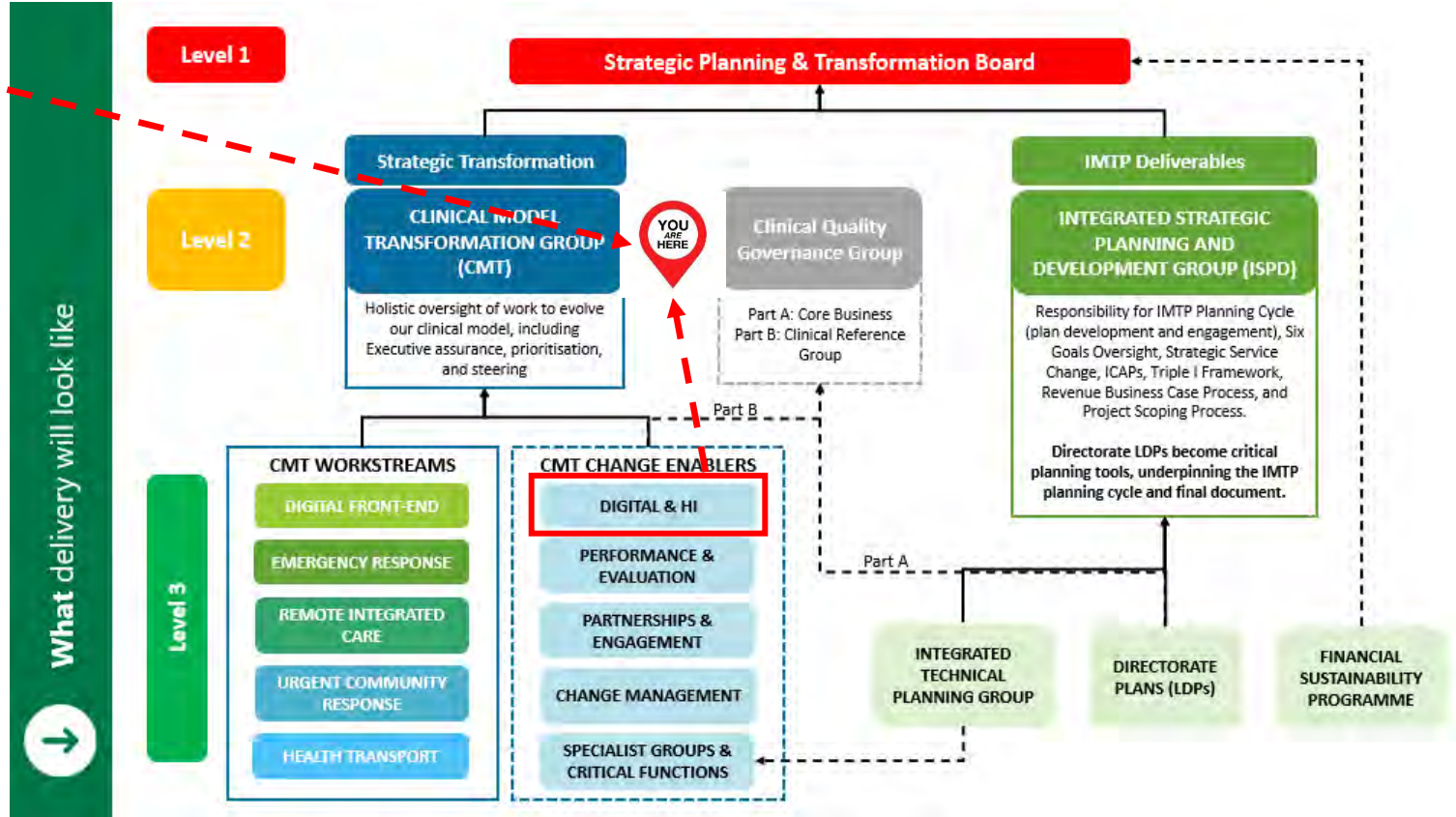
# DTIP – IMTP Enablers



A stand-alone digital transformation and innovation programme (DTIP) group, reporting into STB, enhances support for key digital enablers by providing focused expertise and driving the adoption of advanced technologies. This dedicated group aligns digital initiatives with corporate strategy, fosters cross-functional collaboration, and accelerates digital tool integration.

Key items included and managed in this DTIP level:

- Support to the Clinical Model Transformation Group (CMT)
- Support to the Integrated Strategic Planning & Development Group (ISPD)
- Direct support to key digital initiatives included throughout enabling workstreams





# DTIP – Digital Transformation & Innovation



A stand-alone digital transformation and innovation programme (DTIP) group will be instrumental in managing the programme of work outlined in the Digital Plan Refresh 2024-29. This plan holds 80+ programmes of work and starts in 2024 following agreeing additional investment into the Digital directorate. This dedicated group will ensure focused oversight, critique, effective resource allocation/prioritisation, manage alignment with strategic goals and streamlined execution of digital projects.

## Key items included and managed in this DTIP level:

- Manage delivery of the projects held in the 'digital tranches'
- Prioritisation, management and scale-up decisions from the '**Digital Innovation Lab**'
  - Resource allocation
- Emerging technologies including impacts to corporate plans
  - Accountability for delivery of the **Digital plan**



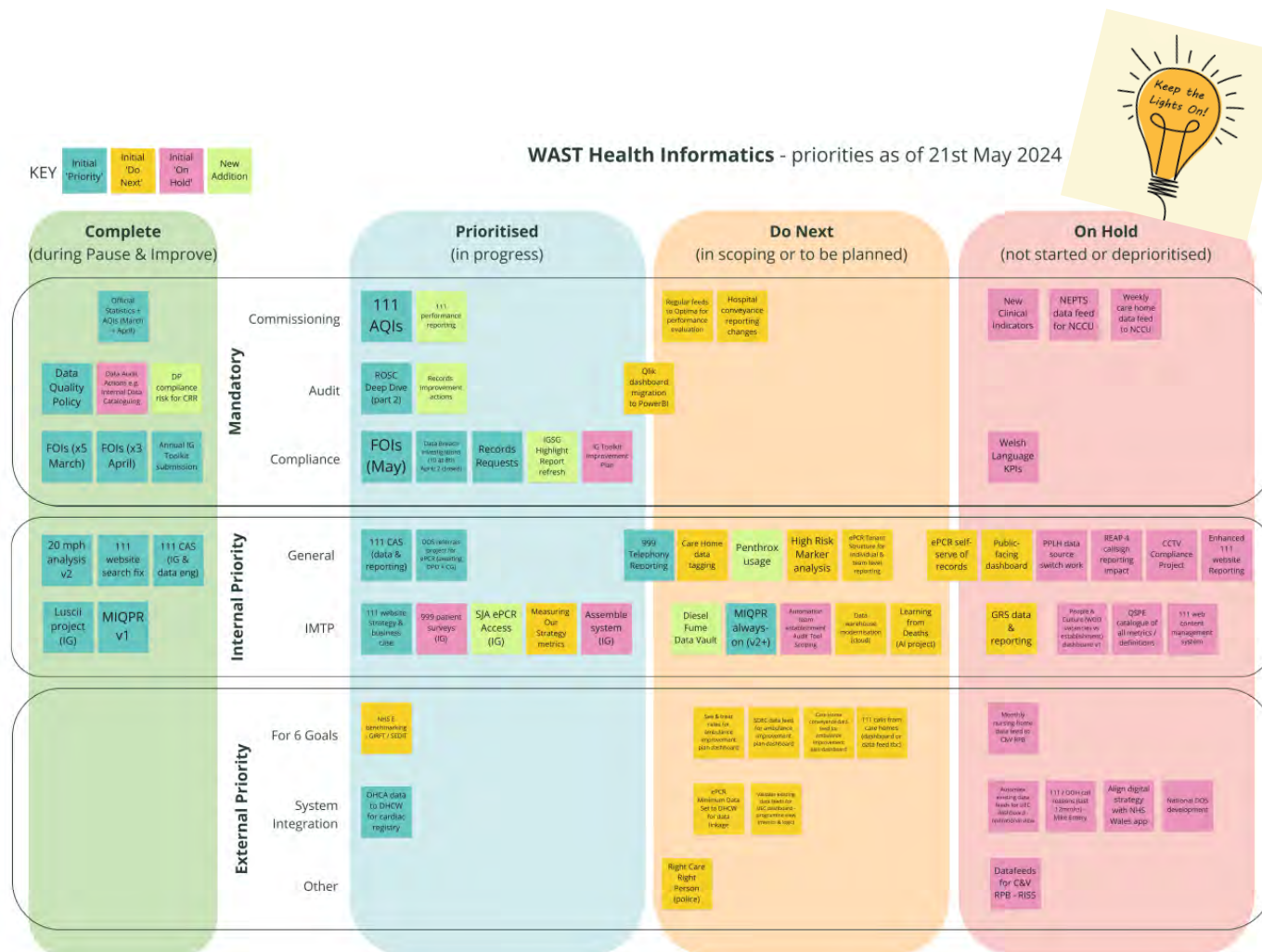
# DTIP – BAU & Change



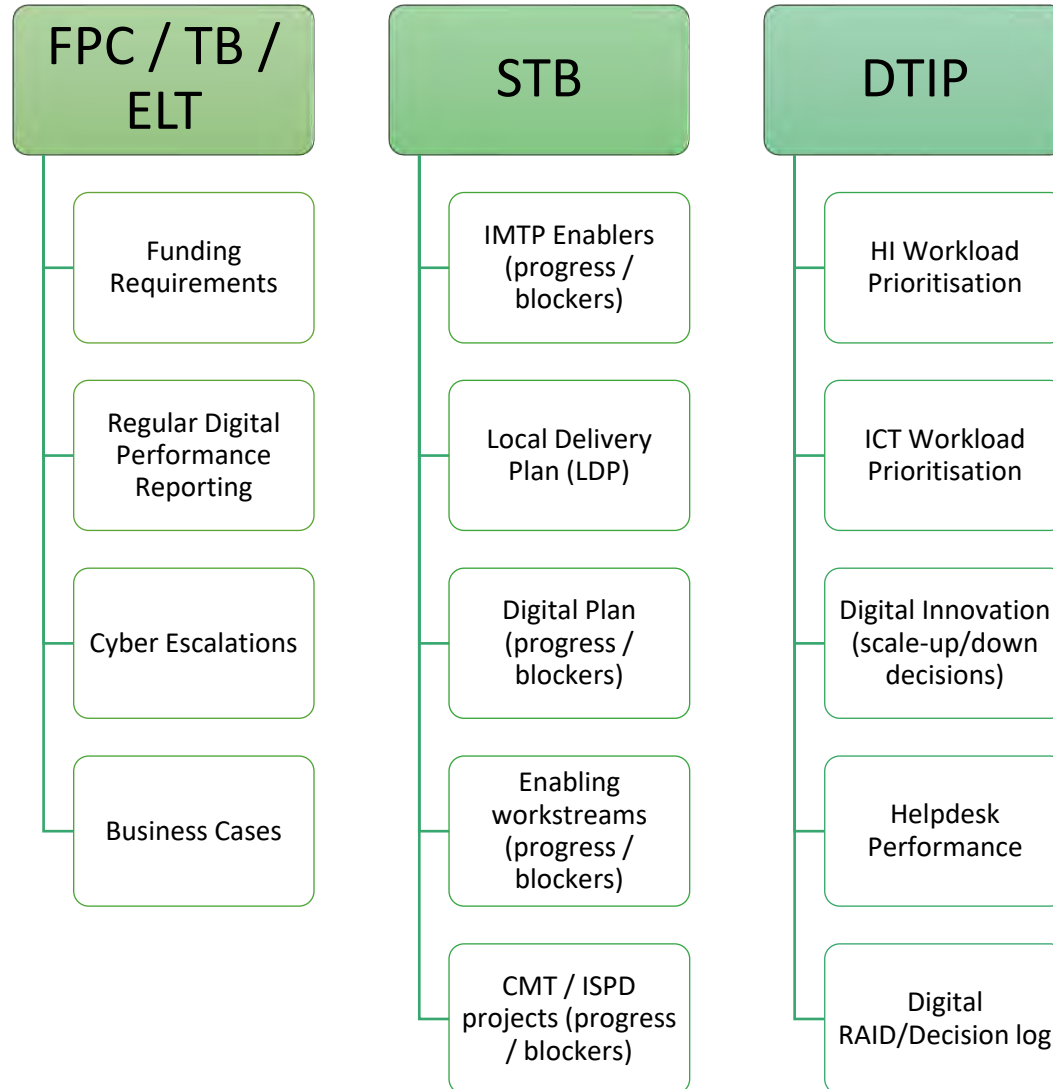
A stand-alone digital transformation and innovation programme (DTIP) group will significantly benefit the management of day-to-day changes within the digital directorate by effectively prioritising key work across IT, health informatics (HI), and digital change. This group can ensure that critical day-to-day projects and underlying infrastructure needs are addressed promptly and efficiently.

## Key items included and managed in this DTIP level:

- HI steering session
- ICT Steering session
- ICT Cab (Change Authority Board) oversight
  - DCR Table Changes
- Digital issues or Blockages
- Digital Education & Adoption
- ICT & HI Helpdesk oversight
- Senior approvals for external facing outputs (where required)



# DTIP – Governance & Escalation



This visual illustrates the three-tiered governance and escalation framework within our organisation.

At the **first tier**, we have the Finance and Performance Committee (FPC), the Trust Board (TB), and the Executive Leadership Team (ELT). This level is responsible for overarching strategic decisions and high-level oversight.

**The second tier** consists of the Strategic Transformation Board (STB), which focuses on implementing and managing significant strategic initiatives and ensuring alignment with our long-term goals.

**The third tier** includes the Divisional Transformation and Innovation Program (DTIP), dedicated to driving operational improvements and ensuring that directorate activities align with the broader organisational strategy.

This structure ensures that issues and decisions are escalated and managed at the appropriate levels, fostering efficient and effective governance.

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# IMTP Programme Transition Plan and Q1 Delivery & Assurance Updates



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IMTP Programme Transition Plan and Q1 Delivery &  
Assurance Updates  
Released: 3<sup>rd</sup> July

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Transformation Support Office



| Status | Description                                                                                                                                                                                                                                                                                                                                                                                            | Characteristics                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Green  | <p>Project is on track and progressing well, meeting or exceeding expectations in terms of schedule, budget, quality, and objectives.</p> <p><b>Action Required:</b> No immediate action is necessary, but ongoing monitoring and regular reporting are still required to ensure the project maintains its positive trajectory.</p>                                                                    | <ul style="list-style-type: none"> <li>Project milestones and deliverables are being achieved as planned.</li> <li>Risks and issues are under control or adequately mitigated.</li> <li>The project is progressing within the defined timeline and budget.</li> <li>Key performance indicators are being met or surpassed.</li> </ul>                                                                                                                                                |
| Yellow | <p>Provides an early warning that challenges or barriers are anticipated, but are not yet impacting on progress.</p> <p><b>Action Required:</b> Close monitoring of factors anticipated to impact on progress, contingency planning, and reprioritisation if appropriate.</p>                                                                                                                          | <ul style="list-style-type: none"> <li>Workload reprioritisation has been required to keep the project on track i.e. the impact has been transferred.</li> <li>The project remains on track overall, however there are notable issues or risks or amber/red statuses recorded against key enablers, or interdependent projects that may impact over time.</li> <li>The project remains on track overall but there may be moderate slippage against some tasks or actions.</li> </ul> |
| Amber  | <p>An amber status signifies a cautionary state, indicating that the project is encountering challenges or potential risks that need attention to prevent further escalation.</p> <p><b>Action Required:</b> Close monitoring of the project, proactive measures to mitigate risks, and corrective actions to address identified issues should be taken promptly to prevent further deterioration.</p> | <ul style="list-style-type: none"> <li>Some project objectives are not being met as planned.</li> <li>Certain milestones are at risk of being missed.</li> <li>There are notable issues or risks that could impact project success if not addressed promptly.</li> <li>Project performance or progress is below expectations but can be recovered with timely actions.</li> </ul>                                                                                                    |
| Red    | <p>A red status indicates a critical situation where the activity is significantly behind schedule, over budget, or facing major issues that jeopardize its success.</p> <p><b>Action Required:</b> Immediate attention and intervention are necessary to address the issues and bring the project back on track.</p>                                                                                  | <ul style="list-style-type: none"> <li>Major project objectives are not being met.</li> <li>Critical milestones are consistently missed.</li> <li>Key deliverables are incomplete or of poor quality.</li> <li>Significant risks or issues are unresolved, and their impact on the project is severe.</li> </ul>                                                                                                                                                                     |

# RAG Status Definitions





## IMTP 24/25

### Delivery & Assurance Updates

- [Digital Front-End Workstream](#) – Jonny Sammut
- [Emergency Response Workstream](#) – Lee Brooks
- [Remote Integrated Care Service Workstream](#) – Liam Williams
- [Urgent Community Response Workstream](#) – Andy Swinburn
- [Health Transport Workstream](#) – Mark Harris
- [Financial Sustainability Programme](#) – Angie Lewis
- [IMTP Enablers & Fundamentals](#)



Use hyperlinked section headers to navigate to each section

Use the arrows to progress through the report

A man with a beard, wearing a white shirt and a yellow patterned tie, is sitting on a light-colored sofa. He has a confused or uncertain expression on his face, looking towards the right. He is holding a small green apple in his right hand.

Not sure  
what to do?

## Digital Front-End Workstream

**Executive Sponsor:** Jonny Sammut

**Senior Responsible Owner:** Jonathan Turnbull-Ross



## IMTP 24/27 – 111 Digital

A modern, easily accessible, user-friendly digital offer integrated with the NHS Wales App and the 111-telephony service, acting as a gateway to the information, advice, and care that patients need

| Report Date: | Current RAG | Previous RAG                            | STB Action Required:                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Executive Sponsor: |                        |
|--------------|-------------|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------------|
| Jun-24       | Yellow      | Not Applicable<br><i>New Workstream</i> | <b>Note:</b> As a standalone output, the Evolution report does not give a compelling case for change for commissioners but does clearly articulate the opportunities and provides clear direction for a rapid test-and-learn cycle to establish the qualitative benefits of an enhanced 111.wales offer. Commissioners have been engaged following the discovery work and are supportive of a formal request for investment, however funding is yet to be confirmed. | SRO:               | Jonathan Turnbull-Ross |

| Task / Milestone                           | Status | Current Position                                                                                                                                                                                                                                                                                                                                                                                                                   | Forward View                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|--------------------------------------------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| External agency (Evolution) discovery work | Green  | <ul style="list-style-type: none"> <li><b>Problem statement</b> explored by Evolution: <i><b>“WAST does not know what the 111 online is for, nor what it should be. There is no clear vision of the future of the service”.</b></i></li> <li>External review of the NHS 111 Wales website is complete, and the full report will be submitted to ELT with SBAR to discuss the options presented, and to agree next steps</li> </ul> | <p>Evolution presented 3 main options for exploration:</p> <ul style="list-style-type: none"> <li><b>a) Focus and Optimise</b> - The redesigned 111 website will be geared towards effectively triaging patients, directing them to digital self-service platforms to mitigate the load on WAST call-centres.</li> <li><b>b) Grow and Integrate</b> - The 111 website will transform into a comprehensive portal for managing non- emergency healthcare needs, spanning specific conditions like a rash to overall wellness.</li> <li><b>c) Solve the right the problems in partnership with the people</b> – The 111 website will keep running as you kick off an organisational transformation program that will demonstrate value in the first month of the programme, launch the first service update in the second month and fire up the innovation and delivery engine that will take your whole organisation closer to meeting your stated purpose.</li> </ul> |
| Case for investment                        | Yellow | <ul style="list-style-type: none"> <li>The review did not identify existing areas of unmet user need, however cross-border data from NHS England quotes 30% of overall 111 traffic managed by the 111 website, suggesting that there could be significant channel shift from 111 telephony where the NHS 111 Wales website to be developed to a similar level of digital maturity</li> </ul>                                       | <ul style="list-style-type: none"> <li>Focus on discovery work to uncover unmet user needs, using qualitative research methodologies.</li> <li>Assemble the user research and engagement teams and formulate their action plan, making clear objectives and responsibilities.</li> <li>Launch the first cycle of the rapid test-and-learn cycle, targeting key user needs.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |





# Emergency Response Workstream

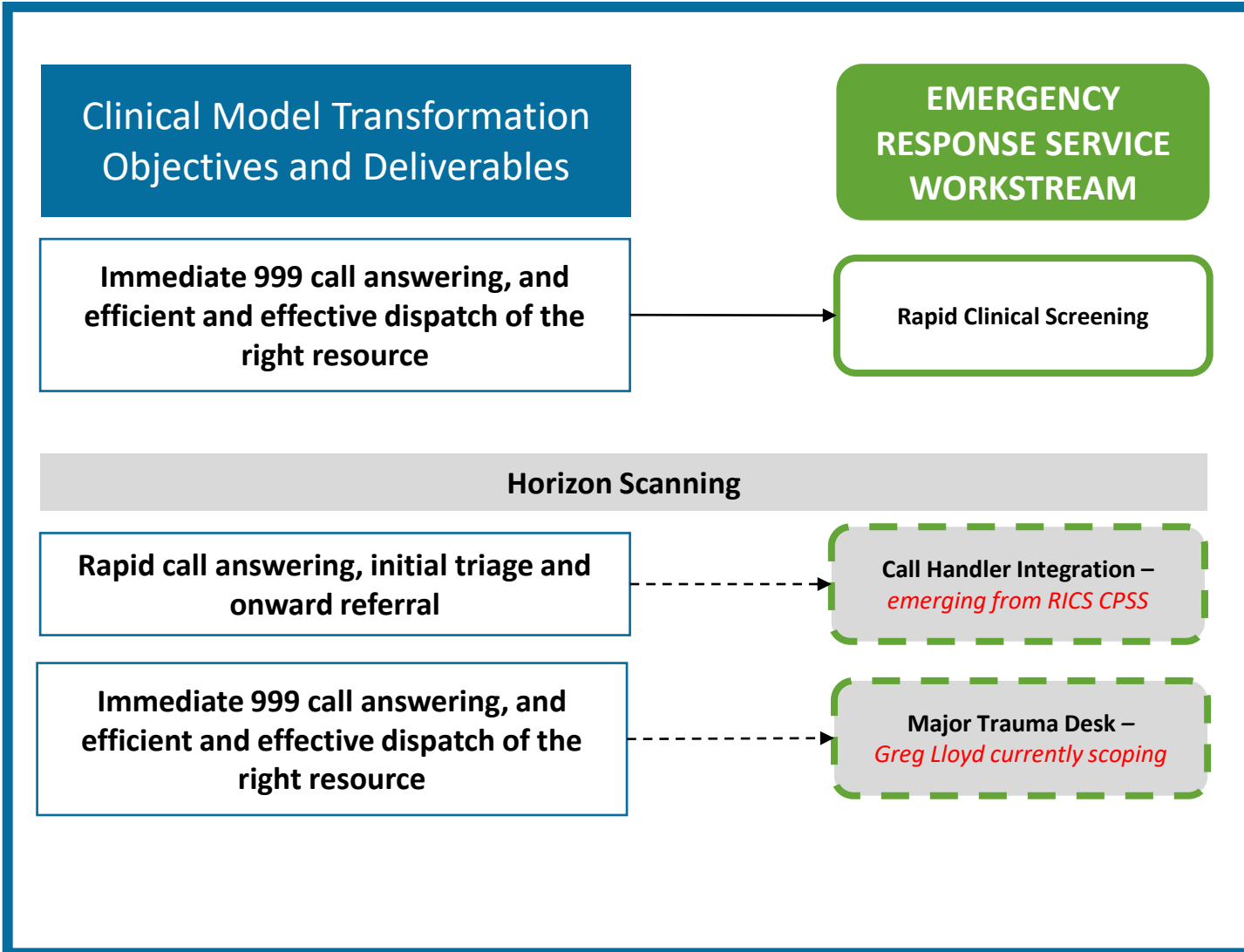
**Executive Sponsor:** Lee Brooks

**Senior Responsible Owner:** Greg Lloyd



## IMTP 24/27 - Emergency Medical Services Co-ordination (EMSC)

Delivering immediate 999 call answering, accredited determination of callers' needs and efficient and effective processes to allocate and dispatch the right resource



### Directorate Plan Objectives & Deliverables

**Immediate 999 call answering, and efficient and effective dispatch of the right resource:**

- Implementation of new management structures
- Single allocator model
- Realignment of boundaries and dispatch desks
- Roster review





# Rapid Clinical Screening

|            | Current RAG | Previous RAG | For Noting:                                                                                                                                                                                                                                                                                                                 | Executive Sponsor: | Lee Brooks |
|------------|-------------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------|
| 05/07/2024 | ↔ Yellow    | ↔ Yellow     | <b>Risk to Clinical Navigator recruitment</b> due to availability for Job Evaluation Panels. If unable to approve by 22/07 then recruitment timescales will need to be revised, potentially impacting go-live. Complaints/Concerns capacity following OCP. <b>Query:</b> should this be captured as an organisational risk. | SRO:               | Greg Lloyd |

| Task / Milestone                       | Status   | Current Position                                                                                                                                                                                                                                                                                                                                                                                                                       | Forward View                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|----------------------------------------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Recruitment, Training, and Onboarding  | ↑ Yellow | <ul style="list-style-type: none"><li>Planning assumptions remain on track for go live (with CSD backfill) by w/c 13/11, <b>however</b></li><li>Delay to Job Evaluation Panel for Clinical Navigator role due to staffing shortages have meant that planned panel has not taken place; aiming for panel date w/c 15/07 at the latest</li><li>Round of CSD recruitment (including assumed backfill) and 15FTE are under offer</li></ul> | <ul style="list-style-type: none"><li>Panel evaluation for Clinical Screening Role, and WL translation</li><li>Reviewing capacity requirements for onboarding and training to ensure dates and resource are planned in; engaging with Learning &amp; OD</li><li>Recruitment Onboarding for 15FTE</li><li>Development of comms relating to the new Clinical Screening Role to ensure consistent messaging and to engage prospective candidates across the front-line</li></ul>                                                                   |
| Operational Readiness                  | ↔ Green  | <ul style="list-style-type: none"><li>Estates progressing with request from ICT for floorplan to accurately assess feasibility/timescales</li><li>Working arrangements (e.g. rotational model) and rostering are being explored</li><li>Project Plan for operational readiness reviewed, ensuring clear ownership of tasks</li></ul>                                                                                                   | <ul style="list-style-type: none"><li>Operational line management arrangements in discussion and will inform regional split for recruitment; 8A Locality Manager under consideration</li><li>Meeting to agree scope of Clinical Navigator role (03/07)</li><li>Technical Process Mapping to start with first meeting arranged for 09/07</li><li>Following confirmation of role scope and technical process map, paper to be produced refreshing forecast demand and capacity assumptions</li><li>Logic Model Group arranged for 11/07</li></ul> |
| Clinical Quality Governance            | ↓ Yellow | <ul style="list-style-type: none"><li>Clinical Governance Workshop convened (21/06) and paper in development outlining the proposed approach to clinical decision-making</li></ul>                                                                                                                                                                                                                                                     | <ul style="list-style-type: none"><li>Capacity for management of complaints and concerns following the completion of the Clinical OCP on 01/07 has been flagged as a programme risk; however will not impact go-live readiness for Rapid Clinical Screening</li><li>Clinical Governance paper to be considered by CQGG (30/07)</li></ul>                                                                                                                                                                                                        |
| Clinical Prioritisation and Assessment | ↔ Green  | <ul style="list-style-type: none"><li>DCR table review meeting convened on 03/07 to review priorities across the CMT programme. Agreement that Rapid Clinical Screening is high priority and that a formal work request should be submitted</li></ul>                                                                                                                                                                                  | <ul style="list-style-type: none"><li>Formal work request in development for submission to CPAS</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Project Management                     | ↑ Green  | <ul style="list-style-type: none"><li>Increasing maturity of project management as processes are embedded</li></ul>                                                                                                                                                                                                                                                                                                                    | <ul style="list-style-type: none"><li>Logic Model meeting arranged for 11/07</li><li>Risk review meeting arranged for 12/07</li><li>Terms of Reference to be drafted</li></ul>                                                                                                                                                                                                                                                                                                                                                                  |



# Emergency Medical Services Co-ordination Workstream Update

| Report Date: | Current RAG | Previous RAG | STB Action Required                                                                                                                    | Executive Sponsor: | Lee Brooks  |
|--------------|-------------|--------------|----------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------|
| Jun-24       | Green       | Green        | To note the temporary pause to Single Allocator Model; now resolved. To note the 2-week extension to OCP period; to conclude on 21/06. | SRO:               | Jon Edwards |

| IMTP Objectives and Deliverables transitioning to Directorate-led IMTP Delivery & Assurance Route (Directorate Plan)                                                                                                                    |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Project/Working Group                                                                                                                                                                                                                   | RAG Status | Summary Position                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Next Steps                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| <b>EMSC Restructure</b><br><i>Organisational Change Process (OCP) including effective change management, ensuring that colleagues feel involved, empowered, and able to co-design positively, influencing and shaping their future.</i> | Green      | <ul style="list-style-type: none"><li>The Organisational Change Process (OCP) period commenced 10/05 and was due to end 07/06, however was extended by 2-weeks with agreement of EMSC Head of Service and TU reps (due to end 21/06).</li><li>Colleagues have been well engaged including establishing feedback loops on draft job descriptions and an MS Teams drop-in session (05/06) open to all EMSC colleagues</li><li>All new roles have been submitted to Recruitment Control Panel (RCP) in preparation</li><li>Technical elements of the job description have been completed. A Job Evaluation Panel is being arranged with People Services to validate the finalised job descriptions for the EMSC roles</li></ul> |  | <ul style="list-style-type: none"><li>Reviewing OCP feedback with Peoples Services identifying any potential slotting in, prior consideration or restricted competition scenarios</li><li>Completion of job descriptions and submission for job evaluation for new posts; subsequent translation into Welsh and ESR position number creation</li><li>Job evaluation team will be assisting and providing support with completing and submitting relevant paperwork under the job evaluation process</li><li>All new roles to be placed on Trac and job adverts to be prepared</li></ul> |  |
| <b>EMSC Roster Review Workstream</b>                                                                                                                                                                                                    | Green      | <ul style="list-style-type: none"><li>Roster development continues with support from Resource Manager</li><li>Planned submission on 28/06 was extended by 2-weeks to 12/07</li><li>Voting due to commence 15/07</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | <ul style="list-style-type: none"><li>Review for quality assurance with Head of Service and Resource Manager w/c 15/07</li><li>Communication plan delivery include comms to colleagues eligible to vote alongside voting packs</li><li>Ratification of votes following voting closure on 05/08</li><li>Roster go live date to be confirmed by Project Board</li></ul>                                                                                                                                                                                                                   |  |
| <b>Desk / Boundary Changes Workstream</b>                                                                                                                                                                                               | Green      | <ul style="list-style-type: none"><li>Desk boundaries built into the C3 Test CAD and supported by MIS; staff have had the opportunity to engage across all sites</li><li>Data cleansing with HI; updated data has been shared with LM's and DOM's and planned visits for Nwas and Swast have taken place</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                           |  | <ul style="list-style-type: none"><li>Review Business Continuity Plans</li><li>Testing; C3 and reporting</li><li>Confirmation of SPN Plans</li><li>Engagement sessions between 111, CSD, Ambulance Care and Resourcing</li></ul>                                                                                                                                                                                                                                                                                                                                                        |  |
| <b>Single Allocator Model</b>                                                                                                                                                                                                           | Green      | <ul style="list-style-type: none"><li>Request from TU partners at the end of May to pause work on the Single Allocator Model due to concerns around the detail for the Support Coordinator and Response Coordinator roles</li><li>An all-day event was convened on 12/06 to review the roles with TU partners; the event was extremely beneficial in allaying the concerns</li><li>Site visits have concluded with all sites visiting either Nwas or Swast</li><li>FAQ Document has been drafted and shared with EMSC colleagues</li><li>Response Coordinator and Support Coordinator task lists have been completed and the working groups are liaising with their respective sites for feedback</li></ul>                  |  | <ul style="list-style-type: none"><li>Handover sheet to be finalised</li><li>Define how the Support Coordinator will operate</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |



# Gateway to Care transitioning to **Remote Integrated Care Service Workstream**

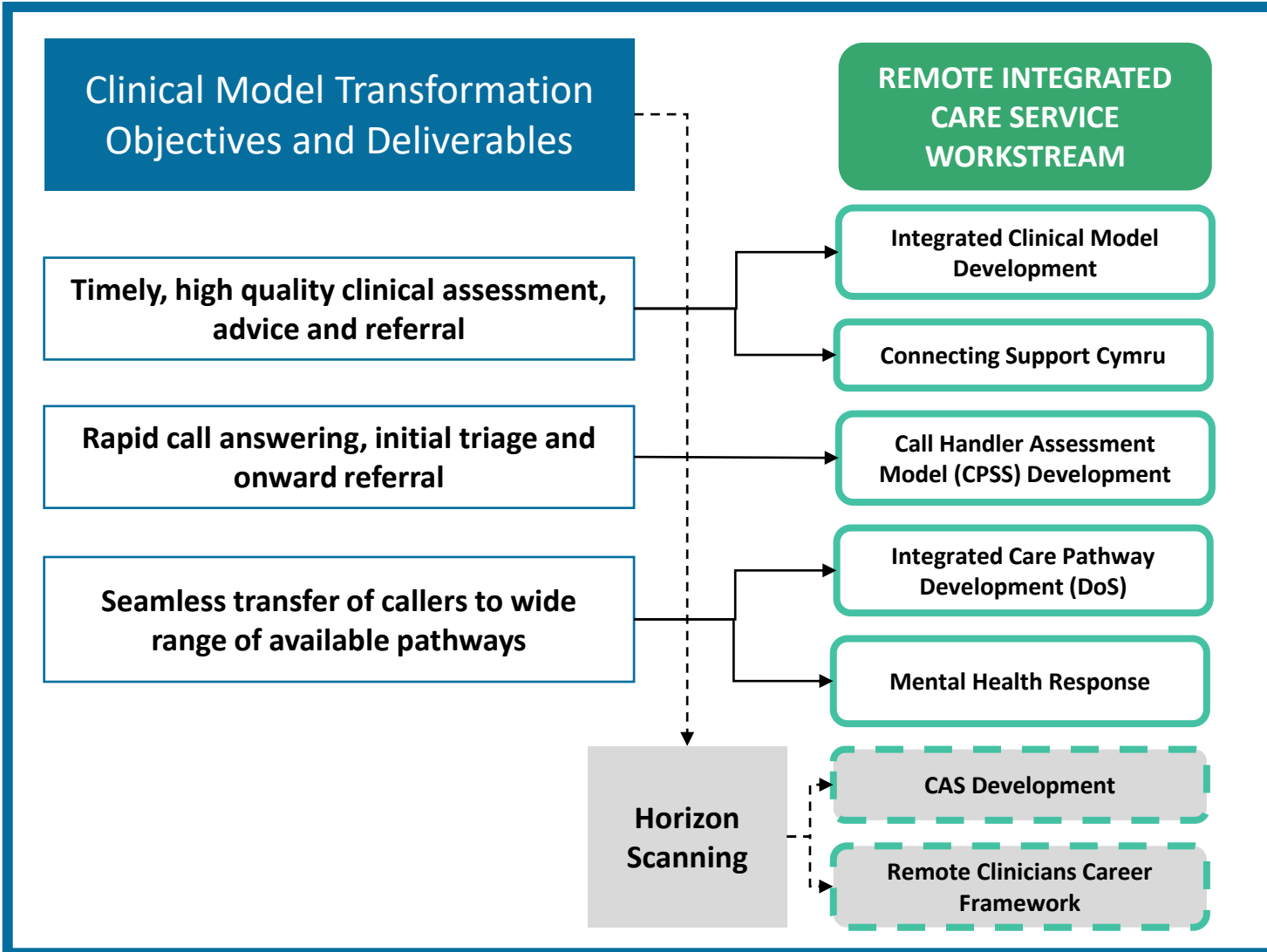
**Executive Sponsor:** Liam Williams

**Senior Responsible Owner:** Pete Brown



## IMTP 24/27 - Remote Clinical Assessment Service

Multi-disciplinary team delivering high quality, timely, remote clinical triage, assessment and consultation, making decisions on the best response for each patient and the system



## Directorate Plan Objectives & Deliverables

**Timely, high quality clinical assessment, advice and referral**

**AND Rapid call answering, initial triage and onward referral**

- Short-term actions relating to the Integrated Care – People & Culture Plan
- Integrated Care Systems (ECNS & CPSS) ongoing BAU monitoring

# Gateway to Care Programme – FY23/24 Transition Arrangements

| 23/24 IMTP Objectives and Deliverables                                                    |                                                                                                                                                                             | 24/25 IMTP Objectives Alignment                                                                                                                                                                                                                                                                                                                                                                                     | Transition Plan                                                                                                                                       |
|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| 111 Commissioning Arrangements                                                            | Work with 111 Programme Team to embed the 111 Commissioning arrangements                                                                                                    | Not Applicable – contemporaneous actions complete; managed through BAU                                                                                                                                                                                                                                                                                                                                              | <b>Actions Complete</b>                                                                                                                               |
| Clinical Review Recommendations                                                           | Develop a case for change for discussion with stakeholders on the integration of clinical teams across 111 & CSD Integrated care                                            | Specific 23/24 action has been superseded by commitment to deliver the Remote Integrated Care Service (RICS) under the <b>24/25 IMTP objective to develop a “Timely, high quality clinical assessment, advice and referral”</b>                                                                                                                                                                                     | <b>In CMT Scope – RICS Workstream</b><br>Integrated Clinical Model Development Group                                                                  |
| Deliver a safe and high-quality service, providing an excellent patient experience        | Develop clinical leadership, recruit, re-train and re-roster call handlers and clinicians                                                                                   | <b>Short-term actions</b> to be <b>progressed through existing Integrated Care – People and Culture</b> (Directorate Plan with SLT oversight)                                                                                                                                                                                                                                                                       | <b>Out of Scope – Short-term actions:</b><br>Directorate Plan with SLT Oversight                                                                      |
|                                                                                           | <b>AND</b> Develop a clinical specialty educational and career framework for Remote Clinical Decision-making (RCDM)                                                         | <b>Longer-term actions</b> relating to the alignment and integration of remote clinical and call handling functions will be progressed through the Remote Integrated Care Service (RICS) under the <b>24/25 IMTP objectives:</b><br>Remote Clinicians – <b>“Timely, high quality clinical assessment, advice and referral”</b><br>Call Handlers – <b>“Rapid call answering, initial triage and onward referral”</b> | <b>In Scope – Longer-term actions: RICS Workstream</b><br>Integrated Clinical Model Development Group and Call Handler Model Development (CPSS) Group |
|                                                                                           | Develop a remote clinical support strategy ( <b>NCCU recommendations</b> )                                                                                                  | Closure report accepted at Gateway to Care Programme Board (Q4; 23/24)                                                                                                                                                                                                                                                                                                                                              | <b>Actions Complete</b>                                                                                                                               |
| Access to high quality remote clinical assessment                                         | Identify opportunities to increase consult & close rates from the 999's, improving patient experience and outcomes, and increasing the 'value' of the service to the system | Specific 23/24 action has been superseded by commitment to deliver the cross-organisational Clinical Model Transformation and the associated Performance, Monitoring, and Evaluation approach                                                                                                                                                                                                                       | <b>Not a defined deliverable –</b> Performance, Monitoring, and Evaluation will be integrated into delivery approach                                  |
|                                                                                           | Implement the new 111 system                                                                                                                                                | CPSS system implemented. Opportunities to expand the scope of practice to CPSS users will be explored through the Call Handler Model Development (CPSS) Group                                                                                                                                                                                                                                                       | <b>Actions Complete;</b> however <b>continued CAS development will be scoped as part of RICS workstream</b>                                           |
|                                                                                           | Develop and expand direct booking and pathway opportunities within CSD and 111<br>Deliver an improved Directory of Services                                                 | Specific 23/24 actions have been superseded by commitment to deliver the Remote Integrated Care Service (RICS) under the <b>24/25 IMTP objective to develop a “Seamless transfer of callers to wide range of available pathways”</b>                                                                                                                                                                                | <b>In CMT Scope – RICS Workstream</b><br>Integrated Care Pathway Development (DoS) Group                                                              |
| Increasing numbers using digital frontend to meet patient's routine and urgent care needs | Improve 111.Wales website, and enable better digital self-service                                                                                                           | Specific 23/24 action has been superseded by commitment to deliver the Digital Front-end elements of the Clinical Model under the 24/25 IMTP objective to deliver “A modern, easily accessible, user-friendly digital offer integrated with the NHS Wales App”                                                                                                                                                      | <b>In CMT Scope–</b> Transferring to: <b>Digital Front-End Workstream</b>                                                                             |
| Standardise information architecture and common approach to data and analytics            | Develop a data dashboard for G2C/Power Bi reporting which drives decision making through data and analytics                                                                 | Specific 23/24 action has been superseded by commitment to deliver the cross-organisational Clinical Model Transformation and the associated Performance, Monitoring, and Evaluation approach                                                                                                                                                                                                                       | <b>Not a defined deliverable –</b> Performance, Monitoring, and Evaluation will be integrated into delivery approach                                  |



| Report Date: | Current RAG | Previous RAG | STB Action Required                                                                                                                                                                                    | Executive Sponsor: | Liam Williams       |
|--------------|-------------|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------|
| Jun-24       | Yellow      | Yellow       | Outstanding Business Care decision from WG on Connecting Support Cymru investment, increasing proposal to increase CSD provision. Funding confirmation outstanding for Mental Health Response Vehicle. | SRO:               | ADO Integrated Care |

| Project/Working Group                            | In Scope                                                                                                                                                                                                             | RAG Status | Summary Position                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|--------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Integrated Clinical Model Development            | Internal communication and engagement with staff impacted by the change as part of a Change Management approach to implementation. Co-design of Phase 1 next steps to align the current 111 clinical and CSD models. | Green      | <ul style="list-style-type: none"> <li>Internal comms and engagement approach considered to support change readiness; proposal for fortnightly comms briefings to Integrated Care clinicians and EMSC colleagues impacted by introduction of Clinical Navigation function and work towards the integration of clinical team</li> <li>Working group of CSD DOMs and 111 SCAs being established as a RICs design group</li> <li>Comms meeting arranged for 11/07 to agree comms briefing format, content, and schedule</li> <li>Change Management lead identified and to join core group membership</li> </ul> |
| Connecting Support Cymru                         | CWR deployment, establishment of funding for Clinical capacity to enable Ambulance-in-a-box, and test of change delivery                                                                                             | Amber      | <ul style="list-style-type: none"> <li>CWR recruitment and onboarding progressing well. Delayed decision on Business Case from WG incl. proposal to increase CSD provision. Decision due at next SBRI meeting (07/24), however the delay may significantly limit benefits realisation before the end of the SBRI contract, and subsequently impact the case for investment.</li> </ul>                                                                                                                                                                                                                       |
| Call Handler Assessment Model Development (CPSS) | Early testing of CPSS in wider applications                                                                                                                                                                          | Green      | <ul style="list-style-type: none"> <li>Agreement to pilot the use of CPSS for management of Green calls; these calls are currently queued for a clinician callback</li> <li>Proposal for 3-day pilot commencing 09/07 – subject to approval at project group meeting 08/07</li> </ul>                                                                                                                                                                                                                                                                                                                        |
| Integrated Care Pathway Development (DoS)        | Rapid enhancements to the existing Directory of Service                                                                                                                                                              | Green      | <ul style="list-style-type: none"> <li>Project group established and mapping of current CSD pathways which are not available on the DoS is underway; side by side analysis between CSD and 111 pathways to be conducted</li> <li>DoS workshop planning is underway to set the approach to further pathway development across QSPE and Operations (aim Aug-24)</li> </ul>                                                                                                                                                                                                                                     |
| Mental Health Response                           | Health Board engagement to deliver pilot and engagement with system partners to support the implementation of Right Care, Right Person                                                                               | Yellow     | <ul style="list-style-type: none"> <li>Full evaluation of ABUHB pilot to be completed in Jul-24 and is on track, draft has been shared and meeting in diary to review with ABUHB. Initial review indicates consistent outcomes with other MHRV services across the UK</li> <li>A costed service model options paper is in development; Yellow (cautionary) status due to outstanding funding confirmation</li> </ul>                                                                                                                                                                                         |



# Clinical Transformation transitioning to **Urgent Community Response Service Workstream**

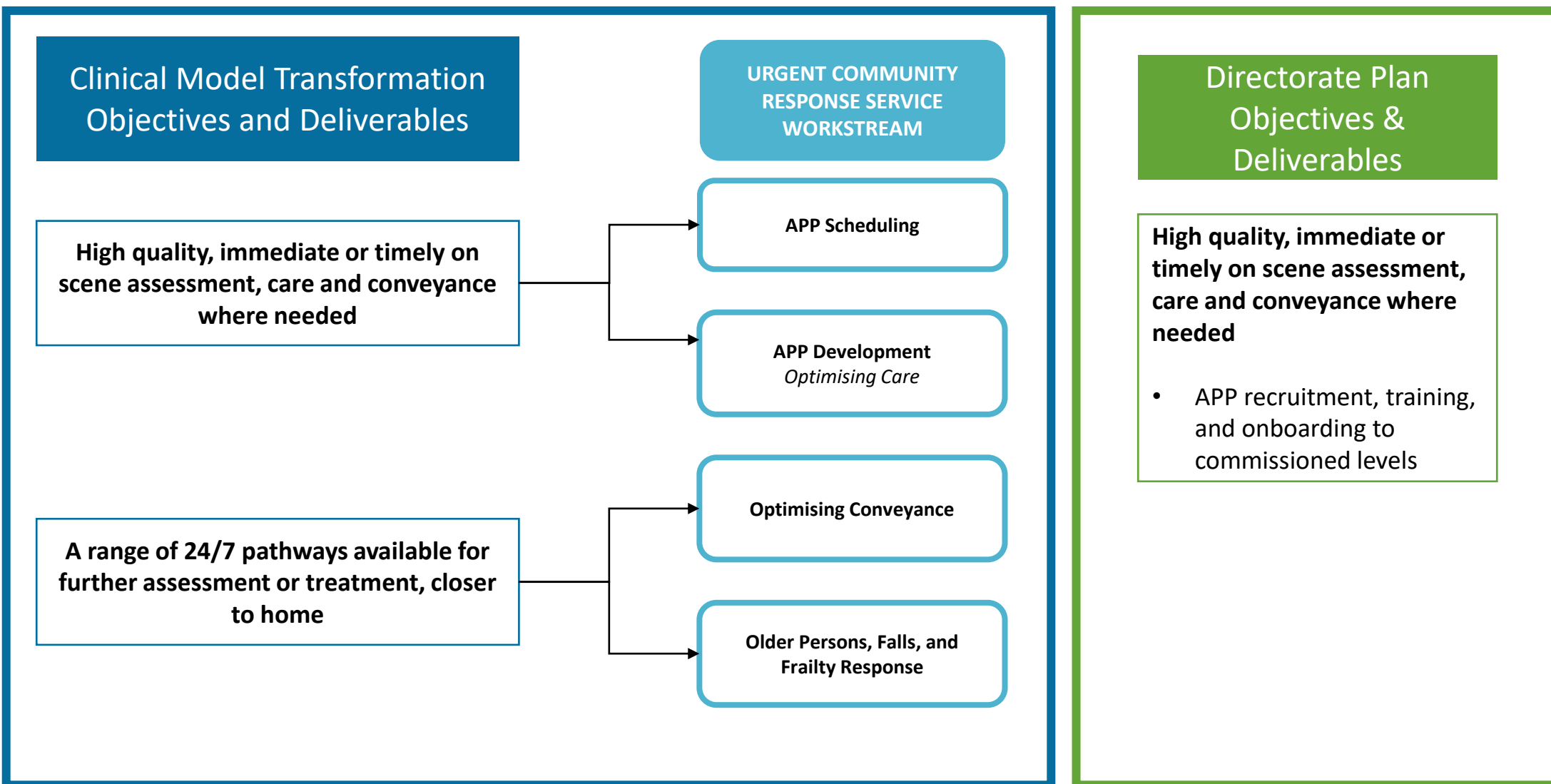
**Executive Sponsor:** Andy Swinburn

**Senior Responsible Owner:** Sonia Thompson



## IMTP 24/27 – 24/7 on-scene, clinical assessment, treatment, and referral service

A range of clinicians providing high quality, immediate or timely on scene assessment, care, and referral



# Clinical Transformation Programme – FY23/24 Transition Arrangements

|                                                                                                                                                   | 24/25 IMTP Objectives and Deliverables                                                                                                                                      | Comments                                                                                                                                                                                                                                     | Transition Plan                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Timely, high quality clinical assessment, advice and referral                                                                                     | Improve the integration and linkage of WAST clinical data (ePCR)                                                                                                            | Managed through the established Clinical Intelligence Assurance Group                                                                                                                                                                        | <b>Directorate Plan</b> with CIAG delivery and CQGG oversight     |
|                                                                                                                                                   | Deliver Clinical Indicator Plan and Clinical Indicator Compliance Recovery Plan                                                                                             |                                                                                                                                                                                                                                              | <b>Directorate Plan</b> with CIAG delivery and CQGG oversight     |
|                                                                                                                                                   | Mental Health Practitioners; improve its delivery of mental health support to WAST callers: move to a 24/7 cover/ MHP who can prescribe/ develop virtual outpatient clinics | Managed through the established <b>Mental Health/Dementia/Learning Disabilities &amp; Neurodiversity Delivery Group with AAA report into RICS Workstream</b> for discussions relevant to development of the Remote Integrated Clinical Model | <b>Directorate Plan</b> with MH Group delivery and CQGG oversight |
| Develop our internal mental health training for our people to support them with the skills and knowledge required to support mental health needs. | Mental Health Education - develop a level 7 provision to train WAST staff                                                                                                   |                                                                                                                                                                                                                                              |                                                                   |
| A range of 24/7 pathways available for further assessment or treatment, closer to home                                                            | Develop our Mental Health & Dementia Plan                                                                                                                                   |                                                                                                                                                                                                                                              |                                                                   |
|                                                                                                                                                   | Establishing our optimal configuration for dementia friendly ambulance environments                                                                                         |                                                                                                                                                                                                                                              |                                                                   |
|                                                                                                                                                   | Develop Learning Disabilities and neurodiverse WAST strategy and implement                                                                                                  |                                                                                                                                                                                                                                              |                                                                   |
|                                                                                                                                                   | Pilot use of Mental Health Response Vehicles                                                                                                                                | Aligns to our commitment to develop our capacity and capability to respond to the <b>Right Person, Right Care implementation</b>                                                                                                             | <b>In CMT Scope</b> - Transferring to: <b>RICS Workstream</b>     |
|                                                                                                                                                   | Delivering on CSC subject to business case approval                                                                                                                         | <b>Connecting Support Cymru</b> will transition to the Remote Integrated Care Service workstream                                                                                                                                             | <b>In CMT Scope</b> - Transferring to: <b>RICS Workstream</b>     |
|                                                                                                                                                   | Recruitment of Community Welfare Responders, develop, assess effectiveness                                                                                                  |                                                                                                                                                                                                                                              |                                                                   |
|                                                                                                                                                   | Deliver ‘testing’ phase of the Small Business Research Initiative                                                                                                           | Managed through the established Clinical Intelligence Assurance Group                                                                                                                                                                        | <b>Directorate Plan</b> with CIAG delivery and CQGG oversight     |
|                                                                                                                                                   | Develop Pre-Dispatch Outcome Risk Stratification Tools linking CAD & ePCR data                                                                                              |                                                                                                                                                                                                                                              |                                                                   |

# Clinical Transformation Programme – FY23/24 Transition Arrangements

| 24/25 IMTP Objectives and Deliverables                                                  |                                                                                                                                           | Comments                                                           | Transition Plan                                                             |
|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------------------------|
| A range of 24/7 pathways available for further assessment or treatment, closer to home  | Digitalisation of current and future pathways and referrals                                                                               | Managed through Optimising Care Group – Optimising Conveyance      | In CMT Scope – Transferring to: <b>Urgent Community Response Workstream</b> |
| High quality, immediate or timely on scene assessment, care and conveyance where needed | Developing Clinical Supervision for our APPs                                                                                              | Managed through Optimising Care Group – Advanced Clinical Practice | In CMT Scope – Transferring to: <b>Urgent Community Response Workstream</b> |
|                                                                                         | Develop WAST Advanced Practice Plan                                                                                                       |                                                                    |                                                                             |
|                                                                                         | Further grow APP role in line with the case for change                                                                                    |                                                                    |                                                                             |
|                                                                                         | Continue to develop the APP Navigator model with Health Board Partners                                                                    |                                                                    |                                                                             |
|                                                                                         | Review and implement the APP dispatch model                                                                                               |                                                                    |                                                                             |
|                                                                                         | Develop a plan and scope for improving end of life care within WAST and with Health Board                                                 |                                                                    |                                                                             |
|                                                                                         | Evaluate the use of Independent Prescribing by APPs                                                                                       |                                                                    |                                                                             |
|                                                                                         | APP Tests of change APP Flooding & Scheduling                                                                                             | CMT Phase 1 Priority: APP Scheduling Project                       |                                                                             |
|                                                                                         | Review the Levels 1 Falls Service across Wales                                                                                            | Managed through Older Persons and Falls Group                      | In CMT Scope – Transferring to: <b>Urgent Community Response Workstream</b> |
|                                                                                         | Evaluate our Level 2 Falls & Frailty Services, including the modelling of demand and capacity for future commissioning and sustainability |                                                                    |                                                                             |



# Urgent Community Response Service Workstream Update



| Report Date:                                       | Current RAG                                                                                                                                                             | Previous RAG                            | STB Action Required                                                                                                                                                                                                                                                                                                                                               | Executive Sponsor: | Andy Swinburn  |
|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------|
| Jun-24                                             | Yellow                                                                                                                                                                  | Not Applicable<br><i>New Workstream</i> | Note the ongoing issues to APP Independent Prescribing and requirement for HB funding to progress end of life pathway improvements.                                                                                                                                                                                                                               | SRO:               | Sonia Thompson |
| Project/Working Group                              | In Scope                                                                                                                                                                | RAG Status                              | Summary Position                                                                                                                                                                                                                                                                                                                                                  |                    |                |
| Optimising Care Group – Optimising Conveyance      | Evaluation of the effectiveness of new digital solution and pathway usage                                                                                               | Green                                   | Falls, resolved epilepsy and hypoglycaemia pathways now live on ePCR. Awaiting ePCR update.                                                                                                                                                                                                                                                                       |                    |                |
| Optimising Care Group – Advanced Clinical Practice | APP Development including clinical supervision arrangements, development of the WAST Advanced Clinical Practice Plan                                                    | Green                                   | Clinical supervision appraisal for OCP will be presented to SLT (16/07). High-level ‘skeleton’ Advanced Clinical Practice Plan presented at OCG 24/06.                                                                                                                                                                                                            |                    |                |
|                                                    | APP Growth in line with case for change                                                                                                                                 | Green                                   | T&F group established to review TAPPS placement. Recruitment paper presented to SLT 25/06.                                                                                                                                                                                                                                                                        |                    |                |
|                                                    | Continue to develop the APP Navigator model with Health Board Partners including supporting the delivery of integrated hubs, and implementation of standard MOU and SLA | Green                                   | AQM question set developed for APPs to support Consult and Close; presented to OCG (24/06) and agreed option will now be submitted to SLT and CQGG for approval.                                                                                                                                                                                                  |                    |                |
|                                                    |                                                                                                                                                                         |                                         | CT model implemented in April; limited staff numbers but use of non-WAST response vehicle is working well.                                                                                                                                                                                                                                                        |                    |                |
|                                                    |                                                                                                                                                                         |                                         | BCU negotiations in early stages regarding Amber 1 model.                                                                                                                                                                                                                                                                                                         |                    |                |
|                                                    |                                                                                                                                                                         |                                         | C&V home first model to be reviewed in conjunction with local clinical management team – request for PTAS training package. Palliative Care Paramedic (PCP) scheme in SB to be reviewed to facilitate OPAS within care home project; <i>APP Navigator monitoring the 999 stack and liaising with OPAS/PCP</i>                                                     |                    |                |
|                                                    | Review and implement the APP dispatch model                                                                                                                             | Green                                   | Undertaking evaluation of tests of change; due to be presented to OCG 05/08.                                                                                                                                                                                                                                                                                      |                    |                |
|                                                    | End of Life Care improvements in partnership with Health Boards                                                                                                         | Amber                                   | Interim evaluation of Macmillan end of life project completed 05/24 in conjunction with SBUHB. Unable to extend Planned Care Paramedic (PCP) schemes without HB funding.                                                                                                                                                                                          |                    |                |
|                                                    | APP Independent Prescribing                                                                                                                                             | Red                                     | Issues around HE ability to deliver IP as part of curriculum and supervisory support for TAPPs and APPs remain unresolved. HEIW generic Job Description published, and workforce review being undertaken. 2024 recruitment will include non-medical prescribing in desirable criteria and current workforce will be transitioned to JD aligned with HEIW version. |                    |                |

# Urgent Community Response Service Workstream Update



| Report Date: | Current RAG | Previous RAG                            | STB Action Required                                                                                                                 | Executive Sponsor: | Andy Swinburn  |
|--------------|-------------|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------|
| Jun-24       | Yellow      | Not Applicable<br><i>New Workstream</i> | Note the ongoing issues to APP Independent Prescribing and requirement for HB funding to progress end of life pathway improvements. | SRO:               | Sonia Thompson |

| Project/Working Group           | In Scope                                                                                                                                  | RAG Status | Summary Position                                                                                                                                                                                                                                                      |
|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| APP Scheduling Group            | To identify the optimal process to maximise APP contribution to manage patients in the community by adopting a 'scheduling' approach      | Green      | Planning for first Test of Change underway, proposed for 22/07 in Swansea Bay utilising Palliative Care Paramedics (PCPs).                                                                                                                                            |
| Older Persons, Falls, & Frailty | Review the Levels 1 Falls Service across Wales                                                                                            | Green      | Contract extension to Feb-25 approved by ELT to allow for new tendering process. Contract management moved to Ambulance Care.                                                                                                                                         |
|                                 | Evaluate our Level 2 Falls & Frailty Services, including the modelling of demand and capacity for future commissioning and sustainability | Yellow     | Significant funding from ABUHB for additional Level 2 falls vehicle (day) falls assistant (night) to top-up existing services until Mar-25. Ongoing discussions regarding therapist recruitment, however, there has been no agreed progress internally or externally. |

| IMTP Objectives and Deliverables transitioning to Directorate-led IMTP Delivery & Assurance Route (Directorate Plan) |                                                                                 |             |                                                                                                                                                                                                                                                                                                                        |  |
|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Clinical Intelligence Assurance Group                                                                                | Improve the integration and linkage of WAST clinical data (ePCR)                | Green       | <ul style="list-style-type: none"> <li>WG bid for Digital Priorities Innovation Fund unsuccessful; will review and revise</li> <li>Several Power BI dashboards have been successfully operationalised; pain management dashboard to be developed</li> <li>Funding approved for ePCR user interface upgrades</li> </ul> |  |
| Mental Health/Dementia/Learning Disabilities & Neurodiversity Delivery Group                                         | Mental Health Practitioner Development                                          | Amber       | <ul style="list-style-type: none"> <li>Paper in development for 24/7 remote and on-scene MH cover</li> <li>ECNS MH algorithm agreed and will be reviewed by SOT/CQGG</li> <li>Enhanced HI dashboard development delayed due to HI capacity; application to be resubmitted</li> </ul>                                   |  |
|                                                                                                                      | Mental Health Education                                                         | Amber       | Discussions commenced with HEIW                                                                                                                                                                                                                                                                                        |  |
|                                                                                                                      | Develop our Mental Health & Dementia Plan                                       | Not Started |                                                                                                                                                                                                                                                                                                                        |  |
|                                                                                                                      | Establishing optimal configuration for dementia friendly ambulance environments | Green       | RITA evaluation complete; exploring options for future funding. Scoping implementation of Patient Activity Toolkit (PAT) which would provide reminiscence and occupation for different patient groups, at no cost to Trust.                                                                                            |  |
|                                                                                                                      | Develop Learning Disabilities and neurodiverse WAST strategy and implement      | Not Started |                                                                                                                                                                                                                                                                                                                        |  |



# Ambulance Care transitioning to **Health Transport Workstream**

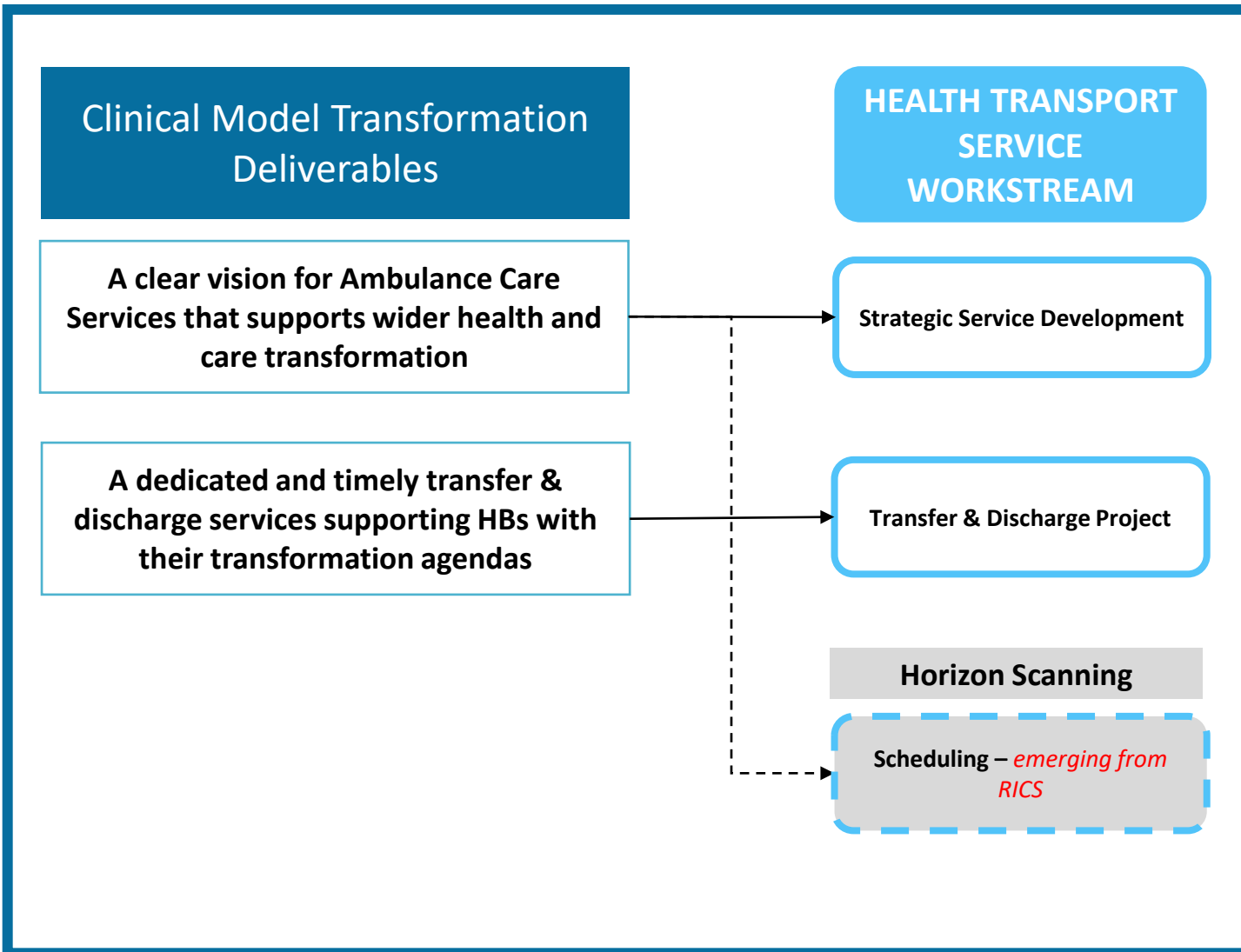
**Executive Sponsor:** Lee Brooks

**Senior Responsible Owner:** Mark Harris

## IMTP 24/27 – Ambulance Care

A clear vision for Ambulance Care Services that supports wider health and care transformation

# Health Transport Service Workstream Scope



## Directorate Plan Objectives & Deliverables

**A flexible, user centred Non-Emergency Patient Transport Service with the right capacity in place to meet demand:**

- Cancellations and booking improvements
- Re-rostering
- Enhanced oncology implementation

**Developing our vision and implementation plans for supporting health care professionals in the community:**

- Complete Urgent Care Service transformation

**A high quality, safe service with improved patient experience:**

- Quality assurance mechanisms



# Ambulance Care Programme – FY23/24 Transition Arrangements

| 24/25 IMTP Objectives and Deliverables                                                                           |                                                                                                                               | Comments                                                                 | Transition Plan                                                               |
|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| A clear vision for Ambulance Care Services that supports wider health and care transformation                    | Develop our long-term vision for Ambulance Care into the future incorporating our NEPTS service, UCS and transfer & discharge | Referenced in previous slide as ' <b>Strategic Service Development</b> ' | <b>In Scope</b> – Health Transport Workstream                                 |
| A dedicated and timely transfer & discharge service                                                              | Implementation of new protocols in CAD for transfers                                                                          |                                                                          | <b>In Scope – Health Transport Workstream</b><br>Transfer & Discharge Project |
|                                                                                                                  | Plan for 24/7 major trauma desk and transfer clinical hub                                                                     |                                                                          |                                                                               |
|                                                                                                                  | Develop a transfer and discharge service model appropriate to HB and strategic development needs                              |                                                                          |                                                                               |
|                                                                                                                  | Develop an implementation plan (subject to commissioning)                                                                     |                                                                          |                                                                               |
| A flexible, user centred Non-Emergency Patient Transport Service with the right capacity in place to meet demand | Undertake a demand and capacity review                                                                                        |                                                                          | <b>Out of Scope</b> – Directorate Plan with Ops SLT oversight                 |
|                                                                                                                  | Increase proportion of discharge and transfers booked in advance                                                              |                                                                          |                                                                               |
|                                                                                                                  | Implement a revised liaison service model                                                                                     |                                                                          |                                                                               |
|                                                                                                                  | Develop and implement and enhanced oncology joint plan                                                                        |                                                                          |                                                                               |
|                                                                                                                  | Integrate NEPTS CAD and health board PAS systems to improve appointment and reduce cancellations                              |                                                                          |                                                                               |
|                                                                                                                  | Developing ambulance care co-ordination function including introduction of finalised management structure                     |                                                                          |                                                                               |
| Developing our vision and implementation plans for supporting health care professionals in the community         | Complete Urgent Care Service transformation                                                                                   |                                                                          | <b>Out of Scope</b> – Directorate Plan with Ops SLT oversight                 |
| Improved safety and quality of the services in ambulance care and an improved patient experience                 | Quality assurance mechanisms further enhanced                                                                                 |                                                                          | <b>Out of Scope</b> – Directorate Plan with Ops SLT oversight                 |



| Report Date: | Current RAG | Previous RAG                            | STB Action Required | Executive Sponsor: | Lee Brooks  |
|--------------|-------------|-----------------------------------------|---------------------|--------------------|-------------|
| Jun-24       | Green       | Not Applicable<br><i>New Workstream</i> | For noting only     | SRO:               | Mark Harris |

| Project/Working Group         | In Scope                                                                                                 | RAG Status | Summary Position                                                                                                                                                                                                                                                                                                                                                                                             |
|-------------------------------|----------------------------------------------------------------------------------------------------------|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Strategic Service Development | A clear vision for Ambulance Care Services that supports wider health and care transformation            | Green      | <ul style="list-style-type: none"> <li>NEPTS Collaborative Planning Event on 29/04. Follow-up Vision Setting event to be convened with the Joint Commissioning Committee (JCC) on 10/07</li> </ul>                                                                                                                                                                                                           |
| Transfer & Discharge Project  | Develop a transfer and discharge service model appropriate to HB and strategic service development needs | Yellow     | <ul style="list-style-type: none"> <li>NEPTS Collaborative Planning Event and JCC follow-up event (as above), however meeting(s) did not focus on transfers and there is a need to understand next steps with commissioners</li> <li>Next phase of ORH modelling has commenced and will inform engagement with Health Boards around options</li> <li>Health Board engagement plan to be developed</li> </ul> |
|                               | Implementation of new protocols in EMS CAD for transfers                                                 | Yellow     | <ul style="list-style-type: none"> <li>Go Live on track for MTPS Transfers CAD Protocols implementation 16/07. <b>Implementation delayed until 31 July</b></li> <li>Training for new protocols completed.</li> <li>Reporting dashboard TBD in readiness for go-live w/c 15/07</li> </ul>                                                                                                                     |

| IMTP Objectives and Deliverables transitioning to Directorate-led IMTP Delivery & Assurance Route (Directorate Plan) |                                                                                                                |            |                                                                                                                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| IMTP Deliverable                                                                                                     | In Scope                                                                                                       | RAG Status | Summary Position                                                                                                                                                                                                                        |
| Implementation of the recommendations of the D&C                                                                     | Undertake NEPTS transport roster review                                                                        | Green      | Restart of new roster keys end-Jun; ORH have been commissioned to refresh roster keys; aim to implement Q1 25/26                                                                                                                        |
| Increase proportion of discharge and transfers booked in advance                                                     | Establishing the expected outcomes and principles with Commissioners, confirm support from partners to deliver | Green      | Prebooked discharge included in national quality performance indicators reporting and will continue to engage with Health Boards to increase proportion of transfers booked in advance                                                  |
| Revised Liaison Service Model Implementation                                                                         | Agreeing preferred model                                                                                       | Green      | Reviewing Liaison job description in consultation with Service, and Control Managers; survey distributed to all Liaison colleagues regarding work profile and used to engagement tool with Health Boards to input to role requirements. |

| Report Date: | Current RAG | Previous RAG                            | STB Action Required | Executive Sponsor: | Lee Brooks  |
|--------------|-------------|-----------------------------------------|---------------------|--------------------|-------------|
| Jun-24       | Green       | Not Applicable<br><i>New Workstream</i> | For noting only     | SRO:               | Mark Harris |

| IMTP Objectives and Deliverables transitioning to Directorate-led IMTP Delivery & Assurance Route (Directorate Plan) |                                                                                                                                  |            |                                                                                                                                                                                                                                                                                                                                                         |  |
|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| IMTP Deliverable                                                                                                     | In Scope                                                                                                                         | RAG Status | Summary Position                                                                                                                                                                                                                                                                                                                                        |  |
| Develop and implement and enhanced oncology joint plan                                                               | Establishing the expected outcomes and principles with Commissioners, confirm support from partners to deliver                   | Green      | Working group established with Oncology Liaisons and enhanced hub to review current working practices and to consider improvement areas                                                                                                                                                                                                                 |  |
| Integrate NEPTS CAD and health board PAS systems to improve appointment and reduce cancellations                     | Reviewing outcome of pilot with HDUHB                                                                                            | Green      | Have established that NEPTS CLERIC and HB CAD are interoperable and DPIA completed. Awaiting WAST IG team sign-off.                                                                                                                                                                                                                                     |  |
| Developing ambulance care co-ordination function including introduction of finalised management structure            | Completion of Organisation Change Process and development of the new operating model for the Ambulance Care Coordination section | Green      | Service Manager appointed and due to commence Aug-24. Priority list of working areas has been developed and shared with the National Team.                                                                                                                                                                                                              |  |
| Complete Urgent Care Service transformation                                                                          | Agree plan based on data modelling and form formal project structure                                                             | Green      | <ul style="list-style-type: none"> <li>Three engagement sessions in May-24 with &gt;100 staff in attendance and FAQs produced and available on SharePoint</li> <li>Allocation code set agreed for go-live 17/07 alongside new transfer protocols; approved via Chairs action approval from CPAS (29/06)</li> <li>Roster discussions underway</li> </ul> |  |
| Improved safety and quality of the services in ambulance care and an improved patient experience                     | Quality assurance mechanisms further enhanced including system improvements to support service delivery                          | Green      | <ul style="list-style-type: none"> <li>Welsh Ambulance Quality Standard Award implemented and will continue to review in BAU</li> <li>Meeting arranged with EMAS (10/07) to review use of Cleric for EMS allocations</li> </ul>                                                                                                                         |  |



# Financial Sustainability Programme

Angie Lewis

# Financial Sustainability Programme



| Report Month:                                                                                                                                                                                                                                                                                                             | Current RAG                                                                                                                                      | Previous RAG | Current Financial RAG                 | FY23/24 Target                        | STB Action Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SRO:                                                                                                                                                                                                         | Angie Lewis                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------------------------|---------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| Jun-24                                                                                                                                                                                                                                                                                                                    | Amber                                                                                                                                            | Amber        | Green<br>Exceeding Financial Forecast | Green<br>Exceeding Financial Forecast | Limited updates/progress due to capacity/leave. Job Description for the Commercialisation role is in development.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Workstream Chair:                                                                                                                                                                                            | Edward Roberts / Liz Rogers |
|                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                  |              |                                       |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Project Manager:                                                                                                                                                                                             | Gareth Taylor               |
|                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                  |              |                                       |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                              |                             |
| Objectives                                                                                                                                                                                                                                                                                                                |                                                                                                                                                  |              |                                       |                                       | RAG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Current Position                                                                                                                                                                                             |                             |
| Achieving Efficiency                                                                                                                                                                                                                                                                                                      | Reviews                                                                                                                                          |              |                                       |                                       | G                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Completion of initial summary reports from data collection and interviews, with action plans being implemented.                                                                                              |                             |
|                                                                                                                                                                                                                                                                                                                           | Short Term Savings Opportunities                                                                                                                 |              |                                       |                                       | G                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Ongoing monitoring of fuel efficiencies and consumables, transitioning savings initiatives into BAU operations.                                                                                              |                             |
|                                                                                                                                                                                                                                                                                                                           | Long Term Savings Opportunities                                                                                                                  |              |                                       |                                       | G                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Continued progress on digital solutions, such as process automation. Implementation of digital solutions underway.                                                                                           |                             |
|                                                                                                                                                                                                                                                                                                                           | Process Efficiencies                                                                                                                             |              |                                       |                                       | G                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Full rollout of automated stock replenishment and other process improvements.                                                                                                                                |                             |
| Income Generation                                                                                                                                                                                                                                                                                                         | Commercial Structures and Long-term Planning – <i>Scope potential dedicated structure for delivery and oversight of commercial opportunities</i> |              |                                       |                                       | A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Ongoing market analysis with preferred bidder. Focus on establishing commercial function and substructure.                                                                                                   |                             |
|                                                                                                                                                                                                                                                                                                                           | Income Generation Schemes – <i>Identify, scope, determine viability of ideas and schemes for delivery</i>                                        |              |                                       |                                       | G                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Continued scoping of potential additional income schemes. New process to be implemented in 2024/25                                                                                                           |                             |
|                                                                                                                                                                                                                                                                                                                           | Commercial and Financial Mindsets – <i>Identify, assess, and deliver opportunities for commercial and financial training and Development:</i>    |              |                                       |                                       | A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | This work will align with the outcome of the commercial analysis work, while the Service Review has also provided opportunity for comment and feedback regarding the need for additional financial training. |                             |
| Additional Progress                                                                                                                                                                                                                                                                                                       |                                                                                                                                                  |              |                                       |                                       | Forward View                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                              |                             |
| <ul style="list-style-type: none"><li>As of M12 FY2024/25, there is an overperformance of £546,000 against the established planned total (YTD) of £6m.</li><li>FY2024/25 has identified approximately £6.4m ahead of the new year, with approximately £3.3m of non-recurrent schemes carried over from 2023/24.</li></ul> |                                                                                                                                                  |              |                                       |                                       | <ul style="list-style-type: none"><li>A communication plan will be enhanced along with a dashboard on SIREN which will improve accessibility, transparency, and engagement. This plan will aim to provide clarity and promote increased engagement and suggestion submission.</li><li>A scheme proposal document has been uploaded to SIREN and will be available to anyone wishing to submit a scheme idea. The key objective for 2024/25 will be to ensure an integrated system working in conjunction with WIIN.</li><li>Achieving Efficiency work will continue to be influenced by the recommendations of the Administrative and Service reviews. The main objective of Income Generation will be to set up a commercial function alongside scoping of schemes.</li><li>Both workstreams will look to focus on closer alignment and input from colleagues in operations who lead on and achieving efficiencies agendas</li><li>Plans to achieve greater alignment with Value Based Health Care work to ensure a focus on values and sustainability as per the IMTP.</li></ul> |                                                                                                                                                                                                              |                             |



# IMTP Enablers & Fundamentals

- **People & Culture** — Angie Lewis
- **Commitment to Our People** — Lee Brooks, Jonny Sammut, and Angie Lewis
- **Digital** — Jonny Sammut
- **Quality, Safety, and Patient Experience** — Liam Williams
- **Corporate Governance** — Trish Mills

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



Use hyperlinked section headers to navigate to each section

Use the arrows to return to the Navigation Page



| Report Month:                                                                                                                                                                          | STB Action Required                                                                                                                                                                                   |     | Executive Lead:                                                                                                                                                                                                                                          | Angie Lewis  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Jun-24                                                                                                                                                                                 | N.B. The People & Culture portfolio is monitored through a local Directorate Plan, with actions aligned to IMTP Objectives. The Directorate Plan has been reviewed and updates provided by exception. |     | Business Partner:                                                                                                                                                                                                                                        | Sarah Davies |
| IMTP Objective                                                                                                                                                                         |                                                                                                                                                                                                       | RAG | Current Position                                                                                                                                                                                                                                         |              |
| Culture – Create an environment where colleagues have autonomy in their work, feel a sense of belonging, and are confident to make decisions, put forward ideas and raise concerns     |                                                                                                                                                                                                       |     |                                                                                                                                                                                                                                                          |              |
| Enhance and strengthen our internal capacity to drive culture change                                                                                                                   |                                                                                                                                                                                                       | G   | Culture Champions – First development workshop scheduled (07/24). Information packs developed and circulated. Culture Toolkit Development – Pilot phase complete; CEWS tool enhancements underway for wider circulation 08/24.                           |              |
| Development of 25/29 Health and Wellbeing Plan                                                                                                                                         |                                                                                                                                                                                                       | G   | Consultation and updates to Health and Wellbeing Plan ongoing                                                                                                                                                                                            |              |
| Develop and amplify employee voice (Hive introduction)                                                                                                                                 |                                                                                                                                                                                                       | A   | Off track due to capacity; recruitment to OD Manager post by mid-July (lead for Hive development).                                                                                                                                                       |              |
| People Management Essentials including compassionate leadership                                                                                                                        |                                                                                                                                                                                                       | A   | Some progress on agreed actions; employee Journey Framework agreed and visual produced. Capacity issues in the team have continued to impact delivery – aiming to launch end-Aug.                                                                        |              |
| Leadership Behaviours and Development Framework                                                                                                                                        |                                                                                                                                                                                                       | Y   | Stakeholder meetings taking place in July. Framework on track for delivery by end-July.                                                                                                                                                                  |              |
| Delivery of our Strategic Equality Plan (SEP)                                                                                                                                          |                                                                                                                                                                                                       | G   | EDI Action plan presented to EDISG. Agreed that EDISG will monitor the SEP Objectives via the action plan. Input required from Workforce Futures, Education and Development, Health & Safety, Estates and Facilities and Welsh Language.                 |              |
| Statutory EDI compliance and adherence to reporting procedures                                                                                                                         |                                                                                                                                                                                                       | G   | On track and on target                                                                                                                                                                                                                                   |              |
| Improve culture climate around sexual safety                                                                                                                                           |                                                                                                                                                                                                       | G   | Various engagement sessions delivered, and recordings made available to promote key messages. Members of the WAST Voices Network to take part in Cardiff University Research Project on sexual safety and the experiences of emergency response workers. |              |
| Freedom to Speak Up                                                                                                                                                                    |                                                                                                                                                                                                       | G   | Full-time Guardian appointed and commenced in post 06/24                                                                                                                                                                                                 |              |
| NHS Wales Staff Survey feedback                                                                                                                                                        |                                                                                                                                                                                                       | A   | Access to full data sets now received but confidentiality protections mean that some data is inaccessible to some teams. Touchpoint meetings continue to be held with directorate leads to identify actions to improve team culture.                     |              |
| Capacity – Ensure we have the right people in the right roles, at the right time, with the right skills, to enable WAST to realise its ambitious service redesign plans                |                                                                                                                                                                                                       |     |                                                                                                                                                                                                                                                          |              |
| Develop Strategic Workforce Plan                                                                                                                                                       |                                                                                                                                                                                                       | A/R | Draft SWFP in development, however, there have been challenges around capacity                                                                                                                                                                           |              |
| Operations education and training aligned with modelled Demand & Capacity                                                                                                              |                                                                                                                                                                                                       | G   | Detailed planning related to EMT3 induction programme commenced                                                                                                                                                                                          |              |
| Improving attendance at work                                                                                                                                                           |                                                                                                                                                                                                       | G   | On track and on target                                                                                                                                                                                                                                   |              |
| Capability – Ensure our people are suitably skilled and qualified, can work at the highest level of their scope of practise and are comfortable to make decisions within their control |                                                                                                                                                                                                       |     |                                                                                                                                                                                                                                                          |              |
| Quality assurance of WAST Education and Development programmes                                                                                                                         |                                                                                                                                                                                                       | G   | Positive external Quality Assurance reporting related to Digital Literacy programmes                                                                                                                                                                     |              |
| Statutory & Mandatory Education, Learning & Development compliance                                                                                                                     |                                                                                                                                                                                                       | G   | On track and on target                                                                                                                                                                                                                                   |              |
| Occupational Health and Wellbeing Service improvements                                                                                                                                 |                                                                                                                                                                                                       | A   | Service accreditation of the WAST OH service off track; programme plan in development and group to lead being established.                                                                                                                               |              |



# Commitments to Our People

| Report Month:      | STB Action Required                                                                                                                                                                                                                                                                               |                        |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                   |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |
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| Jun-24             | Not Applicable                                                                                                                                                                                                                                                                                    |                        |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                   |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |
| IMTP Commitments   |                                                                                                                                                                                                                                                                                                   | Executive Lead         | RAG   | Current Position                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                   |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |
| Shift OVERRUNS     | Initiatives to reduce shift overruns including wider rollout of ‘holding areas’ at sites where there are persistent handover delays, to enable staff to take breaks and end their shift whilst patients are looked after by dedicated ambulance staff in clinical areas outside or near to the ED | Lee Brooks             | Green | <div><p>Overruns &gt;2 hours by week - All Resources</p><table><tr><th>Week year</th><th>Overruns &gt;2 hours</th></tr><tr><td>45-23</td><td>63</td></tr><tr><td>47-23</td><td>62</td></tr><tr><td>49-23</td><td>45</td></tr><tr><td>51-23</td><td>50</td></tr><tr><td>01-24</td><td>69</td></tr><tr><td>03-24</td><td>46</td></tr><tr><td>05-24</td><td>46</td></tr><tr><td>07-24</td><td>66</td></tr><tr><td>09-24</td><td>70</td></tr><tr><td>11-24</td><td>59</td></tr><tr><td>13-24</td><td>53</td></tr><tr><td>15-24</td><td>54</td></tr><tr><td>17-24</td><td>57</td></tr><tr><td>19-24</td><td>69</td></tr><tr><td>21-24</td><td>61</td></tr><tr><td>23-24</td><td>40</td></tr><tr><td>25-24</td><td>63</td></tr><tr><td>27-24</td><td>52</td></tr><tr><td>29-24</td><td>54</td></tr><tr><td>31-24</td><td>56</td></tr><tr><td>02-25</td><td>36</td></tr><tr><td>04-25</td><td>54</td></tr><tr><td>06-25</td><td>45</td></tr><tr><td>08-25</td><td>37</td></tr><tr><td>10-25</td><td>44</td></tr><tr><td>12-25</td><td>56</td></tr><tr><td>01-26</td><td>43</td></tr><tr><td>03-26</td><td>40</td></tr><tr><td>05-26</td><td>44</td></tr><tr><td>07-26</td><td>36</td></tr><tr><td>09-26</td><td>38</td></tr><tr><td>11-26</td><td>44</td></tr></table></div> <p>Focus on reducing overruns over 2 hours, through the provision of on scene relief during the last 60 minutes of shift. Non-compliance with handover process accounts for some of the recorded shift overruns, and every &gt;2 hour overrun is now investigated/validated by the appropriate manager (DOM/OTL).</p> <p>Morriston ED Holding Area continues to perform extremely well and has facilitated 1535 crews at end of shift since 29/11. This does not include the 1883 meal breaks facilitated since 20/12.</p> | Week year         | Overruns >2 hours | 45-23 | 63 | 47-23 | 62 | 49-23 | 45 | 51-23 | 50 | 01-24 | 69 | 03-24 | 46 | 05-24 | 46 | 07-24 | 66 | 09-24 | 70 | 11-24 | 59 | 13-24 | 53 | 15-24 | 54 | 17-24 | 57 | 19-24 | 69 | 21-24 | 61 | 23-24 | 40 | 25-24 | 63 | 27-24 | 52 | 29-24 | 54 | 31-24 | 56 | 02-25 | 36 | 04-25 | 54 | 06-25 | 45 | 08-25 | 37 | 10-25 | 44 | 12-25 | 56 | 01-26 | 43 | 03-26 | 40 | 05-26 | 44 | 07-26 | 36 | 09-26 | 38 | 11-26 | 44 |
|                    |                                                                                                                                                                                                                                                                                                   |                        |       | Week year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Overruns >2 hours |                   |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |
| 45-23              | 63                                                                                                                                                                                                                                                                                                |                        |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                   |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |
| 47-23              | 62                                                                                                                                                                                                                                                                                                |                        |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                   |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |
| 49-23              | 45                                                                                                                                                                                                                                                                                                |                        |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                   |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |
| 51-23              | 50                                                                                                                                                                                                                                                                                                |                        |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                   |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |
| 01-24              | 69                                                                                                                                                                                                                                                                                                |                        |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                   |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |
| 03-24              | 46                                                                                                                                                                                                                                                                                                |                        |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                   |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |
| 05-24              | 46                                                                                                                                                                                                                                                                                                |                        |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                   |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |
| 07-24              | 66                                                                                                                                                                                                                                                                                                |                        |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                   |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |
| 09-24              | 70                                                                                                                                                                                                                                                                                                |                        |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                   |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |
| 11-24              | 59                                                                                                                                                                                                                                                                                                |                        |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                   |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |
| 13-24              | 53                                                                                                                                                                                                                                                                                                |                        |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                   |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |
| 15-24              | 54                                                                                                                                                                                                                                                                                                |                        |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                   |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |
| 17-24              | 57                                                                                                                                                                                                                                                                                                |                        |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                   |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |
| 19-24              | 69                                                                                                                                                                                                                                                                                                |                        |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                   |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |
| 21-24              | 61                                                                                                                                                                                                                                                                                                |                        |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                   |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |
| 23-24              | 40                                                                                                                                                                                                                                                                                                |                        |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                   |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |
| 25-24              | 63                                                                                                                                                                                                                                                                                                |                        |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                   |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |
| 27-24              | 52                                                                                                                                                                                                                                                                                                |                        |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                   |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |
| 29-24              | 54                                                                                                                                                                                                                                                                                                |                        |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                   |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |
| 31-24              | 56                                                                                                                                                                                                                                                                                                |                        |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                   |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |
| 02-25              | 36                                                                                                                                                                                                                                                                                                |                        |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                   |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |
| 04-25              | 54                                                                                                                                                                                                                                                                                                |                        |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                   |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |
| 06-25              | 45                                                                                                                                                                                                                                                                                                |                        |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                   |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |
| 08-25              | 37                                                                                                                                                                                                                                                                                                |                        |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                   |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |
| 10-25              | 44                                                                                                                                                                                                                                                                                                |                        |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                   |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |
| 12-25              | 56                                                                                                                                                                                                                                                                                                |                        |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                   |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |
| 01-26              | 43                                                                                                                                                                                                                                                                                                |                        |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                   |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |
| 03-26              | 40                                                                                                                                                                                                                                                                                                |                        |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                   |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |
| 05-26              | 44                                                                                                                                                                                                                                                                                                |                        |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                   |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |
| 07-26              | 36                                                                                                                                                                                                                                                                                                |                        |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                   |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |
| 09-26              | 38                                                                                                                                                                                                                                                                                                |                        |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                   |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |
| 11-26              | 44                                                                                                                                                                                                                                                                                                |                        |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                   |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |
| Digital Experience | Identifying processes which could be digitised or removed to drive efficiency, and continuing to develop training and tools to support digital literacy and process automation                                                                                                                    | Jonny Sammut           | Amber | <p><b>AT RISK:</b> Re-initiated discussions with key suppliers, inc. Apple and Microsoft, with a view to developing options and plan for Q2 2024/25. Simplified sign-on deliverable in trance 1 of digital plan.</p> <p>Continued work with Learning &amp; Development to improve Digital Literacy skills and Job Descriptions are being developed for Digital Skills Facilitator and Robotic Process Automation roles.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |                   |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |
| Flexible Working   | Adherence to 24/25 legal requirements relating to flexible working and removing barriers to flexible working arrangements                                                                                                                                                                         | Lee Brooks/Angie Lewis | Green | Action plan update to SOT/SLT (17/05). Operations management support agreed to develop guidance and coaching on improving flexible working plans.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                   |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |       |    |



| Report Month:                       | STB Action Required                                                                                                                                                                  |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Executive Lead(s):   | Jonny Sammut  |
|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------|
| Jun-24                              | N.B. These portfolios are monitored through local Directorate Plans, with actions aligned to IMTP Objectives. Directorate Plans have been reviewed and updates provided by exception |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Business Partner(s): | Rhonwen Jones |
| IMTP Objective                      | In Scope                                                                                                                                                                             | RAG | Current Position                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |               |
| National Data Resource Programme    | <b>National Data Resource (NDR) Programme Support:</b><br>1. Confirm FY24/25 funding to progress longer-term NDR activities                                                          | A   | <b>AT RISK:</b> 24-25 funding has not been agreed, work continues at risk given we have two dedicated post-holders already in the data engineering team working on NDR.<br>Work continuing to complete against the roadmap. DHCW NDR - Current position:<br><b>Information Governance:</b> a Joint Controller Agreement has been signed by DHCW and WAST representatives allowing for the sharing of data from WAST into the NDR analytics platform. This represents a major milestone and enables progress on the pilot data set - Out of Hospital Cardiac Arrest data set - which can now move from test into production, allowing the data pipelines to pass data from WAST to the WAST slice of the NDR. From here, the data will flow to Warwick University and the Welsh Cardiac Network as required.<br><b>Cloud Migration:</b> work is expected to commence in July to explore feasibility of moving on-prem WAST data to cloud storage using the Microsoft Azure environment. This helps test security, design, pipelines, infrastructure and costs, and builds expertise within the data engineering team which will be applicable across the National and Local Data Resource programmes.<br><b>Funding:</b> the risk around 24/25 and longer-term funding remains. |                      |               |
| Operations Communications Programme | <b>Mobile Data Vehicle Solution (MDVS):</b><br>Upcoming key milestones;<br>1. Mobile Data Vehicle Solution (MDVS)<br>2. Project closure report and handover to BAU.                  | G   | Deployment of MDVS was completed on 28th June 2024.<br>Over an 8-month period, 757 vehicles across WAST fleet including HART, EMS, Ambulance Care and EMRTS have been installed with the solution.<br>An update to the National Mobilisation Application (NMA) has been pushed out to all vehicles via the Trust Wi-Fi network with over 25% of vehicles updated to date.<br><br>The process to close the project and hand over to Business As Usual has now started.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |               |
| 999 Platform Upgrade                | <b>Upgrade 999 Telephony Platform:</b><br>1. Testing of Final Version<br>2. Mid-September 2024 Implementation                                                                        | G   | Implementation planned for September (17-19th) subject to successful testing of final version                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |               |



|               |                                                                                                                                                                                      |                      |               |
|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------|
| Report Month: | STB Action Required                                                                                                                                                                  | Executive Lead(s):   | Liam Williams |
| Jun-24        | N.B. These portfolios are monitored through local Directorate Plans, with actions aligned to IMTP Objectives. Directorate Plans have been reviewed and updates provided by exception | Business Partner(s): | Rhonwen Jones |

| IMTP Objectives and Deliverables transitioning to Directorate-led IMTP Delivery & Assurance Route (Directorate Plan) |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| IMTP Objective                                                                                                       | RAG | Current Position                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Working Safely Plan                                                                                                  | C   | Programme closed and closure report shared.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Quality Management System (QMS) Implementation                                                                       | G   | <ul style="list-style-type: none"> <li>• <b>WASTQ event held on 2nd July</b> to provide examples and learning based on Quality Management system.</li> <li>• <b>DoQ elearning is now on LMS365</b> with increasing numbers being recognised month on month.</li> <li>• First <b>self assessments</b> are being completed by pathfinder teams against the QPMF building blocks, agreement from QPM steering group to release self-assessment tools via siren sharepoint so that teams can self direct assessments rather than wait for an appropriate staggered timeline, initial assessments have led to workplans for improvement which will be monitored by steering group initially every 6 months moving to annually.</li> <li>• <b>QMG is embedded</b> and is increasing data available to support monitoring of quality control. Quality Assurance teams are working across organisation to develop <b>quality statements</b> for departments to articulate what good looks like.</li> <li>• First <b>Duty of Quality Annual Report</b> is proceeding through approvals this week ready for publication.</li> <li>• <b>Next steps</b> include externally focussed ‘Always On’ reporting monthly to link this year's annual report to the next year.</li> <li>• Quality Improvement hub development continues with a QI roadshow scheduled for the end of Qtr 2, initial pathfinder initiatives have been identified to utilise the new LifeQI software to track improvement activity.</li> </ul> |



# Corporate Governance

|               |                                                                                                                                                                                      |                      |                   |
|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------|
| Report Month: | STB Action Required                                                                                                                                                                  | Executive Lead(s):   | Trish Mills       |
| Jun-24        | N.B. These portfolios are monitored through local Directorate Plans, with actions aligned to IMTP Objectives. Directorate Plans have been reviewed and updates provided by exception | Business Partner(s): | Deborah Kingsbury |

| IMTP Objectives and Deliverables transitioning to Directorate-led IMTP Delivery & Assurance Route (Directorate Plan) |                                                 |     |                                                                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----|-------------------------------------------------------------------------------------------------------------------------------------------------|
| IMTP Objective                                                                                                       | Q1 Milestone                                    | RAG | Current Position                                                                                                                                |
| A risk management framework as a key enabler of our long-term strategy and decision making                           | Risk management policy and procedures published | G   | The risk management policy was approved in Mar-24 and guidelines published. <b>Milestone completed;</b> objective on track                      |
| Strengthen Welsh Language compliance through strong leadership, enabling Welsh language to flourish                  | Welsh language policy approved and communicated | A   | Policy drafted and going through Welsh Language Advisory Group and into Policy Group. Amber status due to slippage of approval from Q1 into Q2. |
| Developing our Integrated Governance Framework                                                                       | No Q1 milestones                                | N/A | Not Applicable                                                                                                                                  |



# What are the project status types?

| Status | Description                                                                                                                                                                                                                                                                                                                                                                                            | Characteristics                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Green  | <p>Project is on track and progressing well, meeting or exceeding expectations in terms of schedule, budget, quality, and objectives.</p> <p><b>Action Required:</b> No immediate action is necessary, but ongoing monitoring and regular reporting are still required to ensure the project maintains its positive trajectory.</p>                                                                    | <ul style="list-style-type: none"> <li>Project milestones and deliverables are being achieved as planned.</li> <li>Risks and issues are under control or adequately mitigated.</li> <li>The project is progressing within the defined timeline and budget.</li> <li>Key performance indicators are being met or surpassed.</li> </ul>                                                                                                                                                |
| Yellow | <p>Provides an early warning that challenges or barriers are anticipated, but are not yet impacting on progress.</p> <p><b>Action Required:</b> Close monitoring of factors anticipated to impact on progress, contingency planning, and reprioritisation if appropriate.</p>                                                                                                                          | <ul style="list-style-type: none"> <li>Workload reprioritisation has been required to keep the project on track i.e. the impact has been transferred.</li> <li>The project remains on track overall, however there are notable issues or risks or amber/red statuses recorded against key enablers, or interdependent projects that may impact over time.</li> <li>The project remains on track overall but there may be moderate slippage against some tasks or actions.</li> </ul> |
| Amber  | <p>An amber status signifies a cautionary state, indicating that the project is encountering challenges or potential risks that need attention to prevent further escalation.</p> <p><b>Action Required:</b> Close monitoring of the project, proactive measures to mitigate risks, and corrective actions to address identified issues should be taken promptly to prevent further deterioration.</p> | <ul style="list-style-type: none"> <li>Some project objectives are not being met as planned.</li> <li>Certain milestones are at risk of being missed.</li> <li>There are notable issues or risks that could impact project success if not addressed promptly.</li> <li>Project performance or progress is below expectations but can be recovered with timely actions.</li> </ul>                                                                                                    |
| Red    | <p>A red status indicates a critical situation where the activity is significantly behind schedule, over budget, or facing major issues that jeopardize its success.</p> <p><b>Action Required:</b> Immediate attention and intervention are necessary to address the issues and bring the project back on track.</p>                                                                                  | <ul style="list-style-type: none"> <li>Major project objectives are not being met.</li> <li>Critical milestones are consistently missed.</li> <li>Key deliverables are incomplete or of poor quality.</li> <li>Significant risks or issues are unresolved, and their impact on the project is severe.</li> </ul>                                                                                                                                                                     |

|             |                                                                                          |
|-------------|------------------------------------------------------------------------------------------|
| Monitoring  | Activity is complete but there is a requirement for continuing monitoring or evaluation. |
| Complete    | Activity has been delivered and is now complete                                          |
| Paused      | Activity has been placed on hold                                                         |
| Closed      | Activity has been closed with no further action                                          |
| Not Started | Activity is planned, but is yet to start                                                 |

There are also additional informational status types that do not require action.



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

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

|                               |             |
|-------------------------------|-------------|
| <b>AGENDA ITEM No</b>         | <b>10</b>   |
| <b>OPEN or CLOSED</b>         | <b>Open</b> |
| <b>No of ANNEXES ATTACHED</b> | <b>3</b>    |

## Digital Plan Refresh – 2024-2029

|                  |                                                                                                                                                                                                                                                                                                             |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>MEETING</b>   | Finance & Performance Committee                                                                                                                                                                                                                                                                             |
| <b>DATE</b>      | 16 July 2024                                                                                                                                                                                                                                                                                                |
| <b>EXECUTIVE</b> | Jonny Sammut, Director of Digital Services                                                                                                                                                                                                                                                                  |
| <b>AUTHOR</b>    | Jonny Sammut, Director of Digital Services<br>Leanne Smith, Assistant Director of Digital Services: Data & Analytics<br>Aled Williams, Assistant Director of Digital Services: ICT<br>Keith Williams, Head of OCP<br>Jon Hopkins, Head of Informatics<br>Jon Whitehead, Data & Applications Product Manager |
| <b>CONTACT</b>   | <a href="mailto:Jonny.sammut@wales.nhs.uk">Jonny.sammut@wales.nhs.uk</a>                                                                                                                                                                                                                                    |

### EXECUTIVE SUMMARY

1. The purpose of this paper is to present the Refreshed Digital Plan to Finance & Performance Committee, for approval and implementation.
2. The refresh of our digital plan aims to align with the Integrated Medium-Term Plan, Welsh Government directives, and NHS Wales' urgent care strategy, focusing on regulatory compliance, enhancing patient outcomes, and optimising resources. This strategic evolution underscores our commitment to innovation and excellence, ensuring our digital infrastructure not only meets current healthcare needs but is agile enough to embrace future technological advancements, thereby improving health outcomes for the communities we serve.
3. Adopting the VMOST (Vision, Mission, Objectives, Strategies, Tactics) framework, our refreshed Digital plan ensures strategic alignment across all levels, setting a clear Vision as the guiding star for digital transformation, aimed at empowering our ambulance service with innovative technology for improved healthcare standards. This approach, supported by five key pillars—Everyday Essentials, Security, Safety & Cyber, Digital Pioneers, Transformation, and Data, Information, and Insight—provides a comprehensive and balanced strategy to drive operational excellence, security, innovation, and data-driven decision-making.

4. To refresh our digital plan, we have adopted a 'Digital Tranches' approach, enabling precise resource allocation and strategic investment sequencing, enhancing project tracking and ROI, and ensuring alignment with our objectives for a nimble, impactful digital evolution over the next 5-10 years.
5. Two new functional areas are to be deployed; the Digital Transformation function and Chief Clinical Information Officer (CCIO) role, both which are pivotal in WAST, driving innovation and operational efficiency through strategic digital technology use, while ensuring clinical needs and patient care are at the forefront of health IT initiatives.
6. Four options were proposed using the 'Digital Tranches' for sequential implementation to the executive leadership team, with 'Option 2' selected as a preferred option for balancing operational integrity and digital growth, entailing an investment in foundational enhancements and innovative projects.
7. A summary of the cost options presented to the executive leadership team can be seen in the following grid:

| <b>Option</b>    | <b>Revenue<br/>£000s</b> | <b>Capital<br/>£000s</b> |
|------------------|--------------------------|--------------------------|
| Option #1        | 409                      | 0                        |
| <b>Option #2</b> | <b>1,376</b>             | <b>196</b>               |
| Option #3        | 2,416                    | 1,121                    |
| Option #4        | 0                        | 0                        |

8. Failure to invest in the refresh of the WAST digital plan would lead to inadequate digital capabilities, increased cybersecurity vulnerabilities, operational inefficiencies, missed synergies with NHS Wales' objectives, insufficient workforce development, non-compliance with the IMTP, innovation stagnation, resource misallocation, diminished patient experience, cost inefficiencies, inadequate response to demographic shifts, and loss of talent.
9. In our digital plan refresh, establishing new Key Performance Indicators (KPIs) tailored to strategic pillars and mission statements is essential for efficiently monitoring progress, enabling precise measurement of our digital transformation's success, these will be developed and deployed in due course.

**10. RECOMMENDED: The Finance and Performance Committee are asked to:**

- a. **Receive** and **Endorse** the Digital Plan 2024-29 for implementation

| KEY ISSUES/IMPLICATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>- Failure to invest in and refresh the WAST digital plan presents 12 identified risks, including inadequate digital capabilities, increased cybersecurity vulnerabilities, operational inefficiencies, and potential non-compliance with IMTP, which collectively threaten to undermine patient care and public trust, staff workflows, and the Trust's ability to meet future healthcare demands.</li> <li>- Investment Secured ~ £1.376m (Revenue) &amp; £196k (Capital)</li> </ul> |

| REPORT APPROVAL ROUTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>- Digital Leadership Group (Initial Proposition &amp; Options) – 19<sup>th</sup> April 2024 - Approved</li> <li>- Executive Leadership Team (Initial Proposition &amp; Options) – 8<sup>th</sup> May 2024 - Approved</li> <li>- Finance &amp; Performance committee (Initial Proposition &amp; Options) – 14<sup>th</sup> May 2024 – Approved</li> <li>- Digital Leadership Group (Revised Plan 24-29) – 19<sup>th</sup> June 2024</li> <li>- Executive Leadership Team (Revised Plan 24-29) – 11<sup>th</sup> July 2024</li> <li>- Finance &amp; Performance committee (Revised Plan 24-29) – 16<sup>th</sup> July 2024</li> </ul> |

| REPORT APPENDICES                                                                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Appendix 1 – DRAFT Digital Plan 2024-29</b></p> <p><b>Appendix 2 – Digital Pillars 2024-29</b></p> <p><b>Appendix 3 – DRAFT Integrated Equality Impact Assessment – Digital Plan 2024-29</b></p> |

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

## SITUATION

1. The purpose of this paper is to present the Refreshed Digital Plan to the finance and performance committee, for approval and implementation.
2. Whilst some final imagery for the plan is still in production, the core messaging and context are ready for finance and performance committee review, seeking approval.

## BACKGROUND

1. The digital landscape within the healthcare sector has undergone rapid evolution over the past few years, driven by technological advancements, shifting patient expectations, and the increasing necessity for efficient healthcare delivery.
2. The Welsh Ambulance Services NHS Trust (WAST), as a critical tranche of Wales' healthcare infrastructure, has made significant strides in embracing digital technologies to enhance service delivery, patient experience and operational efficiency.
3. However, the fast-paced nature of digital innovation and the evolving challenges in healthcare necessitate a proactive and strategic refresh of our digital plan.
4. In doing so, we align with the Welsh Government's 'A Healthier Wales: Our Plan for Health and Social Care, (2018)' which emphasises the importance of a transformative approach to healthcare, prioritising prevention, early intervention, and the integration of services.
5. Refreshing our digital plan will not only enable us to meet these strategic objectives but also position the Welsh Ambulance Services NHS Trust as a leader in digital healthcare innovation.
6. Following a comprehensive review of digital demand and global sector benchmarking, the plan was produced using a VMOST (Vision, Mission, Objectives, Strategies, Tactics) framework. This means our refreshed Digital plan maintains strategic alignment across all levels.

## ASSESSMENT

7. Our renewed digital plan focuses on three main areas: regulatory compliance, patient outcome enhancement, and resource optimisation. Aligning with governmental and NHS directives ensures our digital initiatives continue to build public trust and adapt to the evolving regulatory landscape.
8. Our Digital Plan 2024-29 (**Appendix 1**) comprises of a single, overarching narrative document, underpinned by five core strategic pillars (**Appendix 2**).



9. The Digital Plan outlines the purpose behind each of our digital pillars and is designed to support our overarching vision.
10. Our digital vision statement was created by the function, for the business and is as follows: *"Empowering our ambulance service with cutting-edge, user-friendly technology, we unite digital brilliance with health data to enable and enhance our services. Committed to excellence for patients, colleagues and partners alike, our digital community leads with trust, innovation, and seamless experiences—empowering decisions, driving outcomes, and setting new standards in digital healthcare, every time, everywhere."*
11. This plan is designed to be agile and dynamic in nature, with actions for years 2-5 to evolve as we progress, with the year 1 projects outlined in the plan document as part of the commencement of this digital journey.
12. A "rich picture" has also been developed, with the aim of bringing to life the digital vision and how this will look and feel for the organisation. This picture is currently in final stages of design and will supplement the plan as it is published.
13. The digital plan emphasises using digital tools to improve responsiveness and patient safety, such as employing predictive analytics and digital platforms to streamline patient flow and decision-making. Furthermore, it aims at better integration across primary, secondary, and tertiary care, leveraging real-time data and telehealth solutions to enhance care coordination, reduce bottlenecks, and improve overall service delivery.
14. This strategic plan aligns with the 2030 vision for WAST, focusing on innovative digital transformation to meet and anticipate the future healthcare needs of our communities. The plan also aligns with the digital priorities outlined in the WAST IMTP.
15. Pending approval by the Finance and Performance Committee & Trust Board, the plan will be officially launched in August 2024, with key activities outlined below:

|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Organisational Messaging | <p>Launch Pack to be issued via email, comprising:</p> <ul style="list-style-type: none"> <li>• Message from Director of Digital Services and Non Executive Lead for Digital</li> <li>• Digital Plan</li> <li>• Rich Picture</li> <li>• Details of an organisation wide 'Ask us' session</li> <li>• Invitation to provide feedback via designated email address</li> <li>• Link to intranet page, where performance and progress will be shared on a quarterly basis</li> </ul> |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                        | <p>The following will also be shared:</p> <ul style="list-style-type: none"> <li>• Posts via Siren and Yammer</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Digital Directorate specific messaging | <p>Launch Pack to be issued via email to the directorate, comprising:</p> <ul style="list-style-type: none"> <li>• Letter from Director of Digital Services and Non Executive Lead for Digital</li> <li>• Digital Plan</li> <li>• Rich Picture</li> <li>• Digital Tranche 1 deliverables</li> <li>• Details of a Directorate wide 'Ask us' session</li> <li>• Invitation to provide feedback via designated email address</li> <li>• Link to intranet page, where performance and progress will be shared on a quarterly basis</li> </ul> <p>The following will also be shared:</p> <ul style="list-style-type: none"> <li>• Posts via Siren and Yammer</li> </ul> |

16. Following approval by FPC, the plan will be presented to Trust Board on the 25<sup>th</sup> July 2024, seeking approval for implementation.

17. Following sign offs, the Plan will be translated into Welsh and both the Welsh and English versions will be published.

## RECOMMENDATION

18. The Finance & Performance Committee are asked to:

- **Receive** and **Endorse** the Digital Plan 2024-29 for implementation.



GIG  
CYMRU  
NHS  
WALES

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

WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST

# OUR DIGITAL PLAN

## 2024 - 2029





# FOREWORD

*Ceri Jackson, Non-Executive Director and Interim Vice Chair*

I am delighted to be able to introduce our 2024-29 Digital Plan, which represents such an important milestone in our digital journey. It's the culmination of many months of work for colleagues across the organisation and especially in our digital team, who are among our many unsung heroes who work so hard to make sure that our digital systems serve our people and our patients.

Digital capability is pivotal to achieving our ambition set out in our long-term strategy – Delivering Excellence; we want to provide the right care and advice in the right place every time. Digital systems are the backbone of healthcare delivery and, as technology develops apace, there are exciting opportunities to harness for our patients and our people to make sure that we not only have the “digital basics” right, but also the right digital and data infrastructure.

This Digital Plan is informed by the people we are here to serve, our staff and volunteers. Digital inclusivity and quality are key considerations in this plan, ensuring our services are user friendly and accessible to meet the needs of communities across Wales.

And, of course, the digital landscape is rapidly evolving and providing us with new and exciting opportunities to do things differently. Using technology and data to enable us to be the best we can be, to drive improvements, safety and improved colleague and patient experience is at the heart of this Digital Plan.





# DIRECTOR INTRODUCTION

*Jonny Sammut,  
Director of Digital Services*

A circular portrait of Jonny Sammut, a man with a beard and mustache, wearing a dark suit, white shirt, and patterned tie. The portrait is set against a dark background and is framed by a thick green circular border. The background of the entire page features a blurred image of a yellow and blue ambulance, with a large green curved line sweeping across the top and left sides.

It is with immense pride and great anticipation that we present the revised Digital Plan for the Welsh Ambulance Service. In a rapidly evolving digital landscape, our commitment to delivering exceptional care has never wavered. This plan marks a significant milestone in our journey to harness the power of technology and data to enhance the services we provide to the people of Wales.

We recognise that our digital transformation is a collective effort. It's the result of invaluable feedback from our staff, patients, and stakeholders. This revised plan reflects their voices, needs, and aspirations. It's a testament to our unshakeable dedication to being more than just a service provider; we are a vital part of our communities.

At the heart of this plan is a commitment to excellence. We are investing in cutting-edge technology, from advanced dispatch systems to enhanced telehealth services, ensuring our teams are equipped with the best tools to do their jobs effectively. We are fostering a culture of continuous improvement and innovation, empowering our staff with the skills and knowledge to thrive in this digital age.

Our enthusiasm for this digital journey is matched by our gratitude for the unwavering support we've received. As we embark on this exciting new chapter, we do so with a sense of responsibility and optimism. We are excited about the possibilities this plan unlocks and the positive impact it will have on the health and well-being of our communities.

Together, we are building a future where the Welsh Ambulance Service is synonymous with digital excellence in healthcare. We invite you to join us on this journey, to share in our vision, and to witness the transformative power of technology in action.

***Thank you for your continued support and trust in our mission.***

***Jonny***

# INTRODUCTION

The digital landscape within the healthcare sector has undergone rapid evolution over the past few years, driven by technological advancements, shifting patient expectations, and the increasing necessity for efficient healthcare delivery.

The Welsh Ambulance Services University NHS Trust (WAST), as a critical tranche of Wales' healthcare infrastructure, has made significant strides in embracing digital technologies to enhance service delivery, patient experience and operational efficiency. However, the fast-paced nature of digital innovation and the evolving challenges in healthcare necessitate a proactive and strategic refresh of our Digital Plan.

Often when we think of 'Digital', we think of outputs, such as tools, hardware, software, but when we instead position digital as the opposite of analogue, and see it as an experience we see what value investment in Digital could bring. 'Digital' is the organisation of knowledge, it is automation, it connects systems, intelligence and people, and can open up (and speed up) pathways and make recommendations.

In WAST, the Digital Directorate comprises of three core operations, each with a range of specialist technical and non-technical functions within them. Understanding the current setup of the digital directorate and their workload allocation is crucial for several reasons:



It provides us with a clear picture of our **digital capabilities**, identifying strengths and areas for improvement. This insight is fundamental to ensuring our Digital Plan refresh aligns with our operational realities and leverages our current strengths while addressing gaps.



Knowledge of the current workload allocation helps us identify potential for **efficiency gains**, opportunities for reallocating resources to higher priority areas, and areas where investment in additional resources or technologies may be required. This ensures that our Digital Plan is both realistic and achievable, setting a solid foundation for the successful implementation of new digital initiatives aimed at enhancing service delivery and operational efficiency within the Trust

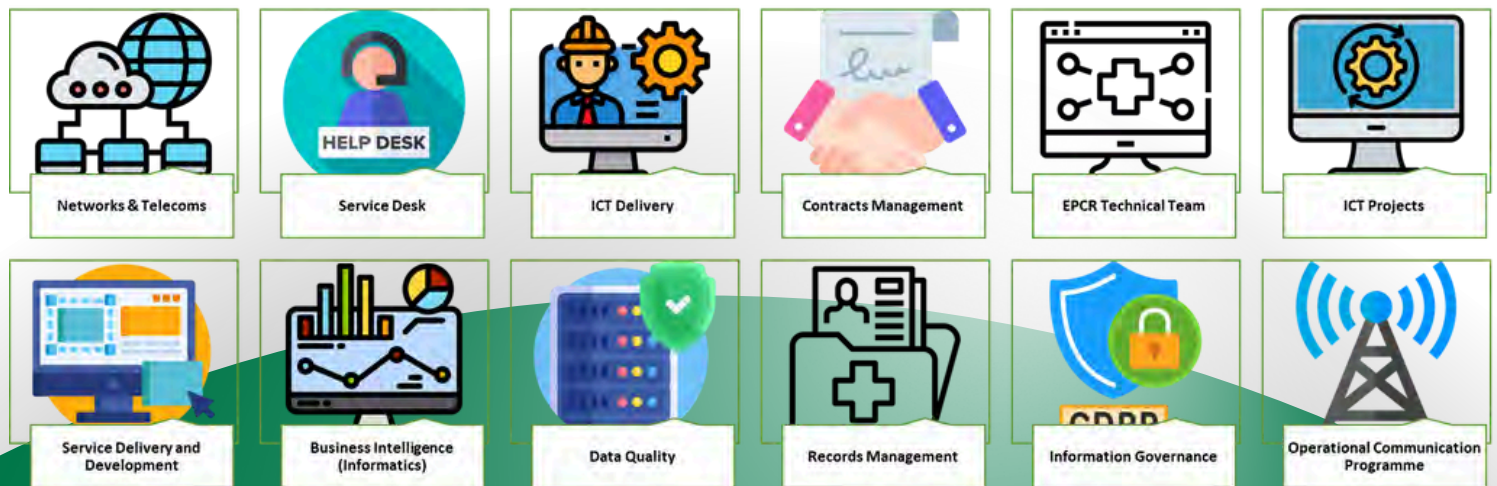


The digital world is rapidly evolving, with new technologies, user expectations, and competitive pressures emerging at an unprecedented pace. This realisation serves as a crucial backdrop for our discussion on the necessity of refreshing our Digital Plan. It is essential to acknowledge that while we have made significant progress, we have not fully realised our **digital aspirations**.

# WHAT ARE DIGITAL SERVICES?

The Digital Services function is responsible for implementing and managing innovative digital solutions, from advanced dispatch systems and telehealth services to data analytics and cybersecurity measures.

The Digital Services Directorate oversees the development, implementation, and management of all the Trust's digital and technological aspects critical to the organisation's operations. This includes maintaining and upgrading dispatch and communication systems, developing telehealth platforms, ensuring robust cybersecurity measures, and utilising data analytics to improve service delivery. Additionally, the directorate is responsible for training staff on new digital tools, fostering digital innovation, and ensuring that technology seamlessly supports clinical, corporate and operational functions.



## What systems are we responsible for that support patient care?

- All **devices** across our estate (e.g. laptops, PCs, phones, printers, radios and iPads)
  - Ensures seamless and efficient communication and information access, leading to faster and more accurate patient care.
- **33 Applications** (including our CAS, NHS 111 Wales website and dispatch systems)
  - Enhances the coordination and speed of emergency response services, enabling timely and effective patient care
- Our underlying technical **infrastructure**
  - Provides a robust and reliable foundation for all digital services, minimising downtime and ensuring that critical services are always available to patients.
- Our **data warehouse** and **front-end reporting software**
  - Enables better data analysis and reporting, leading to improved patient outcomes through more informed decision-making and resource allocation
- **Regulatory compliance** for records and data management
  - Ensures patient data is handled securely and in compliance with data protection / information security regulations, protecting patient privacy and maintaining trust in the healthcare system.



# RATIONALE FOR A DIGITAL PLAN REFRESH

The previous WAST Digital Strategy was set in 2020, focusing on empowering digital patients, building a digital workplace, leveraging intelligence through data, and establishing strong digital foundations. These aims were designed to enhance patient care, improve operational efficiency, and ensure data-driven decision-making, all underpinned by a commitment to cybersecurity, data protection, and sustainable technological advancement.

As we refresh our Digital Plan, it is paramount to recognise the imperative need to align our initiatives with the Integrated Medium-Term Plan (IMTP), the Welsh Government's directives for the ambulance service, and NHS Wales' direction for urgent and emergency care. This strategic realignment is not merely a response to evolving external mandates but a proactive step towards ensuring that our digital infrastructure and services are at the forefront of healthcare innovation, efficiency, and patient care. The rationale for this refresh centres around three pivotal themes: compliance with regulatory and strategic frameworks, enhancement of patient outcomes, and the optimisation of resources.

## Compliance with Regulatory and Strategic Frameworks

Alignment with Welsh Government and UK Government strategic direction and regulatory requirements for information and cyber security, as well as privacy and accessibility, ensures our digital initiatives maintain the trust and confidence we have come to earn from the public and our service users. In a changing regulatory landscape, which needs to consider advancements in AI and medical devices, it is critical that the theme of compliance is included by design in our digital efforts.







## Enhancement of Patient Outcomes and Patient Safety

The Welsh Government's strategic direction for the ambulance service underscores the importance of digital transformation in enhancing responsiveness, reducing wait times. The NHS Wales' strategy for urgent and emergency care is therefore pivoting to a more integrated and digital-first approach, including digital platforms to facilitate patient access and employing predictive analytics to manage patient flows. Additionally, the IMTP outlines a clear roadmap for healthcare services, emphasising the need for digital technologies to support clinical decision making and facilitate a seamless patient experience. Refreshing our Digital Plan ensures our technological advancements are in harmony with the IMTP and positions us to effectively respond to future healthcare challenges and opportunities. This refresh of our Digital Plan will bolster patient safety by integrating advanced technologies that enhance real-time decision-making, ensure faster and more accurate emergency responses, and facilitate seamless communication between on-scene paramedics and hospital staff, ensuring patients receive the most appropriate care as swiftly as possible.

## Optimisation of Resources

This alignment with the IMTP and NHS Wales' and Welsh Government's direction also allows for enhanced interconnectivity between primary, secondary and tertiary care services. Our aim is to utilise real-time data analytics, telehealth solutions, and mobile applications to increase patient access, reduce bottlenecks, improve triage and deliver a more coordinated and informed care experience. This approach will not only streamline operations, but improve efficiency and effectiveness of the ambulance services.





## The rationale for refreshing our Digital Plan is clear

To align with the strategic visions laid out by the IMTP, the Welsh Government, and NHS Wales. By doing so, we aim to enhance the quality, efficiency, and delivery of healthcare services, ensuring that our digital infrastructure not only meets the current needs of our patients and staff but is also poised to adapt to future advancements in healthcare technology. This strategic refresh is a commitment to innovation, excellence, and the continual improvement of health outcomes for the communities we serve.

## Supports the 2030 vision for WAST

In aligning the refreshed Digital Plan with the vision for 2030 set forth by WAST, we remain committed to pioneering digital innovation that enhances patient care, streamlines operations, improves communication and fosters a culture of excellence. Our plan envisions embedding new technologies to enhance and improve a seamless, patient-centric experience, ensuring that individuals across Wales receive timely and effective care when they need it most. Through robust data analytics and data linking protocols, we will transform the way we access and manage information across the Trust. This strategic realignment underscores our dedication to advancing the Welsh Ambulance Service's vision for 2030, positioning us at the forefront of healthcare innovation in Wales.



## Directly supports our People and Culture plan

In refreshing our Digital Plan, with can ensure it aligns with the WAST People and Culture Plan. Our primary objective is to foster a connected and empowered workforce while enhancing the overall people experience. Embracing the principles of autonomy and culture, our refreshed Digital Plan seeks to empower employees by providing them with the digital tools and platforms necessary to excel in their roles. Through targeted training and development initiatives, we will aim to enhance both the capacity and capability of our workforce to effectively leverage digital technologies in their daily operations. Moreover, by promoting a culture of innovation and continuous learning, we will strive to create an environment where employees feel valued, supported, and inspired to contribute to the organisation's success.



# OUR VISION

**Empowering** our ambulance service with cutting-edge, user-friendly technology, we **unite** digital brilliance with health data to **enable** and **enhance** our services. Committed to excellence for patients, colleagues and partners alike, our digital community leads with **trust, innovation, and seamless experiences**—empowering decisions, driving outcomes, and **setting new standards** in digital healthcare, **every time, everywhere**

We have incorporated **five key pillars** into the refresh of our Digital Plan, which offer a robust framework that ensures comprehensive and balanced attention to all critical aspects of digital transformation. These pillars will enable us to further develop and monitor our missions, objectives, strategies and tactics as we get into the delivery of the key work programmes and are intended as a simplified front to present back to the organisation.



See **Appendix 1** for our digital rich picture, which brings this vision to life.

# OUR DIGITAL PILLARS



## EVERYDAY ESSENTIALS

The "Everyday Essentials" pillar of our Digital Plan is dedicated to building a robust and dependable digital foundation that supports our vision to provide digital brilliance. This initiative emphasises the importance of having reliable, user-friendly, and accessible digital tools and infrastructure, which are essential for our daily operations and patient-centred services. By ensuring these fundamental elements are in place, we aim to solve those everyday problems, ultimately leading to better patient outcomes and a more streamlined workflow for our staff.

For **our patients and the public**, "Everyday Essentials" means that they can trust in the consistency and reliability of the digital services we provide. Whether it's through seamless communication channels, efficient appointment scheduling, or accurate and timely information dissemination, this pillar ensures that our digital tools are easy to use and accessible to everyone. By prioritising user-friendliness and accessibility, we are committed to making our services more inclusive, ensuring that all individuals, regardless of their technical proficiency or physical abilities, can benefit from our digital infrastructure.

For **our employees**, "Everyday Essentials" translates to having the necessary tools and systems that enable them to perform their duties effectively and efficiently. This includes reliable communication systems, intuitive software for managing patient information, and secure data management practices. By focusing on these core aspects, we support our team in delivering high-quality care without the burden of technical difficulties or accessibility issues. This pillar is about laying a solid digital groundwork that not only supports our current operations but also prepares us for future advancements in healthcare technology.

# EVERYDAY ESSENTIALS - WHAT DOES THAT MEAN?

**Everyday Essentials** focuses on solving everyday **challenges** and perfecting the **fundamentals** to ensure seamless, efficient operations in our ambulance service.

## Key Principles



- **Reliability:** Ensure all digital systems are consistently operational and dependable.
- **User-Friendliness:** Design interfaces and processes that are intuitive and easy for staff to use.
- **Efficiency:** Streamline workflows to minimise delays and maximise productivity.
- **Accessibility:** Make essential tools and information readily available to every employee.
- **Consistency:** Standardise procedures and systems to maintain uniformity across all digital operations.
- **Support:** Provide robust technical support and training for staff to address issues swiftly.
- **Integration:** Ensure seamless connectivity and compatibility between different digital tools and systems.
- **Feedback:** Continuously gather and act on feedback from staff to improve digital services and address pain points.

## Key Planned Deliverables



- Robotic Process Automation (RPA) programme to capitalise on automation opportunities
- Unlocking capability with our existing technology
- Simplified sign-on
- Improved technical testing
- Enhanced device architecture
- Creation of design principles
- Development of a technology inclusion and adoption programme
- Development of digital business partners





# OUR DIGITAL PILLARS

## SECURITY, SAFETY AND CYBER



The "Security, Safety and Cyber" pillar of our Digital Plan underscores our commitment to safeguarding our digital systems, patient data, and network integrity. In an era where cyber threats are increasingly sophisticated and prevalent, prioritising digital security is crucial. This initiative is designed to ensure that our digital infrastructure is fortified against potential threats, thereby maintaining the trust of our patients and compliance with stringent legal standards. By proactively addressing security concerns, we aim to protect sensitive information and uphold the highest standards of confidentiality and integrity.

For **our patients and the public**, "Security, Safety and Cyber" means that they can have confidence in the safety of their personal health information. We recognise the importance of protecting patient data from unauthorised access and breaches. By implementing robust security measures and continuously monitoring our systems, we aim to prevent cyber incidents that could compromise patient privacy and safety. This pillar ensures that our digital practices are aligned with legal requirements and best practices in cybersecurity, reinforcing our dedication to maintaining a secure and trustworthy healthcare environment.

For **our employees**, the "Security, Safety and Cyber" pillar provides a secure and reliable framework within which they can perform their duties. By prioritising the protection of our digital systems, we minimise the risk of disruptions caused by cyber threats, ensuring that our operations run smoothly and efficiently. This includes regular training and awareness programs for our staff to stay updated on the latest security protocols and practices. Ultimately, this pillar supports our mission by creating a safe digital environment that allows our team to focus on delivering high-quality care without the concern of cyber vulnerabilities.

# SECURITY, SAFETY AND CYBER - WHAT DOES THAT MEAN?

Security, Safety and Cyber ensures **robust protection** of digital **systems** and **data**, **safeguarding** both **patient information** and **operational integrity**.



**Data Protection:** Implement and manage stringent measures to secure patient and operational data from unauthorised access.



**System Resilience:** Ensure digital systems are robust and can withstand cyber threats and disruptions.



**Compliance:** Adhere to all relevant laws, regulations, and industry standards for cybersecurity and data protection.



**Staff Training:** Provide continuous cybersecurity training to all staff to recognise and respond to threats.



**Access Control:** Implement strict access controls to ensure only authorised employees can access sensitive information.



**Encryption:** Use advanced encryption methods to protect data both at rest and in transit.



**Monitoring:** Continuously monitor digital systems for signs of potential security breaches or anomalies.



**Backup and Recovery:** Maintain regular backups and robust recovery procedures to ensure continuity.



**Physical Security:** Utilise digital technology such as Internet-of-Things (IoT) sensors to enhance physical security, monitoring critical equipment and facilities

**Security** in an ambulance service is crucial to **protect** sensitive **patient** data, ensure the **seamless operation** of **emergency response** systems and maintain the **trust** of the **public** we serve.

# OUR DIGITAL PILLARS



## DIGITAL PIONEERS

The "Digital Pioneers" pillar of our Digital Plan is dedicated to driving innovation and embracing emerging technologies to enhance our services. This initiative focuses on fostering a culture of continuous improvement and experimentation, encouraging our organisation to stay at the forefront of technological advancements. By adopting cutting-edge solutions and innovative practices, we aim to improve the efficiency, effectiveness, and quality of our healthcare delivery, ensuring that we can meet the evolving needs of our patients and communities.

For **our patients and the public**, "Digital Pioneers" means access to state-of-the-art healthcare services that leverage the latest technological innovations. This could include the use of advanced telehealth platforms, AI-driven diagnostics, and personalised care solutions that improve patient outcomes and experiences. By continuously exploring and integrating new technologies, we strive to provide more responsive, efficient, and patient-centric services. This commitment to innovation not only enhances the quality of care but also ensures that our patients benefit from the most up-to-date medical advancements and practices.

For **our employees**, the "Digital Pioneers" pillar represents an exciting opportunity to be at the cutting edge of healthcare technology. We encourage our team to engage in continuous learning and experimentation, providing them with the tools and support needed to explore new ideas and solutions. This culture of innovation empowers our staff to identify and implement improvements in their daily workflows, leading to more effective and efficient service delivery. By embracing emerging technologies, we aim to create a dynamic and forward-thinking work environment where creativity and innovation are integral to our mission of providing exceptional care to our communities.



# DIGITAL PIONEERS - WHAT DOES THAT MEAN?

**Digital Pioneers** drive **innovation** and lead the way in integrating **cutting-edge** technology to **transform** and **enhance** ambulance services.



Key initiatives that are included in our 'Digital Pioneers' workload include;

Artificial intelligence

Use of drones

Wearable technology

Digitally enabled vehicles

Virtual / augmented reality

Asset tracking

Chatbot and self-service automation

# OUR DIGITAL PILLARS

## DIGITAL TRANSFORMATION



The "Digital Transformation" pillar of our Digital Plan is centered on reimagining and redesigning our processes and services through the integration of digital technology. This initiative is about more than just updating our current systems; it's about fundamentally transforming the way we operate to enhance efficiency, improve patient care, and increase our adaptability in a rapidly changing healthcare landscape. By leveraging the power of digital technology, we aim to streamline our operations, reduce system waste, and ensure that our services are more responsive and effective.

For **our patients and the public**, "Digital Transformation" means a more seamless and efficient experience when interacting with our services. This could involve the implementation of advanced scheduling systems, connected digital patient records, and real-time communication tools that make it easier to access care when needed. By redesigning our services with a focus on digital integration, we strive to reduce wait times, improve the accuracy of information, and provide more personalised care. Ultimately, this transformation is about making our services more user-friendly and accessible, ensuring that we can meet the diverse needs of our community in a more efficient and effective manner.

For **our employees**, the "Digital Transformation" pillar represents an opportunity to work within a more modern, efficient, and adaptable healthcare system. By redesigning processes and incorporating digital tools, we aim to reduce administrative burdens, streamline workflows, and enhance collaboration across departments. This not only improves job satisfaction and productivity but also allows our staff to focus more on patient care and less on bureaucratic tasks. Embracing digital transformation ensures that our team is equipped to handle the challenges of today and tomorrow, fostering a more resilient and innovative healthcare environment.





# DIGITAL TRANSFORMATION- WHAT DOES THAT MEAN?

Digital Transformation in our plan ensures seamless **interoperability** and the **integration** of **advanced technologies** to enhance efficiency and patient care

The digital transformation pillar aims to leverage digital technologies to reshape operations, culture, and patient experiences, driving innovation, efficiency, and competitiveness. Its key areas include:

## Strategic Direction

- Vision and Leadership: Establish a clear vision for digital transformation and integrate it into the business strategy.
- Alignment with Business Goals: Ensure initiatives align with overall objectives.

## Innovation and Development

- Adoption of Emerging Technologies: Implement new technologies to improve performance and patient experience.
- Product and Service Innovation: Develop or enhance digital products and services.

## Culture and Capability Building:

- Digital Literacy and Skills Development: Promote digital literacy and skills.
- Cultural Change: Foster a culture of innovation and agility.

## Stakeholder Engagement and Collaboration

- Internal Collaboration: Align digital efforts with departmental needs.
- External Partnerships: Engage with technology providers and industry groups.

## Governance and Risk Management

- Digital Governance: Establish frameworks and policies.
- Risk Management: Mitigate risks, including cybersecurity and data privacy.

## Digital Performance Measurement

- Metrics and KPIs: Monitor performance indicators.
- Continuous Improvement: Use data and feedback to refine strategies.



# OUR DIGITAL PILLARS



## DATA, INFORMATION AND INSIGHT

The "Data, Information and Insight" pillar of our Digital Plan is dedicated to harnessing the power of data to drive informed decision-making and improve service delivery. This initiative focuses on the strategic use of data, analytics, and visualisation tools to generate actionable insights. By leveraging these technologies, we aim to enhance our ability to respond to the needs of our patients and communities more effectively. This pillar is about transforming raw data into meaningful information that guides our actions and policies, ultimately leading to better healthcare outcomes.

For **our patients and the public**, "Data, Information and Insight" means more responsive and tailored healthcare services. Through the strategic use of data, we can identify trends, predict needs, and allocate resources more efficiently. This might involve analysing patient feedback, monitoring health patterns, and using predictive analytics to anticipate demand. By doing so, we ensure that our services are not only more efficient but also more closely aligned with the specific needs of the communities we serve. This data-driven approach allows us to continuously improve our services and deliver higher quality care to all patients.

For **our employees**, the "Data, Information and Insight" pillar provides the tools and information necessary to make better-informed decisions and optimise daily operations. By integrating advanced analytics and visualisation technologies, we can present complex data in more understandable and actionable formats. This enables our team to quickly identify areas for improvement, track performance, and implement evidence-based strategies. Emphasising data-driven decision-making fosters a culture of continuous improvement and innovation, empowering our staff to deliver exceptional care and adapt to evolving healthcare challenges with confidence and precision.

# DATA, INSIGHT AND INFORMATION - WHAT DOES THAT MEAN?

Data, Insight, and Information transforms **raw data** into **actionable insights** to enhance **decision-making** and improve **patient care**.



## Data Science

Programme to deploy data science capability in the Trust, this includes advanced analytics, predictive modelling and machine learning/deep learning capabilities

## Data Integration

A project/s set to identify key data integration opportunities across Wales

## Data Literacy

To enhance the wider organisation skills on data, interpretation and articulation

## Data Quality

Enhancement of our Data Quality provision and assurance strategy

## Data Affiliate Programme

Creation of super users and business partners, that are able to self-serve development in a supported way

This pillar isn't about inundating people with data, but **empowering** us to take **action** through clear **information** and **insights** derived from that data.



# OUR MISSION STATEMENTS

## Technology

Our mission is to empower our patients and colleagues with user-friendly, durable technology that improves care access and monitoring, through seamless integration, in-house innovation, and comprehensive training, ensuring everyone can confidently embrace and benefit from our digital healthcare solutions.

## Overcoming Challenges

Our mission is to foster a cost-effective and connected healthcare ecosystem that empowers our staff through continuous education, leverages advanced technology to meet the challenges of an ageing population, and drives staff retention and engagement. We strive for smart recruitment and clear communication to ensure sustainability and a positive return on investment, while fully embracing the clinical vision of WAST and nurturing a culture of ownership and innovative change.

## Operating Model

Our mission is to harmonise our approach by adopting a unified model, ensuring robust hardware and seamless interoperability across NHS systems, fostering collaboration, and automating processes for around-the-clock 24-hour service. We're dedicated to empowering patients with self-care tools, enhancing staff knowledge, and supporting innovation while maintaining operational excellence. Our focus is on learning from data to guide future advancements, improving inter-departmental communication, and promoting resource sharing between emergency services, all to advance patient care and service self-sufficiency.

## People

Our mission is to elevate our workforce into a community of digitally literate subject matter experts by focusing on recruitment that meets our specific needs and investing in comprehensive training programs. We will foster a culture of excellence and collaboration, simplifying service access and driving digital inclusion. By upskilling our team with the latest technologies, establishing strong ties with educational institutions, and nurturing digital champions, we commit to growing our capacity to innovate and enhance the user experience across our services.



# OUR CONSIDERATIONS

## **The People we serve**

Recognising our responsibility towards the people of Wales, our plan is designed to foster sustainable development, ensuring that our digital initiatives contribute positively to the economic, social, environmental, and cultural well-being of future generations.

## **Strategic Direction**

- Our Digital Plan is closely aligned with the overall strategic direction of the organisation, supporting our mission to deliver high-quality patient care and to innovate in response to the changing healthcare landscape. It supports our goals of improving healthcare outcomes, enhancing patient experience, and ensuring operational efficiency.

## **Digital Inclusivity and Equality**

Central to our plan is the commitment to digital inclusivity, ensuring that all individuals, regardless of socio-economic status, disability, race, or age, have equal access to our digital services. This commitment informs our approach to the design, principles and deployment of digital solutions, emphasising user-friendly interfaces, multilingual support, and accessibility features.

## **Environment and Sustainability**

Our digital initiatives are developed with an acute awareness of their environmental impact. We aim to leverage digital technologies to reduce our carbon footprint, such as by minimising the need for physical travel through telehealth services and optimising resource use in our operations. Sustainability principles guide our choices in technology, infrastructure, and operational practices.

## **Socio-Economic Duty**

We recognise our broader socio-economic duty to contribute positively to the communities we serve. This involves not only ensuring equitable access to our digital services but also leveraging our digital transformation efforts to stimulate local economies, create employment opportunities, and support education and training in digital skills within our communities.

## **Data and Information Ethics**

In embracing data-driven solutions and AI, we are committed to upholding the highest standards of ethics. This involves rigorous adherence to data protection laws, ensuring transparency, accountability, and fairness in our AI systems.



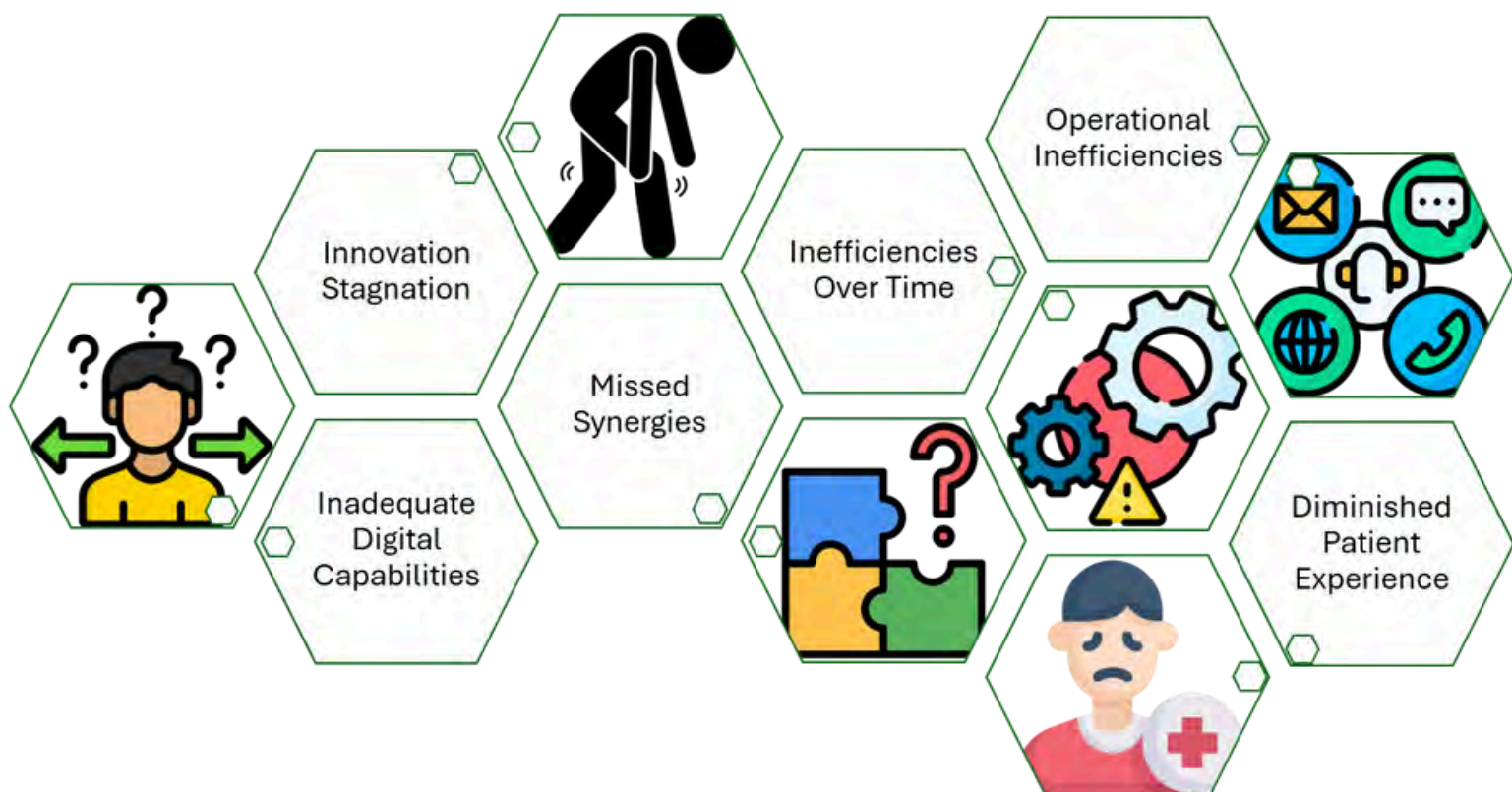
# RISKS AND SUCCESS

In the context of our **Digital Plan** refresh, managing **risk** and establishing clear **measures of success** are **paramount**.

We recognise that the integration of new technologies and the transformation of our digital infrastructure come with inherent challenges. To address these, we are implementing robust risk management frameworks that ensure data security, system reliability, and compliance with regulatory standards.

Concurrently, we will define specific metrics to measure our progress and success, such as improved patient outcomes, enhanced service efficiency, and increased user satisfaction. By balancing innovation with careful risk management, we are committed to delivering a secure, effective, and patient-centered digital transformation.

## The **risk** of no action:





# THANK YOU

In closing, this **Digital Plan** is **made by people, for people**, to support and serve the **people of Wales**.

Thank you for taking the time to review our refreshed digital strategy. We value your insights and welcome your feedback.

If you believe there are areas where we can improve or have any suggestions you would like us to consider, please do not hesitate to share them with us.

Your input is crucial as we strive to enhance our approach and achieve our digital goals together.

Please email [amb\\_digitalfeedback@wales.nhs.uk](mailto:amb_digitalfeedback@wales.nhs.uk) if you have any comments, suggestions or questions at any point over the life of this plan.



## Appendices

**Appendix 1:** Our [Digital Rich Picture](#) - *A visual guide to the digital journey detailed in this plan.*

**Appendix 2:** Our [Year 1 Key Deliverables](#) - *This outlines the actions for 2023-24 to kickstart our journey; the Plan is dynamic and flexible, with actions for years 2-5 evolving as we progress.*



# APPENDIX 1

\*\*\* Placeholder for Rich Picture (when designed) \*\*\*



# APPENDIX 2

The following list of **projects** represents the **commencement** of our refreshed digital journey for the **2024/25** period, with the plan designed to be **agile** in nature, allowing actions for years 2 - 5 to **evolve** as we progress.



## E-Timesheets

- The development of a digital timesheet solution which integrates with HR and Finance processes



## Robotic Process Automation (RPA)

- A programme to explore automation opportunities across the trust, there are circa 20+ known opportunities for RPA currently



## 111 Website Development

- Increased accessibility and usability of the 111 website for a diverse user base



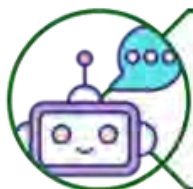
## 111 Visual IVR

- Streamlined and simplified patient journey for 111 services through visual IVR technology.



## Surveillance Drone

- Enhanced situational awareness through aerial surveillance for safer and more efficient access to dangerous or difficult scenes.



## Non-Emergency Patient Transport Service Chatbot

- Improved scheduling capabilities empowering patients to self-serve cancellations and reschedules.



GIG  
CYMRU  
NHS  
WALES

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





# ↓ Digital Pillars

We have 80+ projects and programmes of work sat within the Digital Services ‘workstack’.  
Each of these projects sits across the following 5 strategic pillars:

- Digital solutions to address everyday challenges, our approach focuses on creating user-friendly, innovative tools that seamlessly integrate into daily life, streamlining processes and enhancing efficiency.

## Everyday Essentials



- This involves implementing robust measures to protect against cyber threats, safeguard sensitive information/records, and promote a secure online environment.

## Security, Safety & Cyber



- Becoming trailblazers at the forefront of technological innovation, driving transformative change by pushing the boundaries of what's possible in the digital landscape, and inspiring new paradigms and possibilities.

## Digital Pioneers



- Digital transformation in the digital realm is a comprehensive and strategic overhaul of organizational processes, technologies, and culture,

## Transformation



- seamless integration of data, information, and insights involves collecting, analyzing, and translating vast amounts of raw data into valuable, actionable intelligence, empowering informed decision-making and strategic advancements.

## Data, Information & Insight



## Evidencing Due Regard – Integrated Equality Impact Assessment form

These assessments will help to gather and record evidence of due regard to the equality duties. The key purpose to purpose is to provide evidence that the Trust Board's decisions are compliant with **statutory requirements for the** Public Sector Equality Duty, Socio-economic Duty, Welsh Language Duty, Human Rights Act and Armed Forces Covenant.

### Step 1

#### Complete Part A

##### Section 1

- General Information
- Which Assessments are Required
- Links to WAST Behaviours and Strategic Equality Objectives
- Wellbeing of Future Generations

##### Section 2 – Evidence to support assessment

- a. Record of Engagement and Consultation activity
- b. Additional information

Complete Step 2 and 3 if required.

Format as Arial 12 black font.

### Step 2

#### Complete Part B – Equality Impact Assessment (EqIA)

##### Section 1 - Equality Impact

##### Section 2 - Human Rights

##### Section 3 – Armed Forces Due Regard

##### Section 4 - Welsh Language

##### Section 5 - Assurance for Compliance

##### Section 6 – EQIA Action Plan

##### Section 7 – Equality Risks

##### Section 8 – Sign Off

### Step 3

#### Complete Part C - Socio-economic Impact Assessment (SEIA)

##### Section 1 - Assessment information

##### Section 2 - Impacts on Socio-economic Duty Domain Areas

##### Section 3 – SEIA Action plan

##### Section 4 – Sign Off

## Part A – Information on assessment work required

### Section 1 – General information

|                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                        |                                       |                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------------------|---------------------------------------|
| <b>Title: Digital Plan Refresh 2024 – 2029 EQIA</b>                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                        |                                       |                                       |
| <b>Assessment Lead: Keith Williams – Head of Operational Communications Programme</b>                                                                                                                                                                                                                                                                                                                                                                    |                                                                        |                                       |                                       |
| <b>Who has been involved in undertaking this equality assessment:</b><br><br><b>Digital Leadership Group (DLG)</b><br>Jonny Sammut – Director of Digital Services<br>Leanne Smith – Assistant Director of Digital (Data & Analytics)<br>Aled Williams – Assistant Director of Digital (ICT)<br>Jon Hopkins – Head of Information<br>Jon Whitehead – Data & Applications Product Manager<br>Keith Williams – Head of Operational Communications Programme |                                                                        |                                       |                                       |
| <b>Quick guide on what assessments are required:</b> This section will help guide you to which assessments are required for your proposal.                                                                                                                                                                                                                                                                                                               |                                                                        |                                       |                                       |
| <b>Types of decision being assessed:</b>                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>What is being assessed?<br/>please tick the one which applies ✓</b> | <b>EQIA<br/>Required<br/>[Part B]</b> | <b>SEIA<br/>Required<br/>[Part C]</b> |

|                                                                                                                                                                                                |   |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--|--|
| Strategic policy development with strategic directive and intent, including those developed at Regional Partnership Boards and Public Service Boards which impact on a public bodies functions | ✓ |  |  |
| Trust Wider Plans. Medium to long term plans (for example, corporate plans, development plans, service delivery and improvement plans)                                                         | ✓ |  |  |
| Business Case/Capital Involvement/Options Appraisal required                                                                                                                                   | ✓ |  |  |
| Setting objectives (for example, well-being objectives, equality objectives, Welsh language strategy)                                                                                          |   |  |  |
| Changes to and development of public services/Closure of Services                                                                                                                              | ✓ |  |  |
| Decisions affecting service users, employees or the wider community including (de)commissioning or revised services                                                                            | ✓ |  |  |
| Efficiency or saving proposals, e.g., resulting in a change in community facilities, activities, support or employment opportunities                                                           | ✓ |  |  |
| Directorate Financial Planning                                                                                                                                                                 | ✓ |  |  |
| Divisional policies and procedures affecting staff                                                                                                                                             |   |  |  |
| New policies, procedures or practices that affect service delivery                                                                                                                             | ✓ |  |  |
| Large Scale Public Events                                                                                                                                                                      |   |  |  |
| Major procurement and commissioning decisions                                                                                                                                                  | ✓ |  |  |
| Local implementation of National Strategy/Plans/Legislation (e.g. vaccination programme)                                                                                                       |   |  |  |
| Other – please state (seek advice if not sure what assessments are required)                                                                                                                   |   |  |  |

| Equality Impact Assessment                                      | Socio-economic Impact Assessment                                                                                                                            |
|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Start date: 15/04/24<br>Completed date: DD/MM/YY                | Start date: DD/MM/YY<br>Completed date: DD/MM/YY                                                                                                            |
| <b>If not undertaking EqIA state reason:</b><br>Not applicable. | <b>If not undertaking SEIA state reason:</b><br>For individual projects / initiatives individual assessment will be conducted to see if a SEIA is required. |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| <b>Please complete the rest of this section if EQIA / SEIA is required.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| <p><b>Summary of the purpose and aims of the decision / service / policy / function / change being assessed:</b> <i>please include overall purpose and who the intended beneficiaries are. Give a broad description of how this will be achieved and measures of outcomes and success. Include any timeframes.</i></p> <p>The refresh of our digital plan aims to align with the Integrated Medium-Term Plan, Welsh Government directives, and NHS Wales' urgent care strategy, focusing on regulatory compliance, enhancing patient outcomes, and optimising resources. This strategic evolution underscores our commitment to innovation and excellence, ensuring our digital infrastructure not only meets current healthcare needs but is agile enough to embrace future technological advancements, thereby improving health outcomes for the communities we serve.</p> <p>Over the past six months, the Digital Directorate engaged with the organisation to identify the true digital service needs, resulting in a comprehensive list of 77 projects aligned under four mission statements—Technology, Overcoming Challenges, Operating Model, and People—geared towards improving care, fostering a digital-savvy workforce, and enhancing operational efficiency. A structured prioritisation mechanism aligns these projects with strategic health frameworks and objectives, ensuring each initiative contributes effectively to Wales' healthcare goals and optimises investment, with detailed project tranches.</p> <p>To refresh our digital plan, we propose adopting a 'Digital Tranches' approach, enabling precise resource allocation and strategic investment sequencing, enhancing project tracking and ROI, and ensuring alignment with our objectives for a nimble, impactful digital evolution over the next 5-10 year. Specific EQIA and SEIA will, where necessary, be developed in support of these digital tranches.</p> |  |



## Links to WAST Behaviours

Indicate any behaviours that relate to the decision / service / policy / function / change being assessed. **please tick the one which applies** ✓

|                                                                                                     |                                                                                                                |                                                                                                     |                                                                                                                  |                                                                                                           |                                                                                                                        |                                                                                                                       |
|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <br>Take ownership | <br>Broaden our understanding | <br>Respect others | <br>Show belief in each other | <br>Practice ethically | <br>Continually improve our service | <br>Be inclusive of the whole team |
| ✓                                                                                                   | ✓                                                                                                              | ✓                                                                                                   | ✓                                                                                                                | ✓                                                                                                         | ✓                                                                                                                      | ✓                                                                                                                     |

## Links to WAST Equality Objectives 2020-2024

The Trust published the Strategic Equality Plan (SEP) in 2020, for the period 2020-2024. Please indicate which objectives align for this decision / service / policy / function / change being assessed. **please tick the one which applies** ✓

| Equality Objectives                        | Tick if decision relates | Any supporting narrative                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|--------------------------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> We will design equitable services | ✓                        | <b>Enhancement of Patient Outcomes and Patient Safety:</b> The Welsh Government's strategic direction for the ambulance service underscores the importance of digital transformation in enhancing responsiveness, reducing wait times. The NHS Wales' strategy for urgent & emergency care is therefore pivoting to a more integrated and digital-first approach, including digital platforms to facilitate patient access and employing predictive analytics to manage patient flows. Additionally, the Integrated Medium-Term Plans (IMTP) outline a clear roadmap for healthcare services, emphasising the need for digital technologies to |

|          |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|----------|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|          |                                  | support clinical decision making and facilitate a seamless patient experience. Refreshing our digital plan ensures our technological advancements are in harmony with the IMTP and positions us to effectively respond to future healthcare challenges and opportunities. This refresh of our Digital Plan will bolster patient safety by integrating advanced technologies that enhance real-time decision-making, ensure faster and more accurate emergency responses, and facilitate seamless communication between on-scene paramedics and hospital staff, ensuring patients receive the most appropriate care as swiftly as possible.                                                                                                                                                                                                                                                           |
| <b>2</b> | We will lead by example          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>3</b> | We will be an employer of choice | ✓<br><b>Supports our People &amp; Culture plan:</b> In refreshing our digital plan, we can ensure it aligns with the WAST People and Culture Plan. Our primary objective is to foster a connected and empowered workforce while enhancing the overall people experience. Embracing the principles of autonomy and culture, our refreshed digital plan seeks to empower employees by providing them with the digital tools and platforms necessary to excel in their roles. Through targeted training and development initiatives, we will aim to enhance both the capacity and capability of our workforce to effectively leverage digital technologies in their daily operations. Moreover, by promoting a culture of innovation and continuous learning, we will strive to create an environment where employees feel valued, supported, and inspired to contribute to the organisation's success. |
| <b>4</b> | We will create allyship          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

### Well-being of Future Generations (WFG)

Indicate any goals of the WFG Act that are being considered within the decision / service / policy / function / change being assessed.  
**please tick the one which applies ✓**

|                                                                                                         |                                                                                                        |                                                                                                         |                                                                                                          |                                                                                                                        |                                                                                                                                             |                                                                                                                     |
|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <br>A Prosperous Wales | <br>A Resilient Wales | <br>A More Equal Wales | <br>A Healthier Wales | <br>A Wales of Cohesive Communities | <br>A Wales of Vibrant Culture & Thriving Welsh Language | <br>A Globally Responsible Wales |
| ✓                                                                                                       |                                                                                                        | ✓                                                                                                       | ✓                                                                                                        | ✓                                                                                                                      |                                                                                                                                             | ✓                                                                                                                   |

For descriptors of these goals - [Well-being of Future Generations \(Wales\) Act 2015 – The Future Generations Commissioner for Wales](#)

**Is the decision / service / policy / function / change being assessed related to, or influenced by, other Policies or areas of work?**

Yes, it covers all areas of the Trust's business.

**Governance Route for this assessment and Executive Sponsor (usually Director level):** please state which Committee / Board will scrutinise and approve this assessment:

Trust Board.

## Section 2 - Evidence to support assessment

### a. Record of Engagement and Consultation

The drive towards closer integration of health and social services with improved public engagement is reflected in the aims of [A Healthier Wales](#). This sets out the goal of ensuring citizens are placed at the heart of a whole-system approach to health and social care services and stresses the importance of listening to all voices through continual engagement. We also have a legal duty to engage with people who share protected characteristics and who are socio-economically disadvantaged under the Equality Act 2010. This is particularly important when considering proposals for changes in services that could potentially impact upon people / groups.

Please record here details of any engagement and consultation you have planned / undertaken / or analysed. This may include engagement with patients, carers, communities, stakeholders and staff.

**a. What steps have you taken, or planned in order to engage and consult with people who share protected characteristics and how have you done this? Include consideration for co-design.** Consider internal / external engagement, participatory methods and principles of co-design and co-production:

- Formal and informal organisation engagement over the past six (6) months.
- Directorate and wider staff feedback informing the plan, including CEO roadshows, Behaviours and Values reset, regular WAST Live CEO sessions.
- We plan to engage and are in the process of developing plans and supporting promotional material such as a “Rich Picture” illustration that will be used to consult and share the journey we are on with the Digital Plan, including but not limited to:
  - o Trade Union partners included in Board strategy development sessions and engagement through the Corporate Partnership Forum and WAST Partnership Team. TU partners have championed the needs of colleagues with protected characteristics and provided valuable learning as we develop summary versions of our plans in accessible format.

- Transformation Steering and Assurance Group (TSAG)

**b. Give a summary on how the decision / service / policy / function / change will be shared?** (E.g. dissemination of new policy)

The Digital Plan will be shared at Executive Leadership Team (ELT), Finance & Performance Committee (P&PC), Strategic Transformation Board (STB), Trust Board as well as disseminated across the organisation via team meetings and service meetings. Additionally summarised posters “Rich Picture” illustration will be displayed across sites and stations within Welsh Ambulance service and added to Siren where all employees have access.

Externally, the Digital Plan will be published on our website and presented and shared with all Directors of Digital /Assistant Directors of Digital members of Health Boards, Trusts and other NHS organisations, commissioning and Welsh Government Meetings and presented at TU committees.

**c. Are there planned arrangements for gathering feedback during implementation of the decision / service / policy / function / change being assessed?** Please give brief summary

All initiatives agreed and signed up to within the Digital Plan have been reviewed via a prioritisation process (VMOST) at a Directorate level with subsequent engagement through key stakeholders such as ALDT/ELT, at Board Development prior to final sign off at Board on (25.04.2024).

We will work closely with the PECl team around engagement with patients and the public on the impact of our plans, and how these affect communities across Wales.

Following the agreement and implementation of the Digital Plan, each initiative individually will be expected to complete its own EQIA where a strategic decision is required.

**d. Summarise any emerging themes from the engagement work carried out:**

It is recognised across the organisation that the Digital Directorate needs to transform in order to continue to deliver the current level of service but also to develop services that will provide a better offer as a health care provider to the population of Wales.



Furthermore, the Digital Strategy recognises that some digital solutions will not be accessible to all service users. Individual EQIAs and SEIAs for the digital tranches will explore any mitigating actions where needed to ensure that healthcare services remain accessible to all.

**e. How has the engagement work influenced / or how will the planned engagement influence your work/guide your policy/proposal? Does the engagement work highlight any opportunities to address adverse impacts?**

Over the past six months, the Digital Directorate engaged with the organisation to identify the true digital service needs, resulting in a comprehensive list of 77 projects aligned under four mission statements—Technology, Overcoming Challenges, Operating Model, and People—geared towards improving care, fostering a digital-savvy workforce, and enhancing operational efficiency. A structured prioritisation mechanism aligns these projects with strategic health frameworks and objectives, ensuring each initiative contributes effectively to Wales' healthcare goals and optimises investment, with detailed project tranches.

Our digital plan, propose adopting a 'Digital Tranches' approach, enabling precise resource allocation and strategic investment sequencing, enhancing project tracking and Return on Investment (ROI), and ensuring alignment with our objectives for a nimble, impactful digital evolution over the next 5-10 years.

Furthermore, two new functional areas are required; the Digital Transformation function and Chief Clinical Information Officer (CCIO) role are pivotal in WAST, driving innovation and operational efficiency through strategic digital technology use, while ensuring clinical needs and patient care are at the forefront of health IT initiatives.

**b. Additional information**

**Evidence to support assessment - your decisions must be based on robust evidence. What evidence base have you used in support?**

Our plan takes account of many legislative, policy, strategic and financial drivers, including (not exhaustive):

- Compliance with Data Protection i.e. GDPR & Data Protection Act
- Ensuring data integrity and cyber security
- NHS Wales Strategy for Urgent and Emergency Care
- Equality legislation and the Strategic Equality Plan
- WAST Integrated Medium Term Plan
- WAST Strategic Vision 20230
- WAST People and Culture Plan

As the digital provider to an all Wales emergency service our plans are based on the principle that our services are accessible to all people, meet the rising demand for healthcare and address the complexities of the healthcare environment in Wales. We have benchmarked and assessed our services to determine the levels of digital capability, the current demand and resource needed and the level of organisational maturity in which to deliver digital transformation. This has driven actions within the plan such as targeting key recruitment gaps; enhancing the digital transformation function and seeking to bridge the gap between clinical practice and information technology.

In our pursuit to refresh the digital plan, we propose structuring the implementation of projects and programmes into a series of 'Digital Tranches'. This tranche-based approach offers numerous advantages, facilitating more nuanced discussions and informed decision-making around priority and investment.

In particular this approach will enhance our capacity to track progress and ROI more effectively but also ensure transparent and strategic sequencing of investments over the coming 5-10 years, thereby optimising impact and accelerating our digital evolution.

Broadly speaking 5 Digital pillars have been identified with a summary view of each Project included at appendix 1;

- Everyday Essentials
- Security, Safety and Cyber
- Digital Pioneers
- Transformation
- Data, Information and Insight

# End of Part A

## ✓ Part B – Equality Impact Assessment with Human Rights

### Section 1 - Equality Impact Assessment

| Assessment – due regard relating to people / group who share protected characteristics                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 |                 |         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|---------|
| This section should record any known or potential impacts for those who share protected characteristics and other key groups. Impacts may be both negative and positive and the assessment will help to identify how different groups may be disproportionately impacted. Include consideration for any intersectional impacts. Evidence can link to Part A. You can copy and paste this tick: ✓                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                 |         |
| Age                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Positive effect | Negative effect | Neutral |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ✓               |                 |         |
| Evidence / supporting narrative:<br><br>Central to our plan is the commitment to digital inclusivity, ensuring that all individuals, regardless of socio-economic status, disability, race, or age, have equal access to our digital services. This commitment informs our approach to the design, principles and deployment of digital solutions, emphasising user-friendly interfaces, multilingual support, and accessibility features. Improvements planned in tranche 1 include: <ul style="list-style-type: none"><li>• 111 Website Development - Increased accessibility and usability of the 111 website for a diverse user base</li><li>• 111 Visual IVR – a streamlined and simplified user journey for 111 services using visual IVR technology. This includes a proven benefit of circa 20-25 seconds saving per call.</li><li>• NEPTS Cancellations Chatbot - an AI optimised service which improves scheduling efficiency and reduced cancellations.</li></ul> |                 |                 |         |

In refreshing our digital plan, we can ensure it aligns with the WAST People and Culture Plan. Our primary objective is to foster a connected and empowered workforce while enhancing the overall people experience. Embracing the principles of autonomy and culture, our refreshed digital plan seeks to empower employees by providing them with the digital tools and platforms necessary to excel in their roles. Through targeted training and development initiatives, we will aim to enhance both the capacity and capability of our workforce to effectively leverage digital technologies in their daily operations. Moreover, by promoting a culture of innovation and continuous learning, we will strive to create an environment where employees feel valued, supported, and inspired to contribute to the organisation's success

We take account of the following:

The Strategy for Older People in Wales 2013 -2023 which aims to address the barriers faced by older people in Wales today and to ensure that wellbeing is within the reach of all, if service users are unable to access services digitally or make use of our digital advancements, support will be provided or alternative service provision will be made to ensure access to healthcare services. These will be assessed in the individual EQIAs for specific digital tranches.

Mitigation action if adverse impact found: N/A

| <b>Disability</b>                                                                          | <b>Positive effect</b> | <b>Negative effect</b> | <b>Neutral</b> |
|--------------------------------------------------------------------------------------------|------------------------|------------------------|----------------|
| (Including long term conditions, mental health, neurodivergence and invisible impairments) | ✓                      |                        |                |

Evidence / supporting narrative:

Our Digital Plan sets out plans to implement a number of strategic objectives covering a range of clinical capabilities that will enhance the overall patient experience, these include projects, such as:

- Video Triage / Video Calls - The deployment and adoption of video triage technology for our CSD and 111 services
- 111 Conversational AI - Deployment of Conversational AI onto the 111 website to allow patients to self-serve repeat prescriptions, saving significant call volume into the service
- Integration into NHS App - Identifying key opportunities to integrate into the NHS app.

For those people with severe learning disabilities support will be provided or alternative service provision will be made to ensure access to healthcare services. These will be assessed in the individual EQIAs for specific digital tranches.

Mitigation action if adverse impact found: N/A

## Sexual Orientation

**Positive  
effect**

**Negative effect**

**Neutral**

✓

Evidence / supporting narrative:

WAST has assessed this as neutral impact whilst we consider metrics to demonstrate improvement in this area. The Digital Plan recognises the “The Freedom to Speak Up” campaign and through initiatives that provide improvements in devices and connectivity ensures our staff have opportunities to communicate.

Mitigation action if adverse impact found: N/A

## Gender Reassignment / Gender identity (Including non-binary, gender fluid and intersex)

**Positive  
effect**

**Negative effect**

**Neutral**

✓

Evidence / supporting narrative:

WAST has assessed this as neutral impact whilst we consider metrics to demonstrate improvement in this area. The Digital Plan recognises the “The Freedom to Speak Up” campaign and through initiatives that provide improvements in devices and connectivity ensures our staff have opportunities to communicate.



|                                                                                                                                                                                                                                                                                                                                                                   |                        |                        |                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|----------------|
| Mitigation action if adverse impact found:                                                                                                                                                                                                                                                                                                                        |                        |                        |                |
| <b>Sex / Gender</b>                                                                                                                                                                                                                                                                                                                                               | <b>Positive effect</b> | <b>Negative effect</b> | <b>Neutral</b> |
|                                                                                                                                                                                                                                                                                                                                                                   |                        |                        | ✓              |
| <p>Evidence / supporting narrative:</p> <p>WAST has assessed this as neutral impact whilst we consider metrics to demonstrate improvement in this area. The Digital Plan recognises the “The Freedom to Speak Up” campaign and through initiatives that provide improvements in devices and connectivity ensures our staff have opportunities to communicate.</p> |                        |                        |                |
| Mitigation action if adverse impact found:                                                                                                                                                                                                                                                                                                                        |                        |                        |                |
| <b>Race (including ethnicity)</b>                                                                                                                                                                                                                                                                                                                                 | <b>Positive effect</b> | <b>Negative effect</b> | <b>Neutral</b> |
|                                                                                                                                                                                                                                                                                                                                                                   | ✓                      |                        |                |
| <p>Evidence / supporting narrative:</p> <p>WAST has assessed this as a positive impact as digital technologies will be used to help people with communications / language barriers where tools such as built-in translation software for website info, digital messaging apps, connectivity to video interpreters.</p>                                            |                        |                        |                |
| Mitigation action if adverse impact found:                                                                                                                                                                                                                                                                                                                        |                        |                        |                |

|                                                                                                                                                                                                                                         |                        |                        |                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|----------------|
| <b>Religion and Belief</b> (including non-belief and Philosophical belief)                                                                                                                                                              | <b>Positive effect</b> | <b>Negative effect</b> | <b>Neutral</b> |
|                                                                                                                                                                                                                                         |                        |                        | ✓              |
| Evidence / supporting narrative:<br>WAST has assessed this as neutral impact whilst we consider metrics to demonstrate improvement in this area. The Digital Plan is not anticipated to have a material impact on this protected group. |                        |                        |                |
| Mitigation action if adverse impact found:                                                                                                                                                                                              |                        |                        |                |
| <b>Pregnancy and Maternity</b>                                                                                                                                                                                                          | <b>Positive effect</b> | <b>Negative effect</b> | <b>Neutral</b> |
|                                                                                                                                                                                                                                         |                        |                        | ✓              |
| Evidence / supporting narrative:<br>WAST has assessed this as neutral impact whilst we consider metrics to demonstrate improvement in this area. The Digital Plan is not anticipated to have a material impact on this protected group. |                        |                        |                |
| Mitigation action if adverse impact found:                                                                                                                                                                                              |                        |                        |                |
| <b>Marriage and Civil Partnership</b>                                                                                                                                                                                                   | <b>Positive effect</b> | <b>Negative effect</b> | <b>Neutral</b> |
|                                                                                                                                                                                                                                         |                        |                        | ✓              |
| Evidence / supporting narrative:<br>WAST has assessed this as neutral impact whilst we consider metrics to demonstrate improvement in this area. The Digital Plan is not anticipated to have a material impact on this protected group. |                        |                        |                |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        |                        |                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|----------------|
| Mitigation action if adverse impact found:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        |                        |                |
| Other groups at risk of poorer health outcomes:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        |                        |                |
| <b>Unpaid Carers</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Positive effect</b> | <b>Negative effect</b> | <b>Neutral</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ✓                      |                        |                |
| Evidence / supporting narrative:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                        |                        |                |
| <p>This plan does not directly address the needs of unpaid carers, however our people and culture plan and our commitment to flexible working opportunities provide opportunities for working carers to enhance the existing mechanisms which include:</p> <p>WAST are members of Employers for Carers Wales and membership includes access to EFCDigitalWales.org<br/> WAST hosts a Carers Network for working carers<br/> Carers Passport - A tool which can be used by Carers and line managers to start the conversation on caring responsibilities and the support and flexibility available.</p> <p>Our Making Every Contact Count training will also equip staff with tools to identify the public health needs of all people with whom they come into contact, including unpaid carers, and in 2024/25 we want to renew our focus on public and population health.</p> <p>Our IMTP will monitor our implementation of the Strategic Equality Objectives which will also encompass support for unpaid carers.</p> |                        |                        |                |
| Mitigation action if adverse impact found:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        |                        |                |
| <b>Socio-economically disadvantaged</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Positive effect</b> | <b>Negative effect</b> | <b>Neutral</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ✓                      |                        |                |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                               |                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|-----------------------|
| <p>Evidence / supporting narrative:</p> <p>Our Digital Plan is cognisant of the need for digital literacy, the need for improvements in communications and networks, as well as NEPTS eligibility for services ensuring that our plans are individually assessed to ensure they do not have detrimental impact on socio economic disadvantaged populations.</p>                                                                                                                                                                                                                                                                                                                                              |                               |                               |                       |
| <p>Mitigation action if adverse impact found:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                               |                       |
| <p><b>Other groups / communities of interest</b> - please state</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <p><b>Positive effect</b></p> | <p><b>Negative effect</b></p> | <p><b>Neutral</b></p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ✓                             |                               |                       |
| <p>Explanation:</p> <p>EQIA's and SIA's relating to specific individual digital tranche will assess whether there are impacts on any other groups or communities, such as students who are educated using the latest technological advancements and our digital plan will help to capitalise upon these digital skills and help to spread digital learning to staff across the organisation.</p>                                                                                                                                                                                                                                                                                                             |                               |                               |                       |
| <p>Mitigation action if adverse impact found:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                               |                       |
| <p><b>Intersectional disadvantages</b> - summary potential impacts – this may include how potential impacts may be more adverse due to the interconnected nature of multiple disadvantages.</p> <p>We recognise that for some individuals, intersectionality will impact their experiences of accessing services. Equally, some staff with intersectional needs may require more tailored support. The Digital Plan is not anticipated to have a material impact on this protected group however the digital directorate will support the Strategic Equality Plan Objectives and the work of the Inclusion, Culture and Wellbeing Team in helping to address intersectionality where it presents itself.</p> |                               |                               |                       |

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## Section 2 – Human Rights Assessment

|                                                                                                                                                                                                                                                                                                                                                                                                                    |              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| <b>Assessment – based on human rights-based approach in health</b><br>Do you think that this policy will have a positive or negative impact on people's human rights? For more information on Human Rights, see our Betsi pages and additional information the Equality and Human Rights Commission (EHRC) Human Rights Treaty Tracker <a href="https://humanrightstracker.com">https://humanrightstracker.com</a> |              |
| <b>Here is a list of Human Rights (articles) and UN Conventions that may potentially impact on our patients, carers and staff. Please tick which are relevant to the proposal?</b>                                                                                                                                                                                                                                 | Use a tick ✓ |
| Article 2 - Right to life                                                                                                                                                                                                                                                                                                                                                                                          | ✓            |
| Article 3 - Prohibition of inhuman or degrading treatment                                                                                                                                                                                                                                                                                                                                                          | ✓            |
| Article 5 - Right to liberty and security                                                                                                                                                                                                                                                                                                                                                                          | ✓            |
| Article 8 - Right to respect for family and private life                                                                                                                                                                                                                                                                                                                                                           | ✓            |
| Article 9 - Freedom of thought, conscience and religion                                                                                                                                                                                                                                                                                                                                                            | ✓            |
| Article 14 – Prohibition of discrimination                                                                                                                                                                                                                                                                                                                                                                         | ✓            |
| UN Convention on the Rights of the Child                                                                                                                                                                                                                                                                                                                                                                           | ✓            |
| UN Convention on the Rights of Persons with Disabilities                                                                                                                                                                                                                                                                                                                                                           | ✓            |
| UN Convention on the Elimination of All Forms of Discrimination against Women.                                                                                                                                                                                                                                                                                                                                     | ✓            |
| UN Principles for Older Persons                                                                                                                                                                                                                                                                                                                                                                                    | ✓            |
| Other articles – <i>please state:</i>                                                                                                                                                                                                                                                                                                                                                                              | ✓            |

|                                                                                             |                |                 |                |                 |
|---------------------------------------------------------------------------------------------|----------------|-----------------|----------------|-----------------|
| <b>Is the proposal aligned to the FREDA principles?</b> You can copy and paste this tick: ✓ |                |                 |                |                 |
| <b>Fairness</b>                                                                             | <b>Respect</b> | <b>Equality</b> | <b>Dignity</b> | <b>Autonomy</b> |
| ✓                                                                                           | ✓              | ✓               | ✓              | ✓               |



**If any negative impacts are identified, how will this be reduced/addressed?**

## Section 3 – Armed Forces Covenant

All decision makers are required under the Armed Forces Act 2022 to have due regard to the principles of the Armed Forces Covenant. WP7 contains guidance and information to help complete this section. Decision makers should recognise the unique obligations of, and sacrifices made by, the Armed Forces and ensure there are no adverse effects and where possible a positive or increased positive effect on the armed services community. Special provision for Service People may be justified by the effect on such people of membership, or former membership, of the Armed Forces.

| <b>Due regard to the Armed Forces Covenant</b> - Factors regarding impact to the Armed Forces community have been considered. You can copy and paste this tick: ✓                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Positive impact</b> | <b>Negative impact</b> | <b>Neutral / No impact</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|----------------------------|
| Considering the unique obligations of, and sacrifices made by, the Armed Forces have you identified any potential impacts?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                        | ✓                          |
| <b>Reasons for your decision</b> (including brief summary that has led you to decide on the level of impact)<br><b>If any negative impacts have been identified, how will this be reduced/addressed? Include here any special provisions if appropriate.</b><br>There are no specific actions relating to armed forces but WAST has received the Employer Recognition Scheme Gold Award which celebrates organisations that employ and support those who serve, both veterans and their families. We are also committed to a pathway into employment for veterans and we have plan's this year to recruit additional staff to the Digital Directorate. |                        |                        |                            |

## Section 4 – Welsh Language

In this section you need to consider the impact, the evidence and any action you are taking for improvement. This is to ensure that the opportunities for people who choose to live their lives and access services through the medium of Welsh are not inferior to what is afforded to those choosing to do so in English, in accordance with the requirement of the Welsh Language Measure 2011.

| Welsh Language Impact Assessment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| You can copy and paste this tick: ✓                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| Will the proposal ensure that patients and carers can choose to live and receive services through the medium of Welsh? For example - delivered bilingually in Welsh & English.<br>e.g. Consider if the proposal increase or decrease the opportunities for people to receive information or access information in Welsh                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Yes | No |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ✓   |    |
| <p>Provide explanation and evidence to support your answer. What actions will be taken to mitigate any negative impacts or better contribute to positive impacts:<br/>Our IMTP sets out how we will continue our commitment to the Welsh Language with compliance with the Trust's Welsh Language Standards <a href="#">Statutory Compliance Notice</a> and delivering the Active Offer in line with Welsh Government's More Than Just Words Action Plan. Monitoring will be via ELT, PCC and the Board.</p> <p>We will consider: <a href="#">Bilingual technology toolkit for good user experience   GOV.WALES</a>. This toolkit can assist IT projects to offer services in both Welsh and English and to check compliance with legal requirements, e.g. the Welsh Language Standards regulations. The Welsh Language Commissioner has provided guidance that addresses how Information Technology (IT) systems should provide Welsh language and bilingual capabilities <a href="#">Technology, Websites and Software: Welsh Language Considerations</a>.</p> |     |    |

Welsh language considerations to be considered for the following:

- 111 Website Development - Increased accessibility and usability of the 111 website.
- 111 Visual IVR – a streamlined and simplified user journey for 111 services using visual IVR technology.
- NEPTS Cancellations Chatbot - an AI optimised service which improves scheduling efficiency and reduced cancellations.
- 111 Conversational AI - Deployment of Conversational AI onto the 111 website to allow patients to self-serve repeat prescriptions, saving significant call volume into the service.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| Will the proposal have a positive effect on opportunities for persons to use the Welsh language?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Yes | No |
| Will the proposal encourage staff to use Welsh in the workplace and to have opportunities to learn and improve their Welsh?<br><br>e.g. Consider if the proposal will alter the linguistic nature of the department. Consider opportunities to develop Welsh language skills within the department?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ✓   |    |
| <p>Provide explanation and evidence to support your answer. What actions will be taken to mitigate any negative impacts or better contribute to positive impacts:</p> <p>We have continued our commitment in this plan to the Active Offer and we have now centralised our translation services. Our IMTP sets out how we will continue our commitment to the Welsh Language. We continually monitor our compliance with the Welsh Language (Wales) Measure 2011 in line with the Trust's Welsh Language Standards <a href="#">Statutory Compliance Notice</a> via ELT, PCC and the Board.</p> <p>Useful to consider Welsh Government's Bilingual Technology Toolkit for good user experience <a href="#">Bilingual technology toolkit for good user experience   GOV.WALES</a>. This toolkit can assist IT projects offer a great service in both Welsh and English and to check out and be sure of any legal requirements, e.g. the Welsh Language Standards regulations. The Welsh Language Commissioner has provided the following guidance that addresses how Information Technology (IT) systems should provide Welsh language and bilingual capabilities <a href="#">Technology, Websites and Software: Welsh Language Considerations</a>.</p> <p>To provide staff with computer software 'Cysgliad' (available free via DHCW) for checking spelling and grammar in Welsh and provide Welsh language interfaces for software (where an interface exists).</p> |     |    |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| Will the proposal act as a catalyst for Welsh cultural awareness, understanding, activity and integration? For example, encouraging new staff and students to take up Welsh language learning opportunities and to appreciate the socio-economic and cultural context of Wales.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Yes | No |
| .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ✓   |    |
| <p>Provide explanation and evidence to support your answer. What actions will be taken to mitigate any negative impacts or better contribute to positive impacts:</p> <p>We have continued our commitment in this plan to the Active Offer and we have now centralised our translation services. Our IMTP sets out how we will continue our commitment to the Welsh Language. We continually monitor our compliance with the Welsh Language (Wales) Measure 2011 in line with the Trust's Welsh Language Standards <a href="#">Statutory Compliance Notice</a> via ELT, PCC and the Board.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |    |
| Will the proposal increase the department/division's ability to deliver services through the medium of Welsh?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Yes | No |
| <i>e.g. Considerations for the proposal ensuring that people can access services in their preferred language, Welsh or English, and increases or reduces the opportunity for persons to use the Welsh language within the workplace. Consider impacts on the number of Welsh speaking staff within the service and if the proposal increases or reduces the opportunity for staff to improve their Welsh language skills or access training via the medium of Welsh.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ✓   |    |
| <p>Provide explanation and evidence to support your answer. What actions will be taken to mitigate any negative impacts or better contribute to positive impacts:</p> <p>We have continued our commitment in this plan to the Active Offer and we have now centralised our translation services. Our IMTP sets out how we will continue our commitment to the Welsh Language. We continually monitor our compliance with the Welsh Language (Wales) Measure 2011 in line with the Trust's Welsh Language Standards <a href="#">Statutory Compliance Notice</a> via ELT, PCC and the Board.</p> <p>We will consider the Welsh Government's Bilingual Technology Toolkit for good user experience <a href="#">Bilingual technology toolkit for good user experience   GOV.WALES</a>. This toolkit can assist IT projects offer a great service in both Welsh and English and to check out and be sure of any legal requirements, e.g. the Welsh Language Standards regulations. The Welsh Language Commissioner has provided the following guidance that addresses how Information Technology (IT) systems should provide Welsh language and bilingual capabilities <a href="#">Technology, Websites and Software: Welsh Language Considerations</a></p> |     |    |

|                                                                                                                                                                                                                                                                                                                                                                                                                   |            |           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
|                                                                                                                                                                                                                                                                                                                                                                                                                   |            |           |
| Will the proposal treat the Welsh language no less favourably than the English language?                                                                                                                                                                                                                                                                                                                          | <b>Yes</b> | <b>No</b> |
| e.g. Consider how Welsh speakers receive services to the same standard as those who access the same services through the medium of English.                                                                                                                                                                                                                                                                       | ✓          |           |
| Provide explanation and evidence to support your answer. What actions will be taken to mitigate any negative impacts or better contribute to positive impacts:                                                                                                                                                                                                                                                    |            |           |
| We have continued our commitment in this plan to the Active Offer and we have now centralised our translation services. Our IMTP sets out how we will continue our commitment to the Welsh Language. We continually monitor our compliance with the Welsh Language (Wales) Measure 2011 in line with the Trust's Welsh Language Standards <a href="#">Statutory Compliance Notice</a> via ELT, PCC and the Board. |            |           |

## Section 5 – Summary of assurance for compliance – Public Sector Equality Duty and Human Rights

| Equality Legal Duties – summary of compliance                                                                                                                                                                                 |     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| Has WAST given due regard and given consideration for this proposal with the following:                                                                                                                                       |     |
| <b>Eliminating unlawful discrimination, harassment, and victimisation?</b><br><i>Unlawful discrimination takes place when people are treated 'less favorably' as a result of having a protected characteristic</i>            | Yes |
| <b>Advancing equality of opportunity between people who share a protected characteristic and those who do not?</b><br><i>Making sure that people are treated fairly and given equal access to opportunities and resources</i> | Yes |



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |
| <b>Fostering good relations between people who share a protected characteristic and those who do not?</b><br><i>Creating a cohesive and inclusive environment for all by tackling prejudice and promoting understanding of difference</i>                                                                                                                                                                                                                                                                                                                               | Yes |
| <b>Are there any potential Human Rights concerns?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | No  |
| <b>Compliance to the Welsh Language requirements?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Yes |
| <b>Compliance to giving 'due regard' to the principles of the Armed Forces Covenant?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Yes |
| <b>Supporting narrative to support the above responses: <i>This section must be completed</i></b><br><br>The Digital Plan has been developed in line with relevant legislation, which are drivers for our services. Digital services and enabling plans are built on the premise of equality of access to all who call 111 or 999 irrelevant of whether they have a protected characteristic or not. The Digital Plan is a key enabler in WAST achieving its six strategic objectives, as we strive to continually improve our services to meet Welsh population needs. |     |
| <b>Do you consider the evidence used in this assessment to be robust?</b><br>If you answer no, address this in the action plan (section 6)                                                                                                                                                                                                                                                                                                                                                                                                                              | Yes |
| <b>Has this assessment been subject to scrutiny / been reviewed?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Yes |

## Section 6 – EQIA Action Plan and Recommendations

This needs to address negative impacts, which may represent a potential equality risk. All equality risks should be reviewed in line with WAST risk management procedures. Include any positive action.

| Action identified | Potential Outcomes | Resource implications | Target date | Monitoring arrangements | Lead person/ owner |
|-------------------|--------------------|-----------------------|-------------|-------------------------|--------------------|
| TBC               |                    |                       |             |                         |                    |

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## Section 7 Equality Risks

This section helps you work out the level of risk posed by any equality related risks identified above. Guidance is available [here](#) on completing this section, which may be helpful if you are not familiar with risk score analysis. If you have not identified any equality risks, please note this in the narrative box below. Examples include retrospective assessments and decisions that treat a protected characteristic unfavourably without objective justification.

| Equality Related Risk Assessment Section                                                                                                                                                                                                            |               |             |             |           |               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------|-------------|-----------|---------------|
| If you have identified an equality risk, please use the table below to work out the risk score. Use the table below to record the highest risk score. If you have a score of 9 and above you <b>should escalate to risk management procedures</b> . |               |             |             |           |               |
|                                                                                                                                                                                                                                                     | Level of risk |             |             |           |               |
| Level of consequence                                                                                                                                                                                                                                | RARE: 1       | UNLIKELY: 2 | POSSIBLE: 3 | LIKELY: 4 | VERY LIKELY:5 |
| 1. Negligible                                                                                                                                                                                                                                       | 1             | 2           | 3           | 4         | 5             |
| 2. Minor                                                                                                                                                                                                                                            | 2             | 4           | 6           | 8         | 10            |
| 3. Moderate                                                                                                                                                                                                                                         | 3             | 6           | 9           | 12        | 15            |
| 4. Major                                                                                                                                                                                                                                            | 4             | 8           | 12          | 16        | 20            |
| 5. Catastrophic                                                                                                                                                                                                                                     | 5             | 10          | 15          | 20        | 25            |

|                                                                                                                                                    |                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| If you have identified an equality risk:<br>What is the consequence? 2<br>What is the likelihood? 2<br>Risk score = consequence x likelihood       | Risk Score =<br><br>2 X 2 = 4 |
| Any narrative relating to risk score:<br><br>The Digital Strategy refresh makes no unfavourable decisions in respect of protected characteristics. |                               |

## Section 8 – EQIA Sign off

### **Name of persons who signed-off this Equality Impact Assessment (see below):**

*As per the Trust's Standing Orders, the Board may agree the delegation of any of their functions, except for those set out within the 'Schedule of Matters Reserved for the Board', to Committees and others. These functions may be carried out by a prescribed Committee, sub-Committee, or officer of the Trust as per the Standing Orders Schedule 1, in accordance with their delegated limits. Strategic decisions must have appropriate sign off. If you are in any doubt as to the correct approving body for a strategic decision, please contact the Office of the Board Secretary.*

**Approval Date: 23/05/2024**

**Review Date: 01/06/2025**

|                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Project Lead Sign-off</b><br>I confirm that this Equality Impact Assessment has been carried out in accordance with Welsh Ambulance Services NHS Trust's Procedure for assessment work for evidencing Due Regard for: Equality Impact, Socio economic Impact, Human rights, | <b>Equality Team Sign-off (Required when both EQIA and SEIA is required)</b><br>I confirm that I have reviewed this Equality Impact Assessment and I am assured that it contains sufficient evidence and rigour to be considered by the decision-making committee. | <b>Committee Chair Sign-off</b><br>I confirm that this Equality Impact Assessment represents evidence that we (The Trust), in making this decision, have given due regard to the need to: <ol style="list-style-type: none"> <li>1. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.</li> <li>2. Advance equality of opportunity between people who share a protected characteristic and those who do not.</li> </ol> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                         |                                                           |                                                                                                                                        |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Welsh Language requirements and Armed Forces Covenant.<br><br>Signed:<br>(Project Lead) | <br><br><br>Signed:<br>(Head of Inclusion and Engagement) | 3. Foster good relations between people who share a protected characteristic and those who do not.<br><br>Signed:<br>(Committee Chair) |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|

**End of Part B. Only complete Part C if required.**

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## **Part C – Socio-economic Impact Assessment**

The requirement for completion of Part C will have been identified in Part A and relates to complying with the Socio-economic Duty. This is a statutory duty with the aim of improving decision making to help improve outcomes for those who are socio-economically disadvantaged. The Socio-economic Duty gives us an opportunity to do things differently in Wales. It puts tackling inequality at the heart of decision-making and will build on the good work public bodies are already doing.

This SEIA procedure should be commenced at the outset and inform the development of both new strategic decisions and when reviewing previous strategic decisions. It provides a clear audit trail for all decisions made under the 2010 Act.

For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resource please see <https://gov.wales/more-equal-wales-socio-economic-duty>

| <b>Section 1 - Assessment information – evidence</b>                                                          |          |
|---------------------------------------------------------------------------------------------------------------|----------|
| <b>Has this assessment identified Stakeholder groups:</b> <i>Supporting narrative if different to Part A.</i> | Yes / No |

|                                                                                                                                                                                                                                                        |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
|                                                                                                                                                                                                                                                        |          |
| <b>Has this assessment used a range of evidence:</b> <i>Supporting narrative to consider socio-economic disadvantage and inequalities of outcome in relation to this decision? Note additional evidence if different to information within Part A.</i> | Yes / No |
| <b>Has this proposal engaged with those impacted by the Policy / Strategy Proposal / Policy?</b> <i>Supporting narrative if different to Part A.</i>                                                                                                   | Yes / No |

| <b>Relevant communities of interest identified that may be impacted by this proposal and engagement work undertaken:</b> | <b>Proposal may impact these groups</b><br>Use a tick ✓ | <b>Engagement undertaken</b><br>Yes / Planned | <b>Any supporting narrative / comments</b> |
|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------|--------------------------------------------|
| People experiencing poverty                                                                                              |                                                         |                                               |                                            |
| Carers                                                                                                                   |                                                         |                                               |                                            |
| People who share a common first language                                                                                 |                                                         |                                               |                                            |
| People experiencing homelessness                                                                                         |                                                         |                                               |                                            |
| Lone parent families                                                                                                     |                                                         |                                               |                                            |
| Those seeking sanctuary                                                                                                  |                                                         |                                               |                                            |
| Experience of local health and social care system                                                                        |                                                         |                                               |                                            |
| Military Veterans and Armed Forces Community                                                                             |                                                         |                                               |                                            |
| University students                                                                                                      |                                                         |                                               |                                            |
| Long term caravan residents and second home visitors                                                                     |                                                         |                                               |                                            |
| Other – please state:                                                                                                    |                                                         |                                               |                                            |
| <b>Relevant communities of place</b>                                                                                     |                                                         |                                               |                                            |



|                                                                                                                             |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Urban areas                                                                                                                 |  |  |  |
| Rural areas                                                                                                                 |  |  |  |
| Areas of high levels of unemployment / deprivation                                                                          |  |  |  |
| Other – please state:                                                                                                       |  |  |  |
| How has / will this influence your work/guided your policy/proposal, or changed your recommendations? Supporting narrative: |  |  |  |

## Section 2 - Impacts on Socio-economic Duty Domain Areas:

The Equality and Human Rights Commission monitor progress on equality and human rights across a range of areas of life in Great Britain. These domain areas include education, work, living standards, health, justice and personal security and participation.

*It is helpful to consider where action can be taken to reduce inequality of outcome resulting from socio-economic disadvantage in regard to each of these areas, evidence is provided below and issues for consideration suggested.*

*Consider evidence from both research and any engagement already carried out. Who is being affected? Are some communities of interest or communities of place more affected by disadvantage than others? WAST Equality pages provides further guidance.*

| What are the main socio economic impacts of the proposal? |                 |                 |                     |
|-----------------------------------------------------------|-----------------|-----------------|---------------------|
| Domain area: Education                                    | Positive impact | Negative impact | Neutral / No impact |
| You can copy and paste this tick: ✓                       |                 |                 |                     |

**Supporting narrative:**

*How does your proposal take account of the impact of education on the local population, children and adults with additional learning needs, basic literacy levels and those less likely to have or have had access to training opportunities and qualifications?*

*Think about how careers support at WAST and with partners, including apprenticeships and volunteer work placements can be promoted to support young people furthest from the job market.*

**Action / Opportunities that can be taken to reduce inequality of outcome resulting from socio-economic disadvantage:**

**What are the main socio economic impacts of the proposal?****Domain area: Health**

You can copy and paste this tick: ✓

**Positive  
impact****Negative  
impact****Neutral / No  
impact****Supporting narrative:**

*How does your proposal take account of the expected health outcomes of the local population? What are the current health needs and what action can be taken to increase access to healthcare for those who experience socio-economic disadvantage? Have the costs of transport and travel been taken into account? Think about the design of the built environment on the physical and mental health of patients, staff and visitors.*

|                                                                                                                                                                                                                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                 |
| <p><b>Action / Opportunities that can be taken to reduce inequality of outcome resulting from socio-economic disadvantage?</b><br/> <b>What are the opportunities for collaboration, have local third sector organisations been engaged and opportunities to promote access to financial wellbeing, social and other support maximised?</b></p> |

| What are the main socio economic impacts of the proposal?                                                                                                                                                                                                                                                                                                                                                                                          |                        |                        |                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|----------------------------|
| <p><b>Domain area: Living standards</b><br/>         You can copy and paste this tick: ✓</p>                                                                                                                                                                                                                                                                                                                                                       | <b>Positive impact</b> | <b>Negative impact</b> | <b>Neutral / No impact</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |                        |                            |
| <p><b>Supporting narrative:</b><br/> <i>How does your proposal take account of the impact of poverty and deprivation?</i><br/> <i>Are there groups who may be disproportionately impacted by poverty e.g. disabled people / lone parents / unemployment / homelessness. This domain includes issues of accessibility of transport, healthy food, leisure activities, road safety and the quality and safety of play areas and open spaces.</i></p> |                        |                        |                            |

|                                                                                                                        |
|------------------------------------------------------------------------------------------------------------------------|
| <p><b>As part of your proposal what are the opportunities to reduce the impact of poverty on living standards?</b></p> |
|------------------------------------------------------------------------------------------------------------------------|

| What are the main socio economic impacts of the proposal?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                 |                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|---------------------|
| <b>Domain area: Work</b><br>You can copy and paste this tick: ✓                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Positive impact | Negative impact | Neutral / No impact |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 |                 |                     |
| <p><b>Supporting narrative:</b></p> <p><i>Welsh Ambulance Services NHS Trust provides numerous opportunities for people to access work. Will this plan impact on employment / apprenticeship / volunteering opportunities? What are the implications of the proposal for people on low income, those who are economically inactive, unemployed, workless, and people who are unable to work due to ill-health. Consider people living in work poverty. During the pandemic lower earners are three times as likely to have lost their job or been furloughed as high earners.</i></p> |                 |                 |                     |
| <p><b>How can procurement and commissioning arrangements be optimised to reduce inequalities of outcome caused by socio-economic disadvantage?</b></p> <p><b>As part of your proposal what are the opportunities to increase employment opportunities for people who experience socio-economic disadvantage?</b></p>                                                                                                                                                                                                                                                                  |                 |                 |                     |

| What are the main socio economic impacts of the proposal?                                                                                                                                                                                                                                                                                                                                    |                        |                        |                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|----------------------------|
| <b>Domain area: Justice and personal security</b>                                                                                                                                                                                                                                                                                                                                            | <b>Positive impact</b> | <b>Negative impact</b> | <b>Neutral / No impact</b> |
| You can copy and paste this tick: ✓                                                                                                                                                                                                                                                                                                                                                          |                        |                        |                            |
| <b>Supporting narrative:</b><br><i>How does your proposal take account of local crime rates and feeling safe? Think about people who live in less safe areas and those more likely to be victims of domestic violence and abuse. Evidence suggests that domestic violence incidents are becoming more complex and serious, with higher levels of physical violence and coercive control.</i> |                        |                        |                            |
| <b>How can your proposal promote and protect people's rights and increase their access to justice and personal security?</b>                                                                                                                                                                                                                                                                 |                        |                        |                            |

| What are the main socio economic impacts of the proposal?                                                                                                                                                                                                                                                                                      |                        |                        |                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|----------------------------|
| <b>Domain area: Participation</b>                                                                                                                                                                                                                                                                                                              | <b>Positive impact</b> | <b>Negative impact</b> | <b>Neutral / No impact</b> |
| You can copy and paste this tick: ✓                                                                                                                                                                                                                                                                                                            |                        |                        |                            |
| <b>Supporting narrative:</b><br><i>How is participation enabled, how is engagement sustained with people with lived experience of socio-economic disadvantage and how has this informed your proposal? Think about digital exclusion and digital poverty, people living in rural areas and those unable to access services and facilities.</i> |                        |                        |                            |



|                                                                                                     |
|-----------------------------------------------------------------------------------------------------|
|                                                                                                     |
|                                                                                                     |
| How can your proposal increase participation for people who experience socio-economic disadvantage? |

### Section 3 – Socio-economic Duty Action plan

| <b>Socio-economic Impact Assessment Action Plan and Recommendations</b><br>Please include any related recommendations arising from this assessment. Include any positive action. |                    |                       |             |                         |                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------|-------------|-------------------------|--------------------|
| Action identified                                                                                                                                                                | Potential Outcomes | Resource implications | Target date | Monitoring arrangements | Lead person/ Owner |
|                                                                                                                                                                                  |                    |                       |             |                         |                    |
|                                                                                                                                                                                  |                    |                       |             |                         |                    |
|                                                                                                                                                                                  |                    |                       |             |                         |                    |
|                                                                                                                                                                                  |                    |                       |             |                         |                    |

### Section 4 – SEIA Sign off

**Who signed-off this SED Impact Assessment:**

*As per the Trust's Standing Orders, the Board may agree the delegation of any of their functions, except for those set out within the 'Schedule of Matters Reserved for the Board', to Committees and others. These functions may be carried out by a prescribed Committee, sub-Committee or officer of the Trust as per the Standing Orders Schedule 1, in accordance with their delegated limits. Strategic decisions must have appropriate sign off. If you are in any doubt as to the correct approving body for a strategic decision, please contact the Office of the Board Secretary.*

**Approval Date:****Review Date:**

|                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Project Lead Sign-off</b><br>I confirm that this Socio-economic Impact Assessment has been carried out in accordance with Welsh Ambulance Services NHS Trust Procedure for assessment work for evidencing Due Regard for: Equality Impact, Socio economic Impact, Human rights, Welsh Language requirements and Armed Forces Covenant.<br><br>Signed:<br>(Project Lead) | <b>Equality Team Quality Check<br/>(required when both EQIA and SEIA is required)</b><br>I confirm that I have reviewed this Socio-economic Impact Assessment and I am assured that it contains sufficient evidence and rigour to be considered by the decision-making committee.<br><br>Signed:<br>(Equality and Inclusion Manager) | <b>Committee Chair Sign-off</b><br>I confirm that this Equality Impact Assessment represents evidence that we (The Trust), in making this decision, have given due regard to the need to reduce the inequalities of outcome resulting from socio-economic disadvantage.<br><br>Signed:<br>(Committee Chair) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

# End of SED assessment

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## Appendix 1

| <b>Project:</b>                  | <b>Outcome/ Benefit</b>                                                                                                                                        | <b>Capital Cost<br/>£000s</b> | <b>Revenue Cost<br/>£000s</b> | <b>Est. Project Length</b> |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|----------------------------|
| E-Timesheets                     | Improved staff morale, reduced manual calculation errors and efficiency gains in process                                                                       |                               | 177                           | 12 months                  |
| Robotic Process Automation (RPA) | Increased operational efficiency and reduced manual workload through the implementation of automated processes, allowing staff to focus on higher-value tasks. |                               | 157                           | 12 months                  |
| 111 Website Development          | Increased accessibility and usability of the 111 website for a diverse user base                                                                               | 164                           | 332                           | 12 months                  |
| Simplified Sign-on               | 'Streamlined user access with a simplified sign-on process,                                                                                                    |                               | 45                            | 6 months                   |

|                             |                                                                                                                                                                    |    |     |           |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|-----------|
|                             | reducing complexity and improving overall user experience and security                                                                                             |    |     |           |
| 111 Visual IVR              | Streamlined and simplified the user journey for 111 services through visual IVR technology. This includes a proven benefit of circa 20-25 seconds saving per call. | 32 | 112 | 12 months |
| Surveillance Drone          | Enhanced situational awareness through aerial surveillance for safer more efficient access to certain scenes.                                                      |    |     |           |
| NEPTS Cancellations Chatbot | Improved scheduling efficiency and reduced cancellations through AI-driven optimisation.                                                                           |    |     |           |

|                               |             |
|-------------------------------|-------------|
| <b>AGENDA ITEM No</b>         | <b>11</b>   |
| <b>OPEN or CLOSED</b>         | <b>Open</b> |
| <b>No of ANNEXES ATTACHED</b> | <b>1</b>    |

## INFORMATION GOVERNANCE REPORTING

|                  |                                                                            |
|------------------|----------------------------------------------------------------------------|
| <b>MEETING</b>   | Finance & Performance Committee                                            |
| <b>DATE</b>      | 16 <sup>th</sup> July 2024                                                 |
| <b>EXECUTIVE</b> | Jonny Sammut, Director of Digital Services / Senior Information Risk Owner |
| <b>AUTHOR</b>    | Leanne Smith, Assistant Director of Digital                                |
| <b>CONTACT</b>   | <a href="mailto:leanne.smith4@wales.nhs.uk">leanne.smith4@wales.nhs.uk</a> |

## EXECUTIVE SUMMARY

1. This report brings to the committee an update on the Information Governance (IG) of the Trust and related areas including information security, records services, Freedom of Information requests and data quality. This is the first time a report of this format has been presented to the Finance & Performance Committee. The content of this paper is based on the fuller Information Governance Highlight Reports which are presented monthly to the Information Governance Steering Group (IGSG) chaired by the Trust's Senior Information Risk Owner (Director of Digital Services), the Caldicott Guardian (Executive Director of Quality & Nursing), or the Data Protection Officer (Assistant Director of Digital: ICT). The IGSG reports directly to the Executive Leadership Team (ELT), preparing a AAA to support communication.
2. This paper covers IG related matters as raised in IGSG for the period of Q1 2024/25 (April-June); however, it should be noted that the May meeting of IGSG was cancelled, and at the time of writing, the June meeting AAA had not yet been received by ELT. The main highlights from IGSG are as follows:
3. **IG Toolkit 23/24:** The IG Toolkit for 2023/24 was submitted on time with some areas exceeding the minimum expectations standard (namely: Business Continuity, Breach response & monitoring, and Leadership oversight). However, provisional results show that the organisation did not meet the minimum expectations across a significant number of categories in the



Toolkit, including Information Governance training compliance, and so are showing an **overall “Standards Not Met” position.**

4. **IG Toolkit 24/25:** The 2024/25 financial year submission has already opened. Following the previous submission an improvement plan (**see Appendix**) was developed to support achieving the “Minimum Expectations” standard across all categories in time for this year’s submission in March 2025. However, the Trust has recently been informed that in the meantime the **Confidentiality Advisory Group (CAG), which provides approval for the use of patient data in research and non-research projects, may reject applications for organisations showing a “Standards Not Met” position.** CAG requested assurance from WAST, via DHCW, that the Trust has an action plan in place to meet the standards by an earlier date of November 2024 or risk approvals and requests being rejected. The timeframes of the original improvement plan have therefore been adjusted and communicated to relevant stakeholders. The Digital Directorate are seeking support from ADLT to achieve the actions by November, and monitoring will continue via IGSG.
5. **IG Training:** the Trust is **not compliant with its mandatory IG training** requirements and missed the 75% target (as it was) in 2023/24. The target has increased to a minimum of 85% across the Trust for 2024/25.
  - a. A robust plan is therefore required (with appropriate and tailored approaches for Operations and Corporate) to increase IG training compliance and awareness amongst all staff.
  - b. As such, a training needs analysis has been drafted and in collaboration with the Learning & Development team will give more focus and engagement to this aspect of compliance in support of the 24/25 Toolkit submission.
  - c. A recommendation was made for Directorate leads to also have ongoing conversations with their teams throughout the year and encourage monitoring of individual level compliance to help the Trust reach the minimum 85% target at pace. ADLT will also be hosting this discussion to determine the best approach.
  - d. A discussion was had on the difficulties faced by operational staff when accessing ESR via iPads, and how to increase the percentage of training carried out by Operations staff. Members of the Digital team are working with Operations management to help drive awareness and compliance and capture (through ESR), as well as address the iPad issues.
6. **Freedom of Information:** the publication scheme for the Trust has been refreshed, maintaining the original structure and alignment to the ICA Model Publication Scheme, but with refreshed links to associated documentation. This is live on the WAST website, and the schedule will now be regularly reviewed (every 6 months) by the IGSG.

7. **Records Management:** the group received a verbal update on the Records Management improvement plan (a recommendation made in a recent internal audit). 14 actions have been devised and are being progressed – an update will be brought back to IGSG at a future meeting for assurance and to allow for ongoing monitoring and assurance of completion.
8. **National Data Resource:** a Joint [data] Controller Agreement has been signed by DHCW and WAST to enable passage of WAST data to DHCW's National Data Resource (NDR) analytics platform. This is a significant milestone in both organisations' ambitions for data linkage and all-Wales sharing to support better patient care and more connected insights.
9. **Data Sharing:** in June, the group heard that various projects in progress around the Trust require sharing of patient data with Health Boards. It was queried whether it was possible to implement overarching sharing agreements to make this sharing process more efficient. A further discussion will take place between subject matter experts to discuss the options and requirements, noting the work already mentioned relating to the NDR, and the aims of DHCW to enable this on behalf of Health Boards & Trusts.
10. **Meeting Etiquette:** A task and finish group (TFG) has been established by IGSG to ensure the Trust has articulated its approach to, and expectations for, staff regarding meeting conduct, etiquette, and use of technology to record and support virtual meetings.
  - a. The TFG reported back to IGSG in June to recommend that a policy for virtual meeting guidance should be developed with initial focus on recordings.
  - b. A discussion was had around Freedom of Information requests and that minutes, recordings, Teams chat, email and WhatsApp are all considered to be organisational records and therefore subject to the FOI Act 2000 and its exemptions.
  - c. The TFG also received information regarding imminent changes to the Microsoft One Drive / 365 retention policy for storage and deletion of Teams recordings. IGSG support the necessity for the Trust to issue communications on the change to ensure our people are aware of this change and that guidance on meeting etiquette is being developed.

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

#### KEY ISSUES/IMPLICATIONS

11. **Risk 623 Failure to comply with Data Protection Legislation:** a risk to Data Protection Compliance was included on the Corporate Risk Register in April 2024 and has since been received by the Trust Board.

12. **Emerging risk to gaining Confidentiality Advisory Group (CAG) approval:**

There is an emerging risk to current and future research projects that require CAG approval if the IG Improvement Plan actions cannot be resolved by November 2024, and evidence provided that the Trust has a "Minimum Expectations Met" position again the standards of the IG Toolkit.

13. There is an ongoing risk of compliance in many of the areas related to Information Governance (data protection, information and cyber security, FOI requests and records requests) due to the very small teams of associated specialists. Investment has been received to help build capacity and resilience in some of these areas, but recruitment is often difficult in these fields – for example, in the past 12 months two rounds of recruitment for a Data Protection Compliance Manager vacancy have been unsuccessful. The third round is currently at advert.

### REPORT APPROVAL ROUTE

The points presented in this paper are taken from the Information Governance Highlight Reports presented at the April and June meetings of the Information Governance Steering Group (IGSG), and the resulting AAAs presented to ELT.

The May 2024 meeting of IGSG was cancelled.

### REPORT APPENDICES

Appendix – IG Toolkit Improvement Plan v2

### REPORT CHECKLIST

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

## IG Toolkit Improvement Action Plan

This IG Toolkit Improvement Action Plan has been produced to address areas under the IG Framework which did not meet the Minimum Expectations standard.

The listed improvement actions are needed to ensure that the Trust meets its mandatory compliance requirements, as failure to meet the Minimum Expectations highlights that the organisation may not be meeting its obligations under the accountability principle. The accountability principle places a responsibility on organisations to not only comply with the UK GDPR, but that they must also be able to demonstrate compliance. If an organisation cannot show good data protection practices, it may leave them open to fines, reputational damage and affect patients' trust in the organisation handling their data.

This Improvement Plan is based upon the results of the Trust's FY23–24 submission and has also included the new requirements added to the FY24-25 question set (highlighted yellow).

| REQUIREMENT | RELEVANT TOOLKIT QUESTION                                                                                                                                                                                                                                                                                                                                                                                               | EVIDENCE REQUIRED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ESTIMATED START | ESTIMATED FINISH | STATUS     | INTERDEPENDENT PROGRESS NOTES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1           | POLICIES AND PROCEDURES                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |                  |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 1.1         | <p>Does the organisation have up to date IG related policies and procedures in place for:</p> <p>* The Records Management Policy (including records retention)</p> <p>Records Management Policy to be reviewed and updated.</p>                                                                                                                                                                                         | <p>Tick Box Confirmation</p> <p><i>The other policies required for this question include Data Protection Policy and Information Security Policy which are in date and already uploaded. The RM and DQ policies are out of date and so need to be reviewed.</i></p>                                                                                                                                                                                                                                                                                                                                                                                               | 01/09/2024      | 16/01/2025       | Incomplete | <p><b>Records Team</b></p> <p><b>Policy Group</b></p> <p>14/05/24 CJ Sent requirement to Judith and policy group - are they able to propose timeframes that this can be achieved by?<br/>14/05/2024 - reply from JB, JB has received an invite for 24/09/2024 for the RM policy<br/>16/05/2024 - Minor or reasonable changes to policy- approved by 19/11/24, significant changes to policy approved by 16/01/2025.<br/>26/06/24 - Message to EJ to query if still possible to achieve due to absence in the team.</p> |
| 1.2         | <p>Does the organisation have up to date IG related policies and procedures in place for:</p> <p>* The Data Quality Policy</p> <p>Data Quality Policy to be reviewed and updated.</p>                                                                                                                                                                                                                                   | <p>Tick Box Confirmation</p> <p><i>The other policies required for this question include Data Protection Policy and Information Security Policy which are in date and already uploaded. The RM and DQ policies are out of date and so need to be reviewed.</i></p>                                                                                                                                                                                                                                                                                                                                                                                               | 07/08/2023      | 14/05/2024       | Complete   | <p><b>Policy Group</b></p> <p><b>Data Quality</b></p> <p>DQ Policy is currently going through the Policy Group process.</p> <p>14/05/2024 CJ sent requirement to SB and JH to let them know its on the improvement plan and are they able to advise their proposed timeframes for when might be done.<br/>14/05/2024 - Data Quality Policy has been approved by FPC<br/>14/05/2024 Phone call with SB Policy is in last stages of being approved</p>                                                                   |
| 1.6         | <p>Does the organisation have effective and up to date FOI &amp; EIR procedures and relevant guidance outlining high level responsibilities?</p> <p>Implement FOI and EIR procedures.</p> <p>Yes/No</p>                                                                                                                                                                                                                 | <p>Please provide a copy of or extract from the relevant procedure and guidance outlining high level responsibilities</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 30/06/2024      | 30/09/2024       | Incomplete | <p><b>FOI Team</b></p> <p>14/05/2024 CJ Sent requirement to alex payne - are they able to propose timeframes that this can be achieved by?<br/>15/05/2024 AP queried whether one date or multiple dates required. Responded to advise up to AP on what works best, but need proposes start and end dates for monitoring.<br/>28/05/2024 - KH chased AP for proposed dates.<br/>11/06/2024 - KH emailed AP with dates and resources.</p>                                                                                |
| 1.7         | <p>Does the organisation have policies or procedures in place that advise staff how to securely dispose of confidential records/data that are no longer required?</p> <p>Yes/No</p> <p>Implement guidance and/or procedures covering data disposal such as on digital devices, cloud platforms, paper records, and stored by other third parties. Procedures to include level of certification of erasure required.</p> | <p>Please provide a copy of or an extract from the relevant procedures and guidance outlining the disposal process.</p> <p><i>The question has changed to extend scope beyond 'records' to 'data'. This applies to paper documents, electronic records and equipment, such as old computers and laptops, mobile phones, CDs and memory sticks. If anyone in the organisation destroys any records or equipment themselves, such as shredding documents, the organisation should have in place policies, procedures or guidance documents for staff to ensure staff know how to destroy the data securely. It also includes data stored by third parties.</i></p> | 30/06/2024      | 30/09/2024       | Incomplete | <p><b>Records Team</b></p> <p><b>Estates Team</b></p> <p><b>Cyber Team</b></p> <p><b>IG Team</b></p> <p>11/06/2024 KH sent email to leads with requirements and example sources.<br/>26/06/2024 - Action due to start in a few days, have requested to discuss at DPO meeting.<br/>02/07/2024 - To confirm with AW who is nominated to draft the procedures based on provided example.</p>                                                                                                                             |
| 2           | TRAINING AND AWARENESS                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |                  |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

|     |                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                   |                                                                                                                          |            |             |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|------------|-------------|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2.1 | <p>Has an IG, data protection and cyber security Training Needs Analysis (TNA) been completed in the last twelve months?</p> <p>Yes/No</p> <p>TNA to be approved: -<br/> * L&amp;D to confirm current training matrix is accurate to what training is currently in place, or confirm the amendments required.<br/> * TNA final draft submitted for senior management approval.</p> | Please provide a copy of the TNA that includes Data Protection IG training needs.                                                                                 | 01/04/2024                                                                                                               | 30/10/2024 | In Progress | L&D Team   | <p>A TNA has been drafted and shared with L&amp;D (Jo Kelso - 28/02/2024) for review. Some queries need to be confirmed by L&amp;D Team including confirmation that the Training Matrix accurately reflects current training provision across staff roles, before wider stakeholder engagement is undertaken.</p> <p>28/05/2024 - Meeting with Jo Kelso to discuss approach. Digital literacy course scheme to be provided as covers off EMT role. KH to resend the TNA draft and highlight gaps in IG team's knowledge of what training is currently being provided.</p> <p>IG team and L&amp;D Team to review Metacompliance and Articulate respectively, for any off-the-shelf training modules that could go to roles.</p> <p>29/05/2024 CJ asked James R for up to date training catalogue on Metacompliance so we can use any off-the-shelf training as part of our Training Needs Analysis.</p> <p>11/06/2024 - Aim to complete the three bullet points per RM, Cyber and IG first, then pickup the TNA development with L&amp;D. (Have received for RM, but waiting from Cyber)</p> |
| 2.2 | <p>Does the organisation regularly review the TNA to ensure that it remains accurate and up to date?</p> <p>Yes/No</p> <p>This action will be met when TNA is approved.</p>                                                                                                                                                                                                        | Please confirm the date the TNA was last reviewed.                                                                                                                | 01/04/2024                                                                                                               | 30/10/2024 | Incomplete  | L&D Team   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 2.3 | <p>Does the organisation meet or exceed a compliance rate of 85% across all staff groups for the completion of IG mandatory training every two years?</p> <p>Yes/No</p> <p>Obtain 85% training compliance:-<br/> * Presentation to SOT on Training Compliance (paused)<br/> * Resolve iPad ESR training issue (done)<br/> * Monthly monitoring of scoring.</p>                     | Please provide evidence to demonstrate that the organisation meets to exceeds a compliance rate of 85% for the completion of IG mandatory training.               | 01/04/2024                                                                                                               | 30/11/2024 | In Progress | Trust-Wide | <p>28/05/2024 - Presentation to SOT on hold as CSF slides to replace ESR refresher. Queried with KW whether ESR suppliers have been engaged with iPad issue. (Confirmed iPads issue resolved - no issues found). Implemented IG training checks for WDS and SFSP. To also undertake WCP training audit, followed by WGPR training audit (See Training Action Plan).</p> <p>26/06/2024 - Following discussion at DPO meeting, paper/presentation to SOT to no longer be paused and will be completed as soon as possible.</p> <p>02/07/2024 - Discussion with Darren Panniers regarding attendance at SOT. Provisionally agreed for August (pending confirmation).</p>                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 2.4 | <p>Has the appointed Data Protection Officer received appropriate training to carry out their role and are they provided with continuous professional development to maintain their expert knowledge?</p> <p>Yes/No</p> <p>DPO training certification to be completed.</p>                                                                                                         | Please provide evidence to demonstrate that the appointed Data Protection Officer has received and is provided with appropriate continuous professional training. | 15/05/2024                                                                                                               | 30/11/2024 | Incomplete  | DPO        | <p>14/05/2024 CJ emailed Aled about DPO training.</p> <p>15/05/2024 AW given time frame of Feb 2025.</p> <p>26/06/2024 Confirmed in DPO meeting that training completion to be done by November 2024.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 3   | <b>INDIVIDUAL RIGHTS</b>                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                   |                                                                                                                          |            |             |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 3.1 | <p>Where the organisation processes children's information, is particular care taken to write privacy information in clear, plain language why is age appropriate?</p> <p>Yes/No/NA</p> <p>Draft Children's Privacy Notice to be reformatted by PECI. (Draft wording has been provided.)</p>                                                                                       | N/A                                                                                                                                                               | <p>22/03/2024 (Draft content provided for formatting)</p> <p>*Work task for creating a child friendly privacy notice</p> | 07/06/2024 | Complete    | PECI Team  | <p>A Children's Privacy Notice has been produced and issued to PECI (13/03/2024) to request appropriate formatting is undertaken.</p> <p>14/05/2024 CJ emailed FM, MJ and GT for progress on easy read formatting.</p> <p>14/05/2024 - reply from GT, MJ has got capacity this week to look into the Easy Read Privacy Notice. First draft to be received beginning of w/c 20/05/2024</p> <p>16/05/2024 - Draft received and reviewed by KH. Wording already</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |



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| 3.2 | <p>Review suite of Privacy Notices and layered approach (call scripts, hard-copy options, accessibility, website notices).<br/>Cross -check against new ICO guidance to identify any areas of improvement.</p>                                                                                                                                                                                | <p>Does the organisation utilise a layered approach to provide privacy information in a variety of formats?</p> <p>Yes/No</p>                                                                | <p>Please provide evidence of the privacy notices in place including where applicable, privacy information for children.</p> <p><i>The ICO's new transparency in healthcare guidance will need to be reviewed to ensure compliant.</i></p>                                                                                                                                                                                                                                                                                                                           | 07/06/2024 | 07/08/2024 | In Progress | PECI Team               | <p>A Children's Privacy Notice has been produced and issued to PEGI (13/03/2024) to request appropriate formatting is undertaken.</p> <p>20/05/2024 - CJ has obtained links to other ambulance service privacy notices pages and see what their approach is to privacy notice.</p> <p><b>North West Ambulance Service</b> (has a separate section for childrens privacy notice) <a href="https://www.nwas.nhs.uk/help/privacy-2/privacy/">https://www.nwas.nhs.uk/help/privacy-2/privacy/</a></p> <p><b>South Central Ambulance Service</b> (no separate section for child's privacy notice, but does go into detail of what information is collected, lawful basis for use and if the the information will be shared) <a href="https://www.scas.nhs.uk/privacy-statement/">https://www.scas.nhs.uk/privacy-statement/</a></p> <p><b>Yorkshire Ambulance Service</b>(has got separate privacy notices for NEPTs, 111 Recruitment, staff, research, <a href="https://www.yas.nhs.uk/tc/privacy-policy/">https://www.yas.nhs.uk/tc/privacy-policy/</a></p> <p><b>Scottish Ambulance Service</b> (No separate child's privacy notice) <a href="https://www.scottishambulance.com/privacy-policy/">https://www.scottishambulance.com/privacy-policy/</a></p> <p><b>South Western Ambulance Service</b> (Privacy notice only located when search for, comes up in PDF file) <a href="https://www.swast.nhs.uk/">https://www.swast.nhs.uk/</a></p> <p><b>St Johns Ambulance</b> (No separate child's privacy notice) <a href="https://www.sja.org.uk/privacy-policy/">https://www.sja.org.uk/privacy-policy/</a></p> <p><b>South East Coast Ambulance Service</b> (no separate child's notice, separate privacy notices for different sectors) <a href="https://www.secamb.nhs.uk/contact-us/how-we-use-your-information/">https://www.secamb.nhs.uk/contact-us/how-we-use-your-information/</a></p> <p><b>London Ambulance Service</b> (no separate child notice)</p> |
| 3.3 | <p>Review privacy notices to ensure referencing right to withdraw consent.</p> <p>Review Comms publishing media consent form &amp; privacy statement and update with right to withdraw.</p> <p>Update and correct references to GDPR consent in some project implementations (i.e. Everbridge and ECNS video).</p>                                                                            | <p>Where the organisation relies on consent as a lawful basis, is the right to withdraw consent documented within your privacy information?</p> <p>Yes/No/NA</p>                             | <p>N/A</p> <p><i>Other consent forms have been identified which need to be reviewed and updated.</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 30/07/2024 | 30/08/2024 | Incomplete  | IG Team                 | <p>07/05/2024 - Had call with Lois Hough and discussed consent documentation. Examples shared for images of staff and members of the public publishing to website. LH to review.</p> <p>11/06/2024 - 3 days blocked out to complete consent documentation review and factsheet. KH sent email to LH with comms request.</p> <p>26/06/2024 - KH to check right to withdraw is contained in Staff/Member of Public Comms consent form. It is included in TV broadcast forms but the other set of Comms forms needs to be updated.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 3.4 | <p>Confirm with Records Management that individual rights requests maintained for 3 years. (Done)</p> <p>Confirm with Records Management that individual rights appeal requests are maintained for 6 years (Done)</p> <p>Data Protection Complaint Handling Procedures to be updated to reflect all SAR appeals documentation to be stored in relevant Records folder for 6 years. (Done)</p> | <p>Are responses to individual rights requests maintained in line with the Records Management Code of Practice?</p> <p>Yes/No</p>                                                            | <p>The Records Management Code of Practice outlines a minimum retention period of three years for Subject Access Requests, the response to the request and any subsequent correspondence. Where the SAR has been subject to an appeal the retention period increases to six years. It is good practice to retain both the information disclosed and any information withheld, as well as the justification for any decision making.</p> <p><i>This is a new requirement in this year's Minimum Expectations questions that will need to be checked in place.</i></p> | 30/04/2024 | 17/05/2024 | Complete    | Records Team<br>IG Team | <p>30/04/2024 - KH sent query to JB. JB confirmed in place for 3 years. New process agreed for appeal folders to be notated to confirm when 6 year retention applies. Data Protection Complaint Handling Procedures to be updated to reflect all SAR appeals documentation to be stored in relevant Records folder.</p> <p>23/05/2024 CJ updated procedure in tracked changes to say wherever the section is that covers file storage or SAR appeals, that the response and investigation files are to be stored in the Records folder for 6 years. RM will annotate the folder with the 6 year retention period.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 4   | <b>RECORDS OF PROCESSING AND LAWFUL BASIS</b>                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |            |             |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 4.1 | <p>Query consent forms with identified departments and teams including OH, Records, PEGI, People Services.</p> <p>Audit records of UK GDPR consent being held.</p>                                                                                                                                                                                                                            | <p>Where consent for processing information is obtained from individuals, does the organisation keep evidence of what, when and how the individual was informed?</p> <p>Yes/No</p>           | <p>Please describe how obtained/withdrawn consent is recorded?</p> <p><i>This is a new requirement in this year's Minimum Expectations questions that will need to be checked in place.</i></p>                                                                                                                                                                                                                                                                                                                                                                      | 14/05/2024 | 30/01/2025 | In Progress | Comms Team<br>IG Team   | <p>14/05/2024 CJ sent email to named teams asking for copies of consent form templates for review please (under the IG toolkit improvement action plan).</p> <p>14/05/2024 received from RM</p> <p>15/05/2024 received from PEGI</p> <p>HR:ActionPoint Call 5314852- meeting booked for 22/05/24 with Sophie James- People services, no forms used relying on consent.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 4.2 | <p>Identify areas which may need to rely on legitimate interests as lawful basis. It is currently understood that this may apply to some People Services processing, and network and information security monitoring.</p>                                                                                                                                                                     | <p>If the organisation relies on the legitimate interests for the lawful basis, are appropriate Legitimate Interest Assessment (LIA) completed prior to the processing?</p> <p>Yes/No/NA</p> | <p><i>This is a new requirement in this year's Minimum Expectations questions that will need to be checked in place.</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                         | 30/11/2024 | 30/01/2025 | Incomplete  | IG Team                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

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|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4.3 | Cross-reference ROPA against Privacy Notices.<br>Update and amend where necessary.                                                                                                                                                                                                                                                 | Can the organisation demonstrate that all processing on the Record of Processing Activities (ROPA) is covered by the privacy information?<br><br>Yes/No                                                                                                                                                                                                                                                                                                                       | <i>This is a new requirement in this year's Minimum Expectations questions that will need to be checked is in place.</i>                                                                                   | 30/11/2024 | 30/01/2025 | Incomplete | IG Team                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 5   | <b>CONTRACTS AND INFORMATION SHARING</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                            |            |            |            |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 5.1 | Gatekeeper checks to be added to WAST supplier procurement process with NWSSP and internal procurement to prevent procurement without Cyber and IG involvement.<br>Template due-diligence checklists for IG and Cyber to be in place.<br>Post-procurement checks to be established.                                                | Does the organisation carry out pre and post procurement checks to make sure that suppliers, contractors, data processors and third parties it uses, comply with data protection legislation?<br><br>Yes/No                                                                                                                                                                                                                                                                   | Please provide evidence of the organisation's pre and post procurement processes.<br><br><i>Currently unable to meet due to gaps in internal procurement process. IG checklist not fully incorporated.</i> | 24/06/2024 | 30/10/2024 | Incomplete | Cyber Team<br><br>NWSSP<br><br>Contracts | 14/05/2024 CJ sent to RW and JR advising of the requirement and could we agree estimated timeframes for implementation and arrange a call to discuss how this can be implemented.<br>11/06/2024 - Information gathering meeting took place. Plan of action determined including other contact points. Email to go to Aled.<br>26/06/2024 - To discuss in DPO meeting.<br>02/07/2024 - To raise again in DPO meeting to agree the proposed action plan. |
| 5.3 | Audit on all existing IT system and cloud suppliers to identify those without valid cyber security certifications.                                                                                                                                                                                                                 | Do your organisation's IT system suppliers have cyber security certification?<br><br>Yes/No                                                                                                                                                                                                                                                                                                                                                                                   | N/A<br><br><i>Only some suppliers have accreditation. There are impending changes to WHC on accreditation requirements.</i>                                                                                | 24/06/2024 | 30/10/2024 | Incomplete | Cyber Team<br><br>NWSSP<br><br>Contracts | 14/05/2024 CJ sent to RW and JR advising of the requirement and could we agree estimated timeframes for implementation and arrange a call to discuss how this can be implemented.<br>11/06/2024 - Information gathering meeting took place. Plan of action determined including other contact points. Email to go to Aled.<br>26/06/2024 - To discuss in DPO meeting.                                                                                  |
| 6   | <b>RISKS AND DATA PROTECTION IMPACT ASSESSMENTS (DPIAs)</b>                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                            |            |            |            |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 6.1 | Review and update the Information Risk Policy<br>Cross-check policy against the Trust's overarching Risk Management Framework to ensure alignment.                                                                                                                                                                                 | Has the organisation adopted a Risk Management process:<br><br>That includes provision for IG Risks<br>That includes appropriate policies, procedures and measures to identify record and manage information risks<br>Where the policy/procedure sets out how the organisation, and where appropriate its data processors, manage information risk<br>Where the policy/procedure sets out how the organisation monitors compliance with the information risk policy/procedure | Tick box confirmation required.<br><br><i>This is a new requirement in this year's Minimum Expectations questions that will need to be checked is in place.</i>                                            | 01/11/2024 | 31/03/2025 | Incomplete | Corporate Governance<br><br>IG Team      |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 7   | <b>FREEDOM OF INFORMATION (FOI) AND ENVIROMENTAL INFORMATION (EIR)</b>                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                            |            |            |            |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 7.1 | Produce and publish guidance or awareness for staff on how to recognise and where to direct any requests that may fall within the scope of Freedom of Information (FOI) or Environmental Information Regulations (EIR) that they may receive and understand the importance of doing so promptly due to the strict time constraints | Does the organisation take steps to make staff aware of how to recognise and where to direct any requests that may fall within the scope of Freedom of Information (FOI) or Environmental Information Regulations (EIR) that they may receive and understand the importance of doing so promptly due to the strict time constraints?<br><br>Yes/No                                                                                                                            | Please provide evidence of guidance/training or other relevant information provided to staff outlining responsibilities.<br><br><i>There has been a change to the wording of this requirement.</i>         | 30/06/2024 | 30/09/2024 | Incomplete | FOI Team                                 | 14/05/2024 CJ Sent requirement to alex payne - are they able to propose timeframes that this can be achieved by?<br>11/06/2024 - KH sent email to AP with proposed dates and resources.                                                                                                                                                                                                                                                                |

|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |                                                  |             |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------------------------------|-------------|------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7.2 | <p>FOI Team to undertake FOI training covering: -</p> <ul style="list-style-type: none"> <li>• recognising and responding to a request for information;</li> <li>• developing and maintaining a Publication Scheme;</li> <li>• records management;</li> <li>• exemptions – public interest and absolute exemptions;</li> <li>• complaints / enforcement;</li> <li>• the interface between freedom of information and data protection;</li> <li>• vexatious/repeated requests;</li> <li>• fees.</li> </ul> | <p>Have staff with responsibilities for FOI &amp; EIR received training to enable them to:</p> <ul style="list-style-type: none"> <li>* Identify the difference between FOI &amp; EIR requests</li> <li>* Coordinate responses</li> <li>* Deal with complaints and appeals</li> <li>* Deal with internal reviews</li> </ul> | <p>Comprehensive training should be provided for staff working in areas where requests are managed. The training should cover:</p> <ul style="list-style-type: none"> <li>• recognising and responding to a request for information;</li> <li>• developing and maintaining a Publication Scheme;</li> <li>• records management;</li> <li>• exemptions – public interest and absolute exemptions;</li> <li>• complaints / enforcement;</li> <li>• the interface between freedom of information and data protection;</li> <li>• vexatious/repeated requests;</li> <li>• fees.</li> </ul> <p><i>This is a new requirement in this year's Minimum Expectations questions (was previously in Expectation Exceeded).</i></p> | 30/06/2024 | 30/09/2024                                       | Incomplete  | FOI Team                                             | <p>14/05/2024 CJ Sent requirement to alex payne - are they able to propose timeframes that this can be achieved by?</p> <p>11/06/2024 - KH sent email to AP with proposed dates and resources.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 8   | <b>INFORMATION SECURITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |                                                  |             |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 8.1 | <p>Do all areas in the organisation, where personal information can be accessed, have physical controls in place to prevent unauthorised access?</p> <p>Yes/No/NA</p> <p>Physical security risk to be resolved. Linked to action 1.5</p>                                                                                                                                                                                                                                                                  | <p>Do all areas in the organisation, where personal information can be accessed, have physical controls in place to prevent unauthorised access?</p> <p>Yes/No/NA</p>                                                                                                                                                       | <p>Please provide examples of controls in place to such areas.</p> <p><i>This is linked to OFI action 1.5. Discussion with Estates took place on 15/03/2024. There are controls in place such as CCTV and card control system. However, there is currently a registered risk in relation to physical security measures due to inadequate compliance. As a result, the controls are not being appropriately followed (sharing ID cards, wedging open security doors, movers and leavers card access controls). It was agreed that as a result it could not be evidenced sufficient controls and compliance in place until the risk has been resolved.</i></p>                                                           | 11/06/2024 |                                                  | Incomplete  | <p>Estates Team</p> <p>Cyber Team</p> <p>IG Team</p> | <p>11/06/2024 - Awareness poster has been drafted and will be shared with staff as soon as approved. (Shared)</p> <p>11/06/2024 - CJ emailed to ask LS and AW if they have access to the copy of the physical security risk from the register? (If they don't, ask Risk Officer)</p> <p>26/06/2024 - Risk Officer provided copy of the current risk on the register. We will review and submit for DLG agreement on revised risk (level to be confirmed).</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 8.2 | <p>If the organisation allows staff to use their own devices (e.g. phones) for work purposes, is there a Bring Your Own Device policy in place?</p> <p>Yes/No/NA</p> <p>Implement BYOD Policy: -</p> <ul style="list-style-type: none"> <li>* Obtain example policies and ask IGMAG</li> <li>* Review previous draft version and update where necessary</li> <li>* Commence through Policy Group approval process.</li> </ul>                                                                             | <p>If the organisation allows staff to use their own devices (e.g. phones) for work purposes, is there a Bring Your Own Device policy in place?</p> <p>Yes/No/NA</p>                                                                                                                                                        | <p>Please provide a copy of the Bring Your Own Device policy.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 03/06/2024 | 30/08/2024<br>(Dependant on Policy Group agenda) | In Progress | <p>Cyber Team</p> <p>IG Team</p> <p>Policy Group</p> | <p>Draft policy has been reshared and will need to reviewed and put through policy approvals process again.</p> <p>31/05/2024 - CJ emailed James R to say we're hoping to pick this back up ASAP as its on the toolkit and confirm James R is okay with this. The plan is for KH and JR to review the draft and comment on any updated amendments that might be needed by 11th June. From there, if all okay with the draft, could JR send for DPO and SIRO approval of draft (offer assistance throughout the process) and request it is taken through Policy Group.</p> <p>Will confirm the estimated end date with Policy Group once draft is available.</p> <p>12/06/2024 - CJ emailed Policy Group and advised we need to progress a BYOD policy through as soon as possible and aiming for by November 2024. We need this to meet Minimum Expectations on the Toolkit, can they give us some provisional dates to be able to get something on the agenda.</p> |

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

## **WAST Business Continuity Annual Report 2023-24**

|                  |                                                                                                                 |
|------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>MEETING</b>   | Finance and Performance Committee                                                                               |
| <b>DATE</b>      | 16 July 2024                                                                                                    |
| <b>EXECUTIVE</b> | Lee Brooks, Executive Director of Operations                                                                    |
| <b>AUTHOR</b>    | Clare Langshaw, Head of Service, EPRR & Specialist Operations<br>Judith Bryce, Assistant Director of Operations |
| <b>CONTACT</b>   | <a href="mailto:clare.langshaw@wales.nhs.uk">clare.langshaw@wales.nhs.uk</a>                                    |

### **EXECUTIVE SUMMARY**

The Business Continuity (BC) annual report is provided to Committee for assurance and information on all BC related activity for the previous year as part of Committee's work plan. This report highlights that although the Trust meets its obligations under the Civil Contingency Act 2004, there are challenges within this area to ensure cross directorate working is achieved.

The report details the new BC structure that will be introduced that allows for more robust senior management overview of the BC planning within the Trust, with the Assistant Directors Leadership Team (ADLT) providing support and direction for BC planning, to reiterate the importance of BC and embed BC across all areas of the Trust.

### **KEY ISSUES/IMPLICATIONS**

The introduction of the new structure will not alter the current BC plans in place and therefore the Trust's adherence to the Civil Contingency Act will remain unchanged, but it will build and strengthen the BC planning across all departments of the Trust. Additionally, new BC software is currently in a procurement process following the prioritisation of funding by the Trust. This will also strengthen and support BC reporting and planning for all directorates.

| REPORT APPENDICES |  |
|-------------------|--|
| N/A               |  |

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



## **Situation**

- I. Business continuity (BC) is the ability of an organisation to continue the delivery of services to a pre-agreed level during disruption. Commissioning, the Civil Contingencies Act (2004), best practice guidance and supporting documents dictate and guide how the Trust should mitigate risks and prepare for the need to respond to issues, maintaining core services and activities.
- II. The Trust has a Business Continuity Management System (BCMS) which continues to develop and adapt with the organisation. This report covers WAST BC activity between June 2023 and May 2024.
- III. ISO 22301 is the international standard for Business Continuity Management Systems (BCMS). It provides a framework for organisations to plan, establish, implement, operate, monitor, review, maintain, and continually improve a documented management system to protect against, reduce the likelihood of, and ensure recovery from disruptive incidents.

This standard is crucial for organisations to enhance their resilience against various unforeseen disruptions, ensuring continuity of operations and services. It helps in identifying risks, preparing for emergencies, and improving recovery time.

The benefits of ISO 22301 compliance:

- Enhances organisational resilience
- Improves risk management processes
- Ensures a systematic response to crises
- Increases trust among stakeholders

## **Background**

- IV. BC plans including Severe Weather, Pandemic, Resource Escalation Action Plan (REAP) and Clinical Safety Plan (CSP) have been in place for a period of time, used during business as usual and in disruption. They have been reviewed and updated where required. The Trust has in place departmental Business Impact Assessments (BIAs) and Business Continuity Plans (BCPs); During the COVID-19 pandemic it became apparent that there are multiple interdependencies within plans, and these continue to be recognised in business continuity discussions.

- V. Incidents such as the cyber-attack on Advanced (the provider of Adastra), telecoms outages affecting EMS-C, and Industrial Action, have tested WASTs preparedness to response to disruption and maintain our business-as-usual activities.

### **Assessment of the current position**

- VI. Business Continuity and the recognition of the benefit of early declaration of a Business Continuity Incident (BCI), is becoming more prevalent in management structures and is being highlighted in incident debriefs. The Trust benefits from building on this experience to further explore how business continuity management can assist 'normal' working by strengthening process design, implementing fallback options, and recognising the effect of the loss of key staff, systems, and infrastructure.
- VII. Work is still required to look at the governance and overriding structure that the Trust needs to fully embed BC within the Trust. Currently departments review their own areas and assess them against their business continuity plans. However, this does not give appropriate support to departments and does not provide robust overview of the Trust's preparedness at senior management levels.
- VIII. The Trust has been working towards a process for system mapping ICT structures to pinpoint single points of failure, interdependences, and recovery priorities. Some of these have been noted through incidents (eg. Public Sector Broadband Aggregation or PSBA and Adastra failure) and others through exercises (departmental system outages or staff loss through industrial action), and mitigation is included in the ICT Disruption Plan. Further work is needed to understand the impacts of disruption and reliance on technology throughout the Trust. It should be noted that some reliance rests external to the Trust for example, some underlying ICT infrastructure is managed by DHCW and other suppliers. It is also becoming apparent to further contemplate out of hour support arrangements.
- IX. Business continuity plans, particularly risk specific ones such as Power Outage, have been created by the EPRR Team in conjunction with the departments who would potentially be affected. The escalation structure in each plan reflects the structure as shown in the Incident Response Plan. Departmental plans will reflect this at an operational, department-specific level, through the use of action cards and roles/responsibility lists.

- X. The EPRR Department are available to support all departments and directorates in the creation and review of their documents, the responsibility of completion remains with the department BC Lead as the Subject Matter Expert for their role.

## **Recommendations for the future of Business Continuity within WAST**

- XI. In order to ensure robust business continuity systems within WAST, the structure that provides governance and supports the BC work within the Trust has been approved for change. This new structure will build on the existing leadership roles within departments and directorates and recognises that business continuity should be embedded across all directorates.
- Review of the Business Continuity Steering Group structure, terms of reference, and governance processes (beyond Operations) to improve governance and assurance across the Trust.
  - Provide a live user-friendly management system for all departments.
  - Create a culture of business continuity considerations in all systems, processes, fleet or estate design and delivery.

## 1. Introduction

- 1.1 The Trust meets business continuity challenges on a regular basis, from poor weather, IT interruptions and system loss, events during seasonal pressures, and the pandemic. Although less of an impact we are still in a period of recovery from COVID-19, new challenges brought by Industrial Action have further tested the Trust's ability to provide the services to the public for which we are commissioned, and system delays have caused thousands of lost hours of production.
- 1.2 Risks and issues do not occur in isolation. The Trust has been able to meet these concurrent issues due to strong decisive leadership, a structured management process and the staff working together toward common goals. In accordance with duties afforded to WAST under the Civil Contingencies Act (2004), risk assessments, planning, and regular exercises have taken place to ensure there is a robust response and recovery process in place, with space for learning and innovation.
- 1.3 This report shows where the Trust currently sits in terms of BCMS and provides recommendations to improve the processes and mature the system.

## 2. Business Continuity Management Systems (BCMS)

- 2.1 Business continuity is the ability of an organisation to continue the delivery of services to a pre-agreed level during disruption, and then recover. To achieve this, potential outcomes (risks) are identified and mitigated, and plans put in place to manage them should they become realised (issues). A mature Business Continuity Management System (BCMS) provides numerous advantages to the organisation:

- Increases an organisation's ability to continue during a period of disruption.
- Processes provide staff a clear understanding of the organisation.
- Provides an environment where improvement can occur.

- 2.2 At a Strategic, organisational level, risks are generally grouped as:

- |                  |                 |
|------------------|-----------------|
| • Political      | • Legal         |
| • Economic       | • Environmental |
| • Socio-cultural | • Reputational  |



- Technological

2.3 At a delivery level we look at disruption to:

- People/Staffing
- Premises/Estates
- Technology
- Fleet
- Utilities
- Information
- Supplies

2.4 To identify and understand the risks, a business impact analysis (BIA) is undertaken to identify what the business delivers, and detail the processes associated with the 'critical activities' required. Risks identified as part of the BIA should be recorded as per Trust policy including mitigation. Mitigation takes the form of designing systems to be resilient, and writing, sharing and testing of Business Continuity Plans (BCP) to be used should a disruption occur.

2.5 WAST, as a Category 1 responder under the Civil Contingencies Act (2004) and Regulations (2005), has a duty to ensure we have business continuity plans in place. There is no requirement for the Trust to be accredited to International Standard ISO22301 but the BCMS is based on this framework as good practice and we continue to work towards the standard required for accreditation in the near future.

2.6 To support the work toward becoming ISO22301 registered the implementation of a digital BC platform has been agreed by the Executive, and funding has been set aside during 2024 financial year. This will future proof BC arrangements and provide a robust and flexible management system for all departments. This cloud based system will be a live platform that will store BIA & BCP's as well provide a testing and exercising mechanism that each department can use, record and learn from.

2.7 Welsh Government emergency planning documentation<sup>1</sup> gives the Chief Executive Officer the responsibility of ensuring policies and plans are in place to comply with the CCA (2004). Welsh Government request an annual report to provide assurance that the following are considered and/or in place, and work is underway to complete this report for 2023-24:

- BC arrangements considered and adopted by the Executive Board
- Arrangements for reducing the risk of:
  - o cyber attacks

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<sup>1</sup> NHS Wales (2015) Emergency Planning Core Guidance

- o ICT disruption
  - o Power outages
- Major incident planning
- 24/7 activation and response systems
- Appropriate training, testing and implementation arrangements
- Co-operation and coordination with stakeholders
- Meeting the duties under the CCA

### 3. Audit and Assurance

#### Audits

- 3.1. Audits have taken place across the Trust which have either looked directly at BC, or aspects that have links into BC. As part of auditing departmental documents, Audit Wales undertook a review of the ICT Infrastructure and its capabilities. ICT were asked to provide details of BC Plans, exercise reports, recovery logs, hardware records, security arrangements including cyber incident response. This was provided in collaboration with EPRR Team.
- 3.2. With the introduction of a digital platform for recoding BC management, there will be a robust mechanism for audit that can be filtered in different ways such as departmental, dependency & specific sites, this will provide reassurance of the Trust arrangements.

#### Business Continuity Steering Group (BCSG)

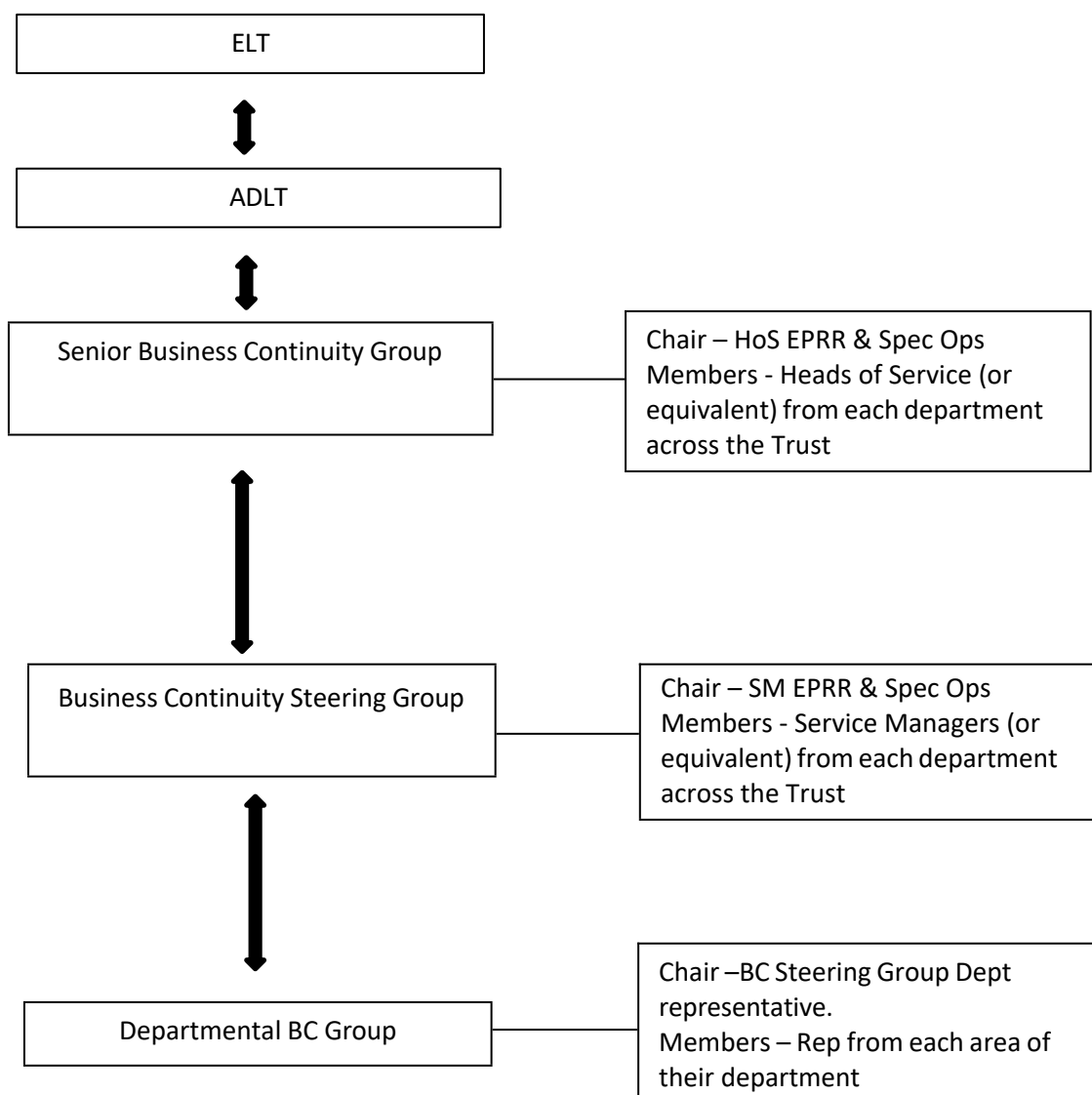
- 3.2 The BCSG is the principal mechanism for management review of the BCMS and informing Senior Management about emerging BC issues. The meetings are held quarterly and Chaired by the Trust BC Lead. Each directorate has identified a Business Continuity representative who takes the lead in coordinating arrangements for their department.
- 3.3 The group reviews the BCMS as a whole and shares incident and exercise learning. Departments and directorates are required to review their BIAs and BCPs annually, and after any incident to make amendments where required. Risk specific plans are also provided to the group for comment to ensure they have a Trust-wide view.
- 3.4 The group has identified it would benefit from a more formal requirement of the group, the seniority, knowledge and experience of the attendees, and a

formal route to provide updates to the wider organisation. The BCSG is a Trust-wide group that extends beyond Operations so a suitable reporting method has been identified to encompass all the departments.



- 3.5 The new BC structure within the Trust will in future report into the Assistant Directors Leadership Team (ADLT) as a formally constituted sub-group of the Executive Leadership Team as assurance that all departments within the organisation are represented. The BCSG, chaired by the Service Manager - EPRR & Spec Ops will now report into and be supported by a Senior Business Continuity Group (SBCG) chaired by the Head of Service EPRR & Spec Ops, with the expected membership of this group being Head of Service (or equivalent) from each department across the Trust.

The agreed revised structure is as follows:



#### Responsibilities of the BC groups

| Group             | Responsibilities                                                                                                                                                                                                                                             |
|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ADLT              | Ensuring the Trust has robust BC plans in place to meet the obligations under the CCA 2004.                                                                                                                                                                  |
| Senior BC Group   | Provide assurance to ADLT that BC plans are in place across the Trust.<br>Support the BC Steering group to break down any barriers to providing BC plans                                                                                                     |
| BC Steering Group | Provide assurance to the Senior BC group that BC plans and BIA have been undertaken and are in place for each department across the Trust.<br>Monitor BC plans to ensure they remain in date.<br>Ensure cross departmental working is in place when required |

|                           |                                                                                                                                                          |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Departmental<br>BC Groups | <p>Ensure the department's BIA and BC plans are up to date and appropriate for the department.</p> <p>Undertake departmental testing of the BC plan.</p> |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|

- 3.6 Departments should be represented at a minimum of 75% of the meetings (3 or more) across the year. This could be the BC Lead for the department, or a deputy, but it should be someone with a working knowledge of both their department and the BC arrangements. Attendance at the meetings is recorded showing departmental engagement and, where it falls short of the recommendation from the audit the relevant AD is made aware.
- 3.7 Whilst the structure of this group was reviewed and agreed there has been a short pause to the meetings. These will recommence in June 2024 with the view to reconfigure the attendees and ensure there is a Trust-wide buy into BC.
- 3.8 As part of their remit to ensure the Trust meets its civil contingencies obligations, the EPRR team works with departments to assist in the development and delivery of plans, processes and systems. Performance Management is monitored by the EPRR Officers, through continuous status assessments of BIAs, BCPs and departmental exercising. The details are collated and shared with the BCSG on a Teams channel, so they are aware of the progress.
- 3.9 Most of the BIA and BCPs on the Teams Channel were last reviewed in 2022. This is not to say they have not been reviewed, simply that they are not in the channel. This has been noted as an area of improvement and is raised as a standing agenda BCSG meetings.

## 4 Business Impact Analysis and Risk

- 4.2 A business impact analysis (BIA) is undertaken to identify
- what the business delivers
  - the 'critical activities' required
  - potential outcomes of disruption
  - required staffing levels
  - interdependencies,
  - risks if any of these things are interrupted
- 4.3 To understand the organisation and plan for potential disruption, the key deliverables and processes need to be identified at an organisational level. By identifying the key products and functions, the critical activities (activities that must be performed to make the products/functions successful) can be

described and understood. This would take in the Trust strategy and the plans set out in the IMTP.

- 4.4 Risks identified through BIAs are recorded, communicated to the relevant departments and dealt with holistically. The Trust would benefit from tighter linking of business continuity risk discussions and corporate risk. Risks held on the risk register should both drive and be driven by business continuity. The Risk Management and Board Assurance Framework recognises the risks of not being able to reach patients in the community, links with hospital delays, staff absence, lack of fallback sites, and loss of critical systems. Effective business continuity processes could mitigate some of the identified risks if effectively implemented.
- 4.5 As workstreams develop across the Trust and work continues on areas such as digital platforms, communication through the 'digital first' vision, clinical model transformation and data harvesting from e-PCR, the business continuity plans for these processes will also need to be integrated.

## 5 Incidents

- 5.1 Debriefs from BC incidents (BCI) are recognising that early declaration of a BCI brings together an effective management structure including specialists who can deal with the cause while the rest of the structure deals with potential impact.
- 5.2 In November 2023 we saw extraordinarily high tides, coupled with a red weather warning for rain that sparked implementation of evacuation and a temporary relocation of an ambulance station in Tenby. During this incident, it was clear that the fallback site was not suitable, and an alternative location was identified at short notice. Following a structured debrief the alternative location will now form part the departmental BCP as a designated alternative location for loss of property.
- 5.3 In early January 2024 there was significant pressures on Health Boards in particular Emergency Departments (ED's) in the South & West of Wales where we saw three Health Boards declare BCI in one or more of their sites in one day. This in turn caused significant pressure on WAST operational resources to respond to incidents and therefore caused WAST to also Declare a BCI and



escalate to REAP4.

- 5.4 Additional mitigating measures have also been used utilising the departmental BCP's whilst implementing new systems such as Life X and the adoption of MIS for the 111 service. This provides reassurance that there are alternative options available and details of how this can be implemented at a moment's notice.

#### National BC concerns

- 5.5 WAST took part in a national, strategic group of multiagency partners to identify and mitigate risks over the winter period 2023-2024. Risks included weather, surge and capacity across health systems, industrial action, power outage and cyber-attacks.
- 5.6 At a local level, similar groups were looking at these risks tactically and operationally; WAST were fully engaged throughout.
- 5.7 The following workstreams are being discussed at the National BC group:
- 5.7.1 A standardised approach for BIA templates with a view to obtaining a best practise framework for ambulance Trusts.
  - 5.7.2 Disaster recovery to incorporate minor BC incidents all the way through to a Catastrophic incident where recovery is measured in months or longer, and how engagement and learning can be shared with multi-agency partners.

#### Senior BC Planning Team

- 5.8 This group was in place over the 2023-24 winter period, to look at concurrent risks across the winter which included surge and capacity, poor weather, potential power outages, and industrial action. The Chair was tasked with the remit of ensuring business continuity in light of these risks.
- 5.9 Facilitation of the staff right to take part in Industrial Action has been a regular business continuity focus across the Trust since November 2022. Industrial action is covered by consequences including staff loss and ICT system disruption. System disruption occurs when there are insufficient numbers of staff, or no staff with the correct skill sets, to utilise an ICT system. A BIA will show how many staff are required to fulfil critical activities, BC plans have a section covering staff loss and how it could be managed. This should be taken into consideration during any disruption as the BIA will also show the minimum

number of staff required to fulfil functions in other departments, leaving the rest to support operational delivery on and around strike days.

## ICT Disruption

5.10 26<sup>th</sup> of March 2024 saw a BC Incident declared during Industrial action due to a disruption that impacted telephony coming into EMS-C, the CAD system & 111.

5.11 There have been several instances of the PSBA in Gwent having problems that have had a direct negative effect on EMS-C or have affected wider health and social care which has consequently affected WAST. EMS-C have well written and rehearsed plans for dealing with disruption, and WAST have proactively engaged with Health Boards to reduced impact on the community, whether the cause is a technical issue, system flow delays, or response to incidents and the need to continue with normal business.

## 6 Trust Plans

6.1 The Trust holds generic response plans, such as the Incident Response Plan (IRP) (2023), risk-specific plans based on risks in the National Security Risk Assessment (NSRA), and departmental business continuity plans. Although not all risks need a plan specifically for them, the common consequences, as shown in section 2, should be planned for and the cause understood. The highest risks on the NSRA, which the Trust should be prepared to respond to while carrying on normal business, include:

- Terror attacks (various methodology)
- Disruption of telecommunications (multiple causes, both accidental and deliberate)
- Extremes of weather
- Utility disruption (gas, electric, water supply)
- Pandemic (of any kind, not just influenza) and outbreak of emerging diseases
- Cyber attacks
- Flooding

6.2 The IRP and Notification and Escalation Procedure (NEP) both explain what a BC Incident is and who should be notified both in and out of hours. The NEP has recently been reviewed to streamline and clarify, roles, responsibilities, and communication of and between the Operational Delivery Unit (ODU), EMS-C and the command/management structure. Departmental plans should support the delivery of these procedures.

- 6.3 The Departmental BC plan template is being reviewed to align with the structure detailed in the WAST Incident Response Plan (2023) so all departments have what they need to act should a disruption occur. The plans have been tested in ICT disruption and Seasonal Planning exercises, as well as through the recent Industrial Action (BIA identification and delivery of critical activities, BCP staff loss).
- 6.4 The Severe Weather Plan was reviewed and shared in October 2023, the Pandemic Plan in March 2023, the Power Outage Plan was updated in May 2024 and the Fuel Disruption Plan is due to be reviewed in March 2025.

## 7 Exercises

- 7.1 Each department tests their departmental plans with support from the EPRR Team. A set of PowerPoints are available on the BC Steering Group Teams channel for departments to modify and use to test their own plans whenever they see fit. Topics include:
- ICT loss
  - Staff loss
  - Denial of access to premises
  - Service and supplier disruption.
  - Power outage
- 7.2 Outcomes and action plans would be held in a post-exercise report and discussed by the Business Continuity Steering Group and can be summarised for submission as an appendix to future reports. The BC Lead for the department would be responsible for delivery of the action plan linked to their risks on Datix.

## 8 Training

- 8.1 Discussions have taken place in BC Steering Group to review training needs, although a package has not yet been agreed. A review of the governance around BC will help to identify who should be involved directly, how, and what knowledge they would need.
- 8.2 The implementation of a new BC management software will also bring additional functions to support staff with training. This system allows for BC topical subjects to be available to users of the software.

8.3 The Business Continuity Institute runs Business Continuity Awareness Week annually in May (#BCAW+R2024 on social media) and the Trust takes the opportunity to align with this to provide information to staff. The EPRR Team looked at ideas to cover the 2024 topic "Empowering tomorrow: building resilience today" and were supported by the Corporate Communications team to deliver it on Siren. The content included:

- Proactive preparedness
- Resilience & innovation
- Building community resilience
- Employee engagement
- Learning from the past, and preparing for the future

**RECOMMENDATION: It is recommended that the Finance and Performance Committee Receive and Discuss the Annual Business Continuity Report.**



|                               |             |
|-------------------------------|-------------|
| <b>AGENDA ITEM No</b>         | <b>12.1</b> |
| <b>OPEN or CLOSED</b>         | <b>OPEN</b> |
| <b>No of ANNEXES ATTACHED</b> | <b>1</b>    |

## NHS Emergency Planning Annual Report for Welsh Government 2023-24

|                  |                                                                                                                 |
|------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>MEETING</b>   | Finance and Performance Committee                                                                               |
| <b>DATE</b>      | 16 July 2024                                                                                                    |
| <b>EXECUTIVE</b> | Lee Brooks, Executive Director of Operations                                                                    |
| <b>AUTHOR</b>    | Clare Langshaw, Head of Service, EPRR & Specialist Operations<br>Judith Bryce, Assistant Director of Operations |
| <b>CONTACT</b>   | <a href="mailto:clare.langshaw@wales.nhs.uk">clare.langshaw@wales.nhs.uk</a>                                    |

### EXECUTIVE SUMMARY

On an annual basis WAST is required to provide assurance to Welsh Government that the Trust has plans in place to meet our obligations under the Civil Contingencies Act 2004.

This year return looks at the activities across the 2023 and includes activities up to May 2024. WAST is asked to give assurance against five key areas within the report:

- Mitigation, where possible, for the risks identified within the National Security Risk Register (NSRA).
- Having robust emergency plans in place for major incidents including our response to Chemical Biological Radiological Nuclear (CBRN), terrorist attacks, major power outages, high consequence infectious diseases and cyber-attacks.
- Having appropriate business continuity arrangements in place.
- Regular testing of our emergency plans through training and exercising.
- Ensuring our staff are appropriately trained in command and control processes and maintain their skills and knowledge.

Information has been provided that covers all areas requested; This includes areas of good practice and identifying areas that need further work to address.

The report is provided to Committee as part of the annual work plan and for assurance purposes.

**Recommendation: The Committee are asked to Receive and discuss the NHS Emergency Planning Annual Report for Welsh Government 2023-24**

| KEY ISSUES/IMPLICATIONS                                                                                                                                                                                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>The Trust has been able to provide good assurance, although we have highlighted the capability gaps found through the Manchester Arena Inquiry work. We have also highlighted those areas that will continue to remain challenging without the additional funding set out through the MAI recommendations being progressed by our commissioners.</p> |

| REPORT APPENDICES                                   |
|-----------------------------------------------------|
| <p>NHS Emergency Planning Annual Report 2023/24</p> |

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

## **NHS EMERGENCY PLANNING ANNUAL REPORT 2023/24**

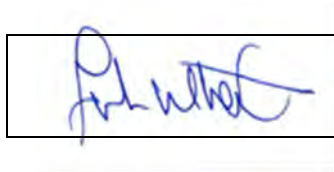
**Name of NHS  
Organisation**

**Welsh Ambulance Service University  
NHS Trust**

**Date**

**June 2024**

**Signature of Chief  
Executive Officer**



### **Purpose**

The NHS Emergency Planning Annual Report is a mechanism for providing assurance to NHS organisations, the NHS Executive and Welsh Government of the emergency planning arrangements, preparedness and resilience within organisations across NHS Wales. Boards of NHS organisations will be required to sign off the annual report prior to submission to the NHS Executive who will review reports from across the system, seeking assurance that organisations:

- Mitigate where possible the against the risks identified within the NSRA;
- Have a robust emergency plan in place for major incidents (CBRN, terrorist attacks, major power outages, high consequence infectious disease outbreaks, cyber attacks etc);
- Have appropriate business continuity arrangements in place;
- Regularly test the efficacy of organisational plans through training and exercise; and
- Ensure staff have the appropriate training in command and control processes and maintain their skills and knowledge including through CPD opportunities.

### **Governance**

1. Please provide the name and position of your nominated Executive level lead for civil contingency/emergency preparedness arrangements.

Lee Brooks, Executive Director of Operations

2. Please provide the name and position of your nominated Executive level business continuity lead if different from the above.

As above

**3. Please provide the name and position of your officer(s) who has lead day to day responsibility for your civil contingencies/emergency preparedness arrangements.**

Judith Bryce, Assistant Director of Operations, National Operations & Support  
Clare Langshaw, Head of Service, EPRR & Specialist Operations  
Jason Fenard, Service Manager, EPRR & Specialist Operations

**4. Please provide the name and position of your officer(s) with day-to-day responsibility for your business continuity arrangements.**

As above

**5. Please provide the name and position of the officer in your organisation responsible for PREVENT activities (normally delivered as part of Safeguarding).**

Vikki Maxwell, Head of Safeguarding

**6. Is there a mechanism for discussing and co-ordinating health emergency planning arrangements internally within your organisation?**

YES ☒ NO ☐

**7. Please provide details of your internal mechanism for co-ordinating your emergency planning arrangements – for example: contingency/risk group structure, emergency preparedness strategy, EP work plan etc.**

Within WAST emergency planning arrangements are co-ordinated through the EPRR team. Several meetings are held to assess the risks faced by the trust and to put plans in place to mitigate the identified risks. The EPRR meetings ensure that lessons identified from exercise and incident debriefs are captured and acted upon as well as ensuring learning from across the UK Ambulance EPRR cadre are implemented where appropriate for WAST.

The EPRR team has the mechanisms in place to engage with departments across the Trust through the Senior Operations Team (SOT) and the Operations Senior Leadership Team (SLT) to ensure emergency planning arrangements are adopted throughout the Trust.

The following groups are utilised to ensure a coherent approach to emergency planning is achieved.

- EPRR Action plan working group meetings are held every 6 weeks, reporting to the EPRR & Specialist Operations Group
- EPRR Organisational Lessons Identified group meetings are held every month, reporting to the EPRR & Specialist Operations Group
- EPRR LRF overview meetings are held every month, reporting to the EPRR & Specialist Operations Group
- Business Continuity Steering Group – quarterly meeting chaired by Locality Manager EPRR and attended by BC Leads from all departments, reporting to the EPRR & Specialist Operations Group

- Head of Service EPRR & Specialist Operations, attends the Senior Operations Team to ensure EPRR matters are raised within the wider Trust, this group reports to the Senior Leadership Team.
- ADO National Operations & Support attends the Senior Leadership Team meetings to ensure EPRR matters are raised within the wider Trust, this group reports to the Executive Leadership Team (ELT).
- The Executive Director of Operations ensures that EPRR matters are shared within the ELT and the Chief Executive Officer of the Trust.
- The Executive Director of Operations attends the Finance and Performance Committee of the Trust board; this ensures that EPRR matters are given assurance at the Trust board level. There is a schedule of work for this committee in which EPRR matters are included.

**8. Is there a mechanism for discussing and co-ordinating your emergency planning arrangements externally with NHS organisations in Wales and partner agencies, including within the LRF area?**

YES ☒ NO ☐

**Please provide further details.**

The WAST EPRR team engages with partners through the following groups.

- System Resilience Planning Group
- Wales Resilience Partnership Team
- Emergency Planning Advisory Group (EPAG)
- Pre Hospital Group
- Mass Casualty Group
- Wales Prepare and Protect Board
- CONTEST Cymru Board
- Local CONTEST Boards
- All Wales Learning and Development group
- NHS Wales Learning and Development Group
- EPRR Delivery Group (UK Ambulance Services)
- EPRR Group (UK Ambulance Services)
- National Business Continuity Group (UK Ambulance Services)
- Local JESIP group meetings
- Pan Wales JESIP Strategic Board
- Pan Wales JESIP Tactical Board
- LRF Executive (Strategic) Groups
- LRF Coordination Groups (and relevant sub-groups)

**9. If applicable, who represents your organisation at the Local Resilience Forum meetings?**

Executive level:

All LRFs – Clare Langshaw, Head of Service, EPRR & Specialist Operations

Coordinator level:

South Wales and Gwent LRFs – Scott Walker, EPRR Manager S&E

Dyfed Powys LRF – Mathew Jones, EPRR Manager C&W

North Wales LRF – Thomas Wardale, EPRR Manager North

Subgroup level:

South Wales and Gwent LRFs – Scott Walker and Katie Morgan

Dyfed Powys LRF – Mathew Jones and Emily Gibbins  
North Wales LRF – Thomas Wardale and Nia Hughes

**10. When were your business continuity arrangements for maintaining critical services last reviewed and adopted by your Board?**

The Business Continuity Policy was approved in 2019 and was reviewed in November 2023. The policy has not been through the Policy review process to date but is being updated to include the new BC structures that the Trust is implementing. However, there is a current business continuity section in the Incident Response Plan which is subject to annual review. Further there is an annual BC report produced which documents all BC plans and activity, and is reported to the Trust's Finance and Performance Committee in line with the Committee's work plan for annual scrutiny and assurance.

**11. Does your organisation's corporate risk register include any business continuity or emergency planning risks? If yes, please provide details of these specific risks and how they are managed within the organisation.**

Corporate risk is reviewed and managed at Executive and Trust Board level, with a monthly review by each risk owner. CRR594 details the risk to the Trust in our ability to release ambulances from protracted delays at hospitals to fulfil our pre-determined attendance as detailed in the Trust's Incident Response Plan to an incident declared. This risk is detailed on the Corporate Risk Register and within the Board Assurance Framework. Sight of this risk provided to Welsh Government via JET; the single most mitigating factor to this risk is the timely release of ambulances from emergency departments. The Trust has sought assurance from Health Boards that these plans to release ambulances exist. To date, WAST has not received the plans or ED actions cards and none have been tested with WAST.

**Major Incident/Emergency Plan**

**12. When was your Major Incident/Emergency Plan last reviewed and considered by your Board?**

The revised and rewritten Incident Response Plan (v2.0) has been approved at Senior Operations Team and Senior Leadership Team in October 2023 when it was then accepted by the Executive Leadership Team. Version 2.1 of the IRP has since been updated to reflect the introduction of the new triage system and was approved by the Senior Leadership Team in June 2024. Annual assurance through Finance and Performance Committee will take place in July 2024. Annual assurance also took place through this committee in 2023.

**13. When was your Major Incident/Emergency Plan last updated to reflect any organisational changes and essential plan contacts?**



WAST Incident Response Plan v2.0 was reviewed and updated in October 2023 and reflects lessons identified internally and externally and changes in guidance and terminology, including updates from the Manchester Arena Inquiry. Version 2.1 of the IRP was updated to reflect the introduction of the new triage system and was approved by the Senior Leadership team in June 2024.

**14. Do you have resilient activation systems, action cards and suitably trained and equipped staff to provide for a 24-hour emergency response to support your Major Incident/Emergency Plan?**

YES ☒ NO ☐

**15. If NO, what are the gaps and how are these being addressed?**

## **Terrorism**

**16. Does your organisation have written procedures that may be needed to respond to a change in threat level to critical?**

YES ☒ NO ☐

**17. When was your organisation's Lock Down arrangements last worked through or tested?**

| Dates | Details of what was undertaken                                                                                                                                                                                                           |
|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|       | The EMS-C (control rooms) have lockdown processes that work mainly when there are potential infection outbreaks. These ran throughout the COVID pandemic. There are no emergency lockdown procedures in place for threats at WAST sites. |

**18. Were any issues identified as a result and if so how has / is your organisation addressing these?**

## **Power Outage**

**19. Do your business continuity arrangements include response arrangements for maintaining critical services in the event of a major power outage?**

YES ☒ NO ☐

**20. What are the key risks to your organisation in respect of a major power outage and how are you mitigating these? Please provide details of key vulnerable sites / facilities, how these have been assessed and dates of last assessments.**

The three control rooms are the main risks to the Trust. All three control rooms have a UPS to independent generator solution that automatically operate when there is a power outage. These generators are tested every three months. The refuelling of these generators remains a risk during a prolonged power outage if fuel pumps and deliveries are also affected.

Plans for carbon reduction will result in a move to electric powered vehicles. However, any loss of power supply can create new risk, currently mitigated by only a partial migration to electric/hybrid fleet. The Trust has recognised that access to Trust bunkered fuel will not be available during a power outage as the pumping system is reliant on power. The Trust is aware of the LRF Power Outage Plans and would request the early activation of these plans and the Fuel Plan if required.

## **Mass Casualty Incidents**

**21. Please describe how your emergency planning arrangements fulfil the roles and responsibilities placed on your organisation as set out in the “Mass Casualty Incident Arrangements for NHS Wales” document, agreed by Chief Executives.**

Within the Mass Casualty Incident Arrangements for NHS Wales, WAST has the responsibility to recognise a mass casualty incident and ensure a Major Incident Mass Casualty incident is declared. This is included in our Incident Response Plan.

WAST has the responsibility to triage, treat and transport patients involved in a MI Mass Casualty incident, recognising the additional challenges of a Mass casualty incident, arrangements to undertake these roles are included in the Mass Casualty section of the IRP.

Our work in response to the MAI recommendations has identified capacity and capability constraints for WAST to fulfil its potential obligations. This year the Trust intends to conclude its analysis (MAI Recommendation 105), shall share its findings with commissioners (MAI Recommendation 106) and will await commissioners urgent consideration (MAI Recommendation 107). In the meantime, WAST has completed 30 of the relevant 68 MAI recommendations which we are actively pursuing. However, 20 of the outstanding actions cannot be completed without further investment.

## **Cyber Attack**

**22. Do your business continuity arrangements include written procedures for responding to a cyber-attack / ICT incident impacting across the organisation?**

YES ☒ NO ☐

**23. Has your organisation assessed the risk of a Cyber-attack and identified mitigating actions for the vulnerabilities highlighted?**

WAST has assessed the risk of a cyber-attack and has an ICT Security role in place along with an ICT Disruption Business Continuity plan. WAST has assessed that further work is needed in this area and the ICT team are assessing the most appropriate measures that need to be implemented across the Trust.

## **Communicable Diseases and Pandemics**

### **24. Do your business continuity arrangements include plans to respond to a new pandemic?**

Yes - WAST has in place a Pandemic Plan; During the COVID pandemic the decision was taken to replace the Pandemic Flu Plan with a Pandemic plan in recognition that the Trust needed to be prepared to respond to a new pandemic quickly and effectively.

### **25. What are the major risks in terms of your organisation's resilience / capabilities to be able to respond to a new pandemic?**

The COVID pandemic highlighted that the Trust's major risk during a pandemic was the maintenance of services over a prolonged period; this included the immediate loss of frontline and corporate staff and the impact this has on the ability of the Trust to maintain all of the core services of the Trust.

Learning from the COVID pandemic was that the Trust needs to be pragmatic, focus on the core 6 functions to deliver its service and assess which other areas cannot be delivered.

The Trust is currently engaged on a programme to provide a vehicle based RPE Versaflow solution which mitigates the use of FFP3 face masks and the subsequent fit test requirements.

### **26. Please describe your organisation's readiness to deal with one or more patients presenting with a suspected high consequence infectious disease. Please include details of facilities, patient pathways, IP&C procedures, workforce and training.**

The Trust has an HCID plan in place to deal with an HCID patient(s). Appropriate PPE is carried on all frontline vehicles and Fit Testing arrangements are in place for all patient facing staff.

Specialist arrangements to transport confirmed HCID patients are in place with the Hazardous Area Response Team (HART) and Specialist Operational Response Team volunteers (SORT). SORT personnel are trained to wear PRPS, but are not trained to wear the additional PPE that HART are trained to deliver clinical care wearing.

Arrangements exist across the UK to utilise HART units to support with the transportation of an HCID patients to one of the Level 4 units in England and this can be achieved in the South of Wales, utilising the WAST HART unit, but cannot be achieved in North Wales without mutual aid from North West Ambulance Service as WAST does not have a North Wales HART unit.

Two Epi-Shuttles are maintained within the Trust, with support from Welsh Government. These are located in the North and South of the Trust and can be used to transport confirmed HCID patients to any Level 4 hospital.

## **CBRN**

### **27. Do your business continuity arrangements include plans to respond to a chemical, biological or radiological incident?**

The Trust response to a CBRN or HazMat incident is incorporated into the IRP. This section of the IRP has been updated to include the latest information contained within the Initial Operational Response (IOR) to Incidents Suspected to involve Hazardous Substances or CBRN Materials, published by JESIP.

### **28. What are the key risks / vulnerabilities for your organisation and how are you addressing these?**

The Trust's key risk to responding to a CBRN incident is not being able to provide a Safe System of Work at the incident scene for its specialist responders. The Trust has recognised that we do not currently have enough SORT volunteers to ensure a sufficient number of operatives can be responded to a CBRN scene. This has been addressed in a business case to Welsh Government (first submitted in 2021) and will be further included in the Manchester Arena Inquiry (MAI) Recommendation findings.

NARU has recognised the difficulties associated with 6 HART operatives always available to provide a safe system of work, and in response, English ambulance Trusts have been funded to grow teams of 8 operatives. WAST has included this learning in our review of MAI recommendations.

Both of these issues have been identified and resolved within English ambulance Trusts, however currently both remain unresolved in Wales.

## **Training and Exercise**

### **29. Does your organisation have robust arrangements for reviewing emergency plans that take account of lessons from incidents and exercises (including following the process set out in the NHS Wales Lessons Identified Register)?**

YES ☒ NO ☐

#### **Please describe these below**

The EPRR team monitors and reviews the Trust emergency plans, facilitates the structure debriefs within the Trust and attends the multiagency debriefs; This ensures that any lessons identified from exercises or incidents are incorporated into the relevant emergency plan.

External lessons identified are assessed by the EPRR team through JOL submissions. The JOL findings are assessed by the EPRR team and actioned by the team.

Members of the EPRR team sit on UK Ambulance EPRR forums and are able to ensure that lessons identified within UK Ambulance Services are included in our plans where applicable.

All lessons identified are recorded on the Organisational Learning Spreadsheet (OLS) and the OLS is shared with and monitored by the Senior Operations Team, with regular assurance provided to the Senior Leadership Team.

**30. Please provide the dates when your organisation tested its Major Incident / Emergency Plan, through:**

**a. Carrying out a communications/activation test every six months. Please provide details below**

| Dates                           | Details of communications/activation test undertaken                                                                                                                |
|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Weekly                          | Everbridge system is used weekly as a cascade message system for REAP level notification. This is the system that would be utilised during a MI to alert WAST staff |
| Monthly                         | Monthly airwave tests (scheduled) north and south (separately) plus no-notice hailing tests monthly                                                                 |
| 6 monthly MI Communication test | 6 monthly MI Communications test to all Health Boards and Trusts, across Wales to test the cascade of the MI declaration by WAST.                                   |

**b. Carrying out a tabletop training exercise within the last year. Please provide details below**

| Dates    | Details of tabletop training exercise                                         |
|----------|-------------------------------------------------------------------------------|
| 14/06/23 | BAE response exercise                                                         |
| 29/06/23 | Tata steel response exercise                                                  |
| 16/02/23 | Ex Lemur - DPLRF ex to test a power outage                                    |
| 15/03/23 | GLRF activation of an SCG to the SCC                                          |
| 16/04/23 | Ex Largo testing the police command arrangements at a rail terrorist incident |
| 19/10/23 | Testing the multiagency response to the LNG COMAH site                        |
| 17/10/23 | Testing the NHS response to a mass casualty incident                          |

**c. Carrying out a major live or simulated exercise within the last three years. Please provide details below.**

*In line with maintaining HART's operational standards, they undertake extensive exercising, these exercises have not been included below.*

| Dates    | Details of major live or simulated exercises undertaken                                 |
|----------|-----------------------------------------------------------------------------------------|
|          |                                                                                         |
|          |                                                                                         |
| 12/07/23 | Ex Dollhouse testing the multiagency response to a terrorist attack                     |
| 26/04/23 | Cardiff Airport multiagency response exercise                                           |
| 02/03/23 | CTPW exercise to test the multiagency response to a CBRN incident                       |
| 01/03/23 | Multiagency response to Haverford West Airport                                          |
| 14/10/23 | Ex Ghost Train testing the multiagency response to an incident within the Severn Tunnel |
| 21/09/23 | Ex Astral Bend testing the multiagency response to a military aircraft crash            |
| 24/05/23 | Ex Fallen Dragon testing the multiagency response to RAF Valley                         |
| 29/09/23 | Multiagency response to the Bro Tathan Aerodrome                                        |
| 14/09/23 | Ex Raven testing the mutual aid arrangements with SWAST                                 |
| 18/03/24 | Ex Damona testing multiagency response to COMAH site                                    |
|          |                                                                                         |

**31. Has your organisation had to initiate your major incident / emergency plan between April 2023 to March 2024?**

YES ☒ NO ☐

**a. If YES, what was the nature of the incident?**

Major Incidents – 2

- Treforest fire
- Fatal major RTC

Major Incident Stand-by – 4

- Neyland bus crash
- Morriston explosion
- Nursing home fire
- Fishguard ferry fire

Critical Incident – Lost hours

Business Continuity Incidents – 3

- Morriston flow challenges
- 999 BT
- 111 phone lines

**b. Were post-event reports produced for these incidents? YES ☒ NO ☐**

**c. If post incidents reports were produced, have these been shared with the health emergency planning network and any lessons identified uploaded on the Wales NHS Lessons Identified Register?**

Lessons have been identified internally and only refer to internal processes which are not applicable to wider learning, and therefore have not been shared with the EP network or uploaded onto the NHS LIR.

Internal lessons identified are entered onto the WAST Organisational Learning Spreadsheet as recommendations and actions and monitored by the Senior Operations Team and Senior Leadership Team.

Multiagency lessons or areas of good practice can be added to JOL; This is reflected on the OLS.

**32. Have you undertaken an assessment of staff training needs in relation to your Major Incident /Emergency Plan?**

YES ☒ NO ☐

**Please provide further information**

It was identified in 2021 that staff joining the Trust did not have MI training and relied on information gained from experienced colleagues. It was identified through Trust Structured debriefs and a training needs assessment that new starters, either joining from universities or from other ambulance, needed MI training. Major incident training has now been introduced into all induction courses, the response to these courses have been positive and the training is now embedded in the induction courses.



The e-learning major incident training package, and the online JESIP packages are embedded within the Trust and available to all staff, however they currently need to be updated to reflect changes in clinical triage and MI terminology.

The Trust Foundation Courses and refreshers courses are embedded within the Trust and continue to be delivered by the EPRR team to Trust commanders across all levels of incident command. The command courses have been updated to reflect the learning and changes that have come out from the Manchester Arena Inquiry, and this will continue to ensure the lessons identified are incorporated into the command courses.

Additional bite size training is delivered as required. Within 2023 the change in the pre-hospital triage of patients has required an extensive training program delivered in 2023 and continued into 2024. Changes to the patient tracking tools and the Mass Casualty dashboard will need to be delivered in 2024, however bitesize training as an interim solution has been rolled out in June 2024.

Additional training sessions have been delivered to update commanders on the changes to the NARU Command and Control Guidance, the Marauding Terrorist Attack Joint Operating Procedures and the Chemical Biological Radiological and Nuclear Joint Operating Procedures.

JESIP continues to be an integral part of any multiagency response, the national JESIP delivery team plans and runs the JESIP courses across Wales, the EPRR team is responsible for identifying when commanders need to attend a course and ensuring they maintain their JESIP training. The JESIP assurance visit in November 2023 highlighted additional training opportunities are needed within our control rooms, work has commenced with the control room trainers to instigate a training program covering the actions that the control room staff need to undertake during a major incident.

In conclusion, our analysis of the MAI recs is that we do not train and exercise our staff to the levels that we would want. To do so would require additional investment and that case is proceeding through our governance routes.

### 33. Do you have a staff training programme to support your Major Incident/Emergency Plan?

YES ☒ NO ☐

**Please provide further details including**

- **Number of staff trained in Gold, Silver, and Bronze roles;**
- **Number of your Executive Team who've attended Wales Gold in the last 3 years; and**
- **Number of Senior Managers who've attended Wales Gold in the last 3 years.**

All responder staff attend a major incident day as part of their induction or EMT course. An awareness session is provided for Ambulance Care staff.

Commanders are required to complete a series of courses and an ongoing CPD, individual commanders achievements against their personnel command CPD is reviewed annually by the EPRR team to ensure they achieve the required standards in line with the WAST Command policy. Command Courses that commanders are expected to attend include:

- WAST foundation courses for Operational, Tactical and Strategic command levels
- WAST foundation command course for EMSC Operational and Tactical commanders
- JESIP multiagency course
- NARU course relevant to the command level (operational and tactical)
- All Wales Silver (for Tactical Commanders)
- All Wales Gold (for Strategic Commanders)

All HART Operational Managers and 2ics (deputies) are trained as Operational Commanders.

Duty Control Managers (DCM) in the Clinical Contact Centres all attend an Operational EMSC Commander course and a JESIP course. National Duty Managers within the ODU attend a Tactical EMS Command course.

Operational: 216

Tactical: 62

Strategic: 20

All Trust Tactical Commanders have attended or are scheduled to attend the All-Wales Silver Course and all Trust Strategic Commanders have attended an All-Wales Gold Course. The Trust Executive officers do not undertake the Strategic role during an incident and therefore do not attend the All-Wales Gold Course (with the exception of the Executive Director of Operations).

National Interagency Liaison officers are trained at Operational, Tactical and Strategic command levels, but maintain their substantive CPD at Tactical command. The Trust currently has 8 trained NILOs, this allows for 1 NILO to be on-call and provide 24/7 cover, however this does not allow for NILO support at all levels of command during an incident.

## **Communication**

**34. Have relevant NHS organisations and partner agencies been consulted about any role they may have in your Major Incident/Emergency Plan?**

YES ☒ NO ☐

**Please provide details.**

The IRP has been shared with partner agencies and the Trust is working with the JESG MAI group to explore further opportunities for improvement.

## **Assurance**

**35. Are you satisfied your organisation is fulfilling the principles required by the Civil Contingencies Act 2004 as described below?**

|                                                                | YES      | NO | Please provide any further relevant information to support your answer                                                                                                                                                                                                                                                                  |
|----------------------------------------------------------------|----------|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1) Assess risks to inform your contingency arrangements</b> | <b>X</b> |    | The results of the MAI will increase the number of potential risk sites and therefore planning on an All-Wales basis. Given this shift, we are unlikely to be able to answer YES to this question for 2024/25 without growth. Devolution of further powers and likelihood of increasing activity also strengthens this case for growth. |
| <b>2) Put in place Emergency Plans</b>                         | <b>X</b> |    | The results of the MAI will increase the number of potential risk sites and therefore planning on an All-Wales basis. Given this shift, we are                                                                                                                                                                                          |

|                                                                                                                         |   |  |                                                                                                                                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------|---|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                         |   |  | unlikely to be able to answer YES to this question for 2024/25 without growth.                                                                                                                                                |
| 3) Put in place Business Continuity Management arrangements                                                             | X |  | The Trust has recognised that the BC structure needs to be amended and this work is ongoing.                                                                                                                                  |
| 4) Share information with other organisations to enhance co-ordination and efficiency                                   | X |  | The results of the MAI will increase the number of potential risk sites and therefore planning on an All-Wales basis. Given this shift, we are unlikely to be able to answer YES to this question for 2024/25 without growth. |
| 5) Cooperate with other organisations to enhance co-ordination and efficiency                                           | X |  | The results of the MAI will increase the number of potential risk sites and therefore planning on an All-Wales basis. Given this shift, we are unlikely to be able to answer YES to this question for 2024/25 without growth. |
| 6) Have appropriate arrangement to warn, inform and advise the public/others, including in an emergency                 | X |  |                                                                                                                                                                                                                               |
| 7) Do you have an EPRR lessons identified and lessons learned procedure within your organisation that feeds in to EPAG? | X |  |                                                                                                                                                                                                                               |

## **Priorities**

### **36. What are your priorities for 2024/25 to strengthen your organisation's emergency planning, resilience and preparedness arrangements?**

Reviewing and assessing the impact of the MAI recommendations on the Trust has been challenging, but it has provided the opportunity to have a robust, evidence-based assessment of our capability to prepare, respond and of our specialist assets. A number of areas have been identified that the organisation and its commissioners need to address.

The WAST EPRR team is currently not able to fully support all four LRF areas. We have three EPRR managers currently in place, this results in the South Wales LRF area being supported by two managers who each support an additional LRF area. With the workload of the LRFs increasing and the changes within the Welsh resilience arena, sustainability remains untenable.

Workshops undertaken as part of the MAI review has highlighted that the Trust control rooms would benefit from consistent major incident response training and exercising. This training and exercising needs to be supported by the EPRR team, but at present the team is not able to support the three Trust control rooms with their training and exercising in a consistent manner. This situation needs to be addressed.

The MAI review has identified that training and exercising for the Trust commanders is robust and effective (although CPD and exercise record keeping systems require improvement). However exercising opportunities for frontline staff is an area that needs to be addressed. The EPRR team is not able to provide exercising opportunities beyond the command cadre, to frontline responders who would likely be the first WAST staff at the scene of an incident.

These areas of concern have been highlighted within the MAI reports. The Trust recognises that funding is needed to address these areas and they remain a priority to address.

The Trust is developing the role of the volunteer in major incident scenarios during 2024 in a way that is consistent with the work of AACE.

**When submitting the completed report, please include an electronic copy of the following:**

- **your current Major Incident /Emergency Plan;**
- **an organisational chart setting out your organisation's emergency preparedness structure; and**
- **an organisational chart setting out your organisation's emergency response structure.**

**Completed and signed report forms with any attachments to be returned following consideration by your Board at its July meeting.**

**By email to: [Rebecca.Luffman@gov.wales](mailto:Rebecca.Luffman@gov.wales)**

|                               |             |
|-------------------------------|-------------|
| <b>AGENDA ITEM No</b>         | <b>12.2</b> |
| <b>OPEN or CLOSED</b>         | <b>OPEN</b> |
| <b>No of ANNEXES ATTACHED</b> | <b>1</b>    |

## WAST Incident Response Plan (IRP) v2.1

|                  |                                                                                                                 |
|------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>MEETING</b>   | Finance and Performance Committee                                                                               |
| <b>DATE</b>      | 16 July 2024                                                                                                    |
| <b>EXECUTIVE</b> | Lee Brooks, Executive Director of Operations                                                                    |
| <b>AUTHOR</b>    | Clare Langshaw, Head of Service, EPRR & Specialist Operations<br>Judith Bryce, Assistant Director of Operations |
| <b>CONTACT</b>   | <a href="mailto:clare.langshaw@wales.nhs.uk">clare.langshaw@wales.nhs.uk</a>                                    |

### EXECUTIVE SUMMARY

The IRP sets out the framework for WAST to respond to a range of incidents within Wales, including major, mass casualty incidents and incidents which require a specialist response. The plan is subject to annual review. The key principles of the IRP have not altered in this annual update. The previous V2.0 of the IRP was rewritten in October to take into account the recommendations from the Manchester Arena Inquiry and to reflect learning from internal debriefs. This was a significant rewrite.

Version 2.1 has been further refreshed to reflect the changes in pre-hospital triage and the updated version of National Ambulance Service Command and Control Guidance which came into effect in WAST from April 2024. Version 2.1 also reflects the updated JESIP doctrine and the adaptations within this document.

This paper is provided to Committee for assurance purposes on the IRP Annual Review in line with the work plan of the Committee.

### KEY ISSUES/IMPLICATIONS

Version 2.1 of the IRP does not impact negatively on Trust commanders but does require them to be familiar with the new document and the changes that have been made within it.

**Recommendation: Committee are asked to RECEIVE and DISCUSS the annual update to the Incident Response Plan**

| REPORT APPENDICES                                                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>To aid commanders to review the changes made to the IRP a Summary of Changes has been shared with Trust commanders. This is attached as Appendix One. The IRP V2.1 published in May 2024 is attached for completeness.</p> |

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



## SITUATION

1. The WAST Incident Response Plan (IRP) has been reviewed as of April 2024.
2. The IRP was last rewritten in October 2023 due to multiple changes being required due to the release of the Manchester Arena Inquiry (MAI) reports and learning from internal debriefs.

## BACKGROUND

3. Since the rewrite of the IRP, in April 2024, the Ten Second Triage (TST) and Major Incident Triage Tool (MITT) algorithms went live across the UK and needed to be reflected in a new version of the IRP.
4. Since the last rewrite of the IRP in October 2023, there have been new versions of the NARU Command and Control (C2) Guidance v5.0 and the JESIP Doctrine v3.1 released.
5. The principles of the IRP have remained unchanged. Additional information has been added to the TST/MITT content which have originated from the NARU C2 Guidance and JESIP Doctrine reviews.

## ASSESSMENT

6. The following areas, within the IRP, have been amended or rewritten:

| Section of the IRP           | Amendment Made                                                                                        | Amendment related to                                                      |
|------------------------------|-------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Section 7.1.1 (para 7)       | Tactical Commander location update and co-location considerations                                     | NARU C2 Guidance v5.0 update                                              |
| Section 7.1.1 (para 11 & 12) | Development of the Ambulance Service Strategy and issuing to the Tactical Commander                   | NARU C2 Guidance v5.0 update                                              |
| Section 7.6                  | Removal of Trauma Desk role within a mass casualty incident                                           | Changes requested following an exercise of the mass casualty arrangements |
| Section 7.13 (para 4 & 5)    | Update to FCP management considerations                                                               | JESIP Doctrine v3.1 update                                                |
| Section 9 (para 1)           | Communication considerations between responders including multi-agency channels between control rooms | JESIP Doctrine v3.1 update                                                |
| Section 9.1                  | Addition of information for the Multi-agency Information Cell (MAIC)                                  | JESIP MAIC Guidance                                                       |

|                       |                                                                                                                                      |                                                                                              |
|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| Section 11            | TST and MITT section included                                                                                                        | NARU Ten Second Triage (TST) and Major Incident Triage Tool (MITT) Supplementary Information |
| Section 11.2 (para 3) | Amendment made to Covering the Deceased to be discussed between commanders should there be a requirement due to dignity purposes     | Feedback from incident where covering the deceased was necessary                             |
| Section 12 (para 2)   | Deployment of responders into the scene to provide life-saving interventions to be default position unless credible evidence not to. | JESIP Doctrine v3.1 update                                                                   |
| Section 19 (para 1)   | Specialist assets e.g. HART, being included in mutual aid requests                                                                   |                                                                                              |
| Section 20 (para 4)   | Inclusion of informing NHS Executive Team within Welsh Government via the duty NILO.                                                 |                                                                                              |
| Appendix 11           | Addition of newly revised WAST Capabilities posters.                                                                                 |                                                                                              |

**RECOMMENDATION: It is recommended that Committee RECEIVE and DISCUSS the annual update of the Incident Response Plan V2.1.**

## Appendix One

### Summary of Changes – Incident Response Plan v2.1

| Page No | Section | Paragraph | New Text                                                                                                                                                                                                                                                                                                                                                                                                                            | Reference                                                       |
|---------|---------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| 15      | 7.1.1   | 7         | The actual location of the Tactical Commander will depend on the nature and geography of the incident. Where the operational response is concentrated around a single incident scene, the Tactical Commander may be placed co-locating with partners near to that scene, with a Tactical representative attending the TCG if one is convened.                                                                                       | NARU Command & Control Guidance v5.0<br><br>Paragraph 3.26-3.30 |
| 15      | 7.1.1   | 11 & 12   | When developing the Strategy, the Strategic Commander should consult with the Tactical Commander, as they will add to the intelligence picture and can offer advice on the type of tactics which may be used.<br><br>When issuing the strategy, a concise IIMARCH briefing should be provided to the Tactical Commander to ensure the strategy is understood, along with the parameters that are being set for them to work within. | NARU Command & Control Guidance v5.0<br><br>Paragraph 4.6 & 4.9 |
| 19      | 7.6     |           | <u>Casualty Clearing Medical Lead (CCML)</u>                                                                                                                                                                                                                                                                                                                                                                                        | To reflect upcoming changes within the Wales                    |

|    |      |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                        |
|----|------|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
|    |      |       | Responsible for coordinating, supporting and advising paramedics and medical staff within the CCP/CCS and to maximise the clinical care of all patients. During a Mass Casualty incident, this role is required to liaise with the <b>nominated pre-determined contact</b> to inform them of the receiving hospitals that patients are being transported to.                                                                                                                                                                          | Mass Casualty Arrangements<br><br>(removal of the Trauma Desk providing this function) |
| 21 | 7.7  |       | <u>Loggist</u><br>Commanders are responsible for making sure all the decisions they make, the rationale and any actions taken are recorded. Where available, trained loggists should undertake this role. <b>They will support the Tactical commander as the primary option.</b>                                                                                                                                                                                                                                                      | Recommendation from incident debriefs                                                  |
| 28 | 7.13 | 4 & 5 | <b>The FCP is where decision makers will agree the priorities and actions to be undertaken to ensure an effective response. It is critical that where possible, decision makers attending the FCP are not distracted by outside influence, such as phone calls and requests for updates, this will help ensure shared situational awareness is developed and critical decisions are reached in a timely fashion.</b><br><br><b>Only those who are discharging delegated authority in relation to the incident, such as commanders</b> | JESIP Doctrine v3.1<br><br>Section 4.2 – paragraphs 8 & 9                              |

|    |     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |
|----|-----|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
|    |     |     | and their support officers, should attend the FCP.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                      |
| 34 | 9   | 1   | Communication between responders should be implemented as soon as possible to enable the development of shared situational awareness. This should commence with the immediate implementation of a multi-agency open communication channel between control rooms upon declaration of an incident involving multiple partners.                                                                                                                                                                                                                                                                                                                                                                                                   | JESIP Doctrine v3.1<br><br>Section 4.2 – paragraph 3 |
| 35 | 9.1 | 1-4 | <p>The purpose of a Multi-agency Information Cell (MAIC) is to <i>'provide shared situational awareness by gathering information, analysing and then delivering it in an intelligible and recognised product, referred to as the Common Operating Picture (COP)'</i>. (JESIP Joint Doctrine: The Interoperability Framework Edition 3, 2021).</p> <p>During an incident, a MAIC may be requested by either a TCG or SCG to identify, obtain, analyse, display and disseminate multi-agency information during a response.</p> <p>If a MAIC were to be convened, consideration on WAST representation will be required. Some of the information and intelligence obtained by the MAIC may be sensitive and will be a matter</p> | JESIP MAIC Guidance 2022                             |

|       |      |   |                                                                                                                                                                                                                                                                                                                                                |                                                                                              |
|-------|------|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
|       |      |   | <p>of the MAIC chair as to how the information is shared and in what format.</p> <p>WAST representation on the MAIC would be a joint decision between the Strategic Commander, Tactical Commander and NILO depending on the incident and the type of information being requested from WAST.</p>                                                |                                                                                              |
| 39-42 | 11   |   | **Entire section updated; text has not been transferred to this document**                                                                                                                                                                                                                                                                     | NARU Ten Second Triage (TST) and Major Incident Triage Tool (MITT) Supplementary Information |
| 43    | 11.2 | 3 | <p>These patients should not be covered up. If, on arrival of the crew, a patient is found covered up they should be uncovered and immediately be triaged. If there is concern about bystanders and dignity, this should be discussed between the commanders <b>as to whether covering the deceased is necessary for dignity purposes.</b></p> | Feedback from incident where covering the deceased was necessary.                            |
| 44    | 12   | 2 | <p><b>The early deployment of responders to the scene of an incident to commence life-saving interventions is critical. This should be considered the default position unless there is credible evidence of a reason not to.</b></p>                                                                                                           | <p>JESIP Doctrine v3.1</p> <p>Section 4.2 – paragraph 5</p>                                  |
| 61    | 19   | 1 | <p>For spontaneous incidents which require mutual aid, <b>including specialist assets e.g. HART</b>, the UK NHS Ambulance Service National Mutual Aid for Spontaneous, Protracted and Pre-Planned Incidents</p>                                                                                                                                |                                                                                              |



|                 |     |     |                                                                                                                                                                                                                                                                     |  |
|-----------------|-----|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|                 |     |     | (2020), provides NHS Ambulance Trusts with a structured set of considerations and supporting arrangements to manage the process of requesting and providing mutual aid and should be referred to when requesting mutual aid or supporting a request for mutual aid. |  |
| 62              | 20  | 4   | Commanders must ensure the <b>NHS Executive Team</b> within Welsh Government Health team are informed; this can be achieved through the NILO cadre.                                                                                                                 |  |
| 119<br>&<br>120 | N/A | N/A | Addition of the WAST Capabilities posters in Appendix 11.                                                                                                                                                                                                           |  |



## EPRR & Specialist Operations

# Incident Response Plan

Version 2.1 PA

May 2024





GIG  
CYMRU  
NHS  
WALES

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

| Version | Date           | Author | Summary of Changes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Review Due |
|---------|----------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| 1.0     |                | EPRR   | Document finalised by the EPRR department.<br>Addition of Glossary of terms. Addition of REAP and DMP. Addition of reference to Duty of Care for Ambulance Responders                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |
| 1.1     | Oct 2022       | EPRR   | Annual review. Addition of public order section.<br>Updated Railway section following new national guidance. Updated JESIP following Joint Doctrine 3 <sup>rd</sup> edition release.<br><br>Change of role title from DOM to Operational Commander.<br><br>Inclusion of MI terminology table.<br><br>Included Community Mass Casualty bag information and location table.<br><br>Change of role title from HART Team leader (HART TL) to Operations Manager HART (OM-HART).<br><br>Updated Business Continuity Incident definition. Addition of Decontamination Officer and Loggist roles. Additional information added to Business Continuity and Critical incident section. |            |
| 2.0     | Oct 2023       | EPRR   | Review and revision of plan to reflect lessons identified from UK wide incidents.<br>Inclusion of Mass Casualty Definition, handover of command, command discretion, MTA Casualty Management plan.<br>Update to Emergency Services responsibilities, PDA Matrix, transport methods, MTA, public order, functional roles, glossary.<br>Removal of Airport Response section.                                                                                                                                                                                                                                                                                                    |            |
| 2.1     | April-May 2024 | EPRR   | Update of TST & MITT algorithms.<br>Amended wording around covering of the dead.<br>Aligned with new JESIP Doctrine v3.1.<br>Aligned with new NARU Command and Control Guidance v5.<br>Update to Strategic Intent Template<br>Updated with Multi-agency Information Cell (MAIC) guidance                                                                                                                                                                                                                                                                                                                                                                                      |            |



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### Document Approval Route

| Meeting Title                     | Meeting Date | Purpose/Outcome |
|-----------------------------------|--------------|-----------------|
| Senior Leadership Team            | 11/06/2024   | Plan approved   |
| Executive Leadership Team         |              |                 |
| Finance and Performance Committee |              |                 |



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## Contents

|                                                                                                      |     |
|------------------------------------------------------------------------------------------------------|-----|
| Contents .....                                                                                       | 3   |
| 1. Aim.....                                                                                          | 6   |
| 2. Objectives.....                                                                                   | 6   |
| 3. Background .....                                                                                  | 6   |
| 4. Scope and use .....                                                                               | 7   |
| 5. Governance.....                                                                                   | 8   |
| 6. Roles and Responsibilities of Emergency Responders.....                                           | 11  |
| 7. Incident Management Principles.....                                                               | 14  |
| 7.1. Command, Control and Co-ordination.....                                                         | 14  |
| 8. Safety .....                                                                                      | 32  |
| 9. Communications.....                                                                               | 34  |
| 10. Assessment.....                                                                                  | 37  |
| 11. Triage.....                                                                                      | 39  |
| 12. Treatment.....                                                                                   | 44  |
| 13. Transport.....                                                                                   | 48  |
| 16. Principles for Joint working .....                                                               | 51  |
| 17. Additional considerations for incident response .....                                            | 55  |
| 18. Welfare .....                                                                                    | 56  |
| 19. Record Keeping.....                                                                              | 58  |
| 20. Recovery .....                                                                                   | 60  |
| 21. Mutual aid.....                                                                                  | 61  |
| 22. Mass Casualty Incident.....                                                                      | 62  |
| 23. Public Order .....                                                                               | 63  |
| 24. Marauding Terrorist Attack (MTA).....                                                            | 64  |
| 25. HazMat & CBRNe Incidents .....                                                                   | 65  |
| 26. Rail Incidents.....                                                                              | 66  |
| 27. Business Continuity and Critical incidents .....                                                 | 70  |
| 28. Specialist vehicles.....                                                                         | 74  |
| Appendix 1 - WAST Airwave Talk Groups.....                                                           | 76  |
| Appendix 2 - Roles and responsibilities of Category One responders excluding emergency services..... | 80  |
| Appendix 3 - Local Resilience Forum (LRF) .....                                                      | 86  |
| Appendix 4 - Multiagency Response structures.....                                                    | 87  |
| Appendix 5 – IIMARCH Template .....                                                                  | 89  |
| Appendix 6 – WAST Operational/Tactical Plan Template.....                                            | 90  |
| Appendix 7 – WAST Strategic Intent Template .....                                                    | 92  |
| Appendix 8 – Handover of Commander Aide Memoire .....                                                | 93  |
| Appendix 9 – NILO Poster .....                                                                       | 95  |
| Appendix 10 – MTA Casualty Management Plan.....                                                      | 96  |
| Appendix 11 – Capabilities of WAST .....                                                             | 99  |
| Appendix 12 - Glossary.....                                                                          | 121 |





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## Foreword

Over the last few years, the UK has experienced several major incidents, from fire and floods to terrorist activities. The global pandemic and the recommendations from the Manchester Arena inquiry, have affected many organisations, including the Welsh Ambulance Services University NHS Trust (WAST), with learning from incidents and inquiries continuing to and learning from this pandemic has influence our planning for responses in the future.



As a category one responder under the Civil Contingencies Act (2004), the Welsh Ambulance Services University NHS Trust has a duty to risk assess, plan and share information to enable us, with our partner agencies, to respond to incidents while managing core business. Using lessons identified from incidents to inform the development of future response and communications, the Welsh Ambulance Services University NHS Trust, Emergency Preparedness, Resilience and Response (EPRR) Department has produced this Incident Response Plan and ensured the Trust is compliant with current guidance.

This plan is designed around principles applicable to any incident requiring scene management, from a multi-crew response to a traffic collision up to and including major and mass casualty incidents. This plan provides information to support risk assessments and decision-making during incidents and includes activation arrangements, mutual aid arrangements, specialist considerations and post-incident recovery.

We, as a Trust, are well placed to respond to specialist incidents with trained Strategic, Tactical and Operational Commanders and National Interagency Liaison Officers (NILOs), access to Hazardous Area (HART) and Special Operations Response Teams (SORT) and an ongoing training programme for Operations and Emergency Medical Services Coordination Centres (EMSCC) staff.

Partners have been consulted as part of the planning process to make sure we, as a service, understand their roles and responsibilities and they understand ours, a key element of the JESIP Principles for interoperability.

As the responsibility and accountability of the Trust's preparedness sits with the Board, this document has been approved at a senior level and we encourage you to use it to understand your roles and the wider processes before you are required to use them.

**Professor Jason Killens KAM**

**Chief Executive Officer**

**Welsh Ambulance Services University NHS Trust**





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## 1. Aim

This aim of this plan is to provide a framework for the Welsh Ambulance Services University NHS Trust (WAST) to respond to a range of incidents within Wales, including major, mass casualty incidents and incidents that require a specialist response.

## 2. Objectives

To provide guidance on the following areas:

- Command, Control and Co-ordination at incidents
- Safety requirements at incidents
- Recognised scene assessment methods
- Triage, Treatment and Transport options available within WAST
- Information on the JESIP principles
- To provide a flexible and scalable response to incidents within Wales
- The Mass Casualty response within Wales
- The Marauding Terrorist Attack (MTA) response at an incident
- The Chemical, Biological, Radiological and Nuclear (CBRN) / HazMat response at an incident
- The Critical Incident response within WAST
- The communication methods that can be utilised at an incident.
- Considerations for vulnerable people affected by an incident.
- Persons of interest/VIPs involved in an incident.
- Staff welfare at incidents
- Recovery considerations post incidents

## 3. Background

The structure for managing the local multi-agency response to emergencies is based on the requirements of the Civil Contingencies Act (2004). This legislation refers to organisations such as WAST as Category 1 responders and places on them the duties to risk assess, plan, warn and inform staff and the public, and share information and cooperate with other stakeholders.

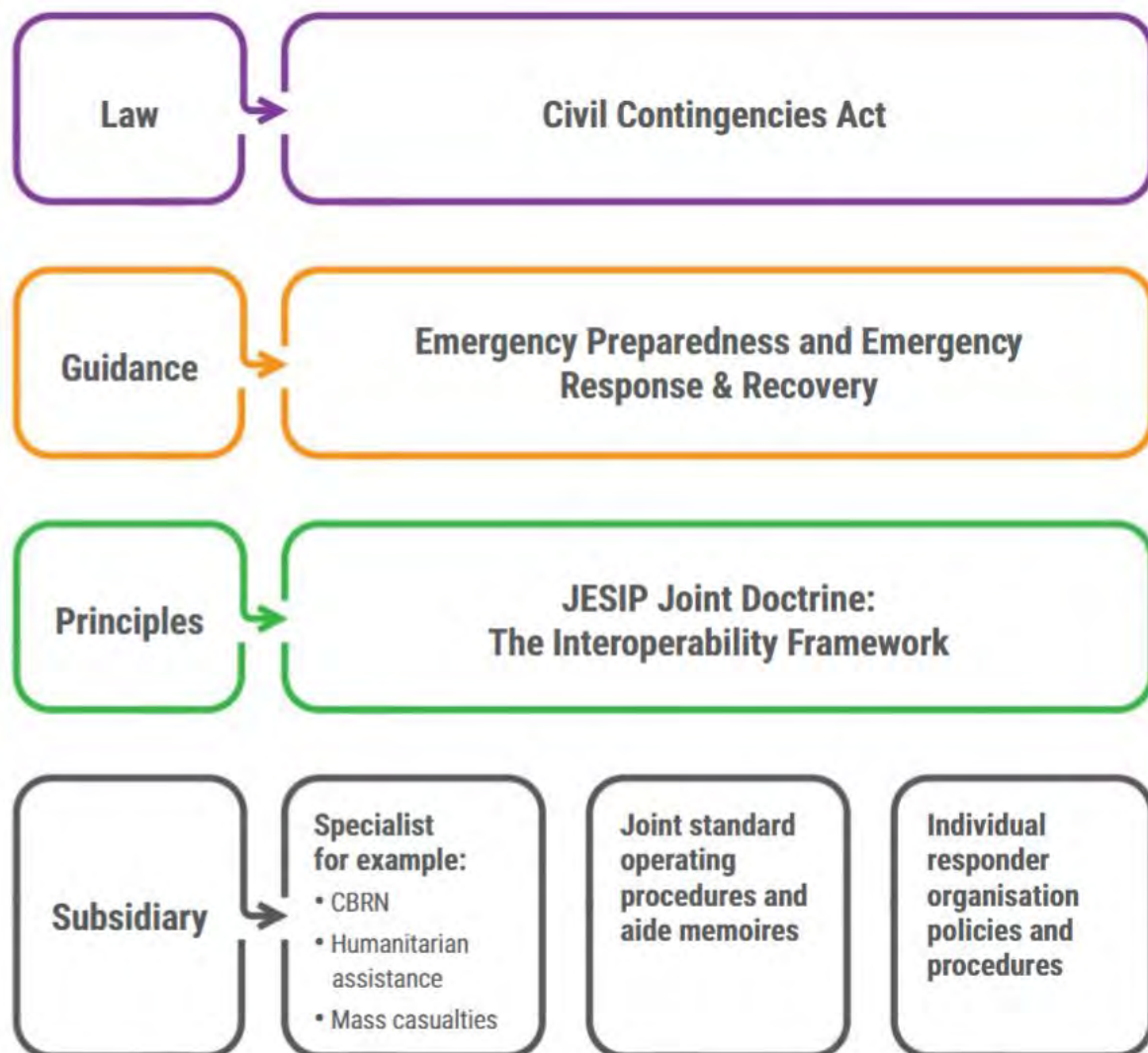
The Act is supported by two sets of Cabinet Office guidance:

- Chapter 5 Emergency Planning (2011) (revision to Emergency Preparedness (2006) which deals with the pre-emergency (planning) phase.
- Emergency Response and Recovery (2013) which describes the multi-agency framework for responding to, and recovering from, emergencies in the UK.

Details of the operation and co-ordination of emergency response can be found in the Cabinet Office Concept of Operations (2013) and the relevant chapters of Emergency Response and Recovery (2013).

Chapter 11 of the Emergency Response and Recovery (2013) guidance, details the response structure within Wales.

The JESIP Doctrine complements the Emergency Response and Recovery by focusing on the interoperability of the emergency services and other responder agencies in the response to an incident.



*JESIP Doctrine (April 2024)*

This document sets out principles to form a flexible framework, supporting response to incidents and ensuring WAST meets our statutory obligations.

Separate publications set out specialist ways of working that will apply in specific circumstances, such as chemical, biological, radiological and nuclear (CBRN) incidents or marauding terrorist attacks (MTA). These are summarised in this plan.

#### 4. Scope and use

This is a generic plan that supports the response to any type of incident rather than a specific type of location or event. It is a principle-based plan as opposed to being prescriptive and as such it is written to provide support and flexibility to those staff who find themselves responding to any type of incident that requires command, control and coordination (scene management).

Site specific plans can be found on the [EPRR pages](#) on the Trust Intranet, these detail site



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specific responses and hazard identification related to the sites.

This plan applies to all medical resources who would respond with WAST personnel to an incident, and employees of WAST. It should be used to assist multiagency command and control decision making when managing an incident. It can be referenced by partner agencies to understand the WAST response to an incident.

This plan is limited to providing a generic overview of incident management and does not cover the specific responses of HART, SORT, Emergency Medical Retrieval and Transfer Service (EMRTS) or Medical Emergency Response Incident Team (MERIT).

## **5. Governance**

### **5.1. Statutory and Contractual Compliance**

This plan is published and owned by WAST. The plan is maintained and updated by the EPRR department and enables WAST to meet the obligations placed on it by The Civil Contingencies Act (CCA) 2004

This plan should be used in conjunction with the following documents, guidelines and plans:

- Welsh Government Pan Wales Response Plan
- Wales Mass Casualty Incident Arrangements for NHS Wales
- JESIP Doctrine
- National Ambulance Service Command and Control Guidance
- National Ambulance Resilience Unit (NARU) Standards for NHS Ambulance Service Command and Control
- Cabinet Office; National Resilience Standards
- NHS Welsh Core Emergency Planning Guidance
- Duty of Care for Ambulance Responders

The Accountable Emergency Officer for Emergency Preparedness in WAST is the Director of Operations. The Head of Service - EPRR and Specialist Operations will be responsible for ensuring this plan is reviewed annually and after any significant incidents. The Service Manager – EPRR and Specialist Operations is responsible for ensuring local, regional and multiagency planning is reflected within the arrangements of this plan.

The organisation captures learning from incidents and exercises to inform the development of future EPRR arrangements. A debrief policy is in place to support the collection of data. Recommendations and actions are recorded and tracked by the EPRR Department and reviewed through the Senior Operations Team (SOT) meetings. Any learning is used to drive training and awareness sessions and inform planning.

### **5.2. Stakeholder Consultation**

To ensure patient care is delivered to the highest standard during an incident, WAST works closely with its stakeholders. To ensure this plan dovetails with our partners and stakeholder's Incident Response Plans, internal and external stakeholders have been consulted and their roles and responsibilities will be reflected within this plan.



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### 5.3. Training and Exercising

WAST are required to include training and exercises as part of the emergency planning cycle to ensure plans are effective and staff informed and practiced (Chapter 5, Emergency Planning, Emergency Preparedness (2013)). In addition to the Trust's core training, major incident training is available in person and online with a variety of supporting resources. Commanders and specialist advisors are required to attend in house and nationally accredited courses to support their continuous professional development ensuring the staff are suitably qualified, experienced and practiced in their roles. This plan provides the core structure to any incident that requires some form of scene management and is the focus of the training.

The Trust endeavours to provide or participate in exercises with the following frequency:

- Six-monthly communications test
- Annual tabletop exercise
- Live exercise at least once every three years
- Command post exercise every three years.

### 5.4. Risks, Threats and Planning Assumptions

The organisation has a process in place to regularly assess the risks to the population it serves. This process considers community and national risk registers and records them on the appropriate internal risk registers as per the Risk Management Strategy and Framework detailing the likelihood, impact and mitigation. Many risks are dealt with through business continuity planning, some require specific plans such as Adverse Weather, Fuel Shortage and Pandemic.

### 5.5. Definitions

**A Major Incident** is defined as *"An event or situation, with a range of serious consequences, which requires special arrangements to be implemented by one or more emergency responder organisation."* (JESIP Doctrine, 2024)

**An NHS Major Incident** is defined as *"any occurrence that presents serious threat to the health of the community or causes such numbers or types of casualties, as to require special arrangements to be implemented NHS wide."* (NHS Wales Core Emergency Planning Guidance 2015)

**Mass Casualty Incident** is defined as *"an Incident causing casualties on a scale that is beyond the normal resources of the emergency and healthcare services ability to manage, which therefore requires further measures to appropriately deal with the casualty numbers."* (NHS England, 2017).

Or



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*"A disastrous single or simultaneous event(s) or other circumstances where the normal major incident response of several NHS organisations must be augmented by extraordinary measures in order to maintain an effective, suitable and sustainable response." (Welsh Gov, 2015)*

**A Major Incident Standby** is defined as *"Alerts the NHS that a major incident may need to be declared. Major incident standby is likely to involve the participating NHS organisations in making preparatory arrangements appropriate to the incident, whether it is a 'big bang', a 'rising tide' or a pre-planned event".*

**A Critical Incident** is defined as *"any localised incident where the level of disruption results in an organisation temporarily or permanently losing its ability to deliver critical services; or where patients and staff may be at risk of harm. It could also be down to the environment potentially being unsafe, requiring special measures and support from other agencies, to restore normal operating functions. A Critical Incident is principally an internal escalation response to increased system pressures/disruption to services." (NHS England, EPRR Framework 2022)*

**A Business Continuity Incident** is defined as *"an event or occurrence that disrupts, or might disrupt, an organisation's normal service delivery, to below acceptable pre-defined levels. This would require special arrangements to be put in place until services can return to an acceptable level. Examples include surge in demand requiring temporary re-deployment of resources within the organisation, breakdown of utilities, significant equipment failure or hospital acquired infections. There may also be impacts from wider issues such as supply chain disruption or provider failure." (NHS England, EPRR Framework 2022)*

**An Extraordinary Incident** is a type of incident has been defined by WAST as *"an incident that will generate atypical public or media interest, have a significant impact on the organisations reputation or is an unconventional or "out of the ordinary" incident".*



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## 6. Roles and Responsibilities of Emergency Responders

Rescue and the saving of life will frequently be the prime function required of the emergency services. The Ambulance Service and Fire and Rescue Services jointly manage the rescue of survivors, whereas the extinguishing fire and the rescue of casualties from hazardous substances or buildings is the responsibility of the Fire and Rescue Service, assisted by HART operatives. The care and transportation of casualties to hospital is the responsibility of the Ambulance Service. Police will facilitate these operations by coordinating the responses of the emergency services, Local Authorities, and other agencies.

### 6.1. Welsh Ambulance Services University NHS Trust (WAST)

NHS Ambulance Service Providers have the responsibility for alerting, mobilising and coordinating the initial NHS response to short notice or sudden impact emergencies such as critical or major incidents. This includes:

- Initiate and maintain Ambulance Service command plans to provide appropriate support and guidance to all NHS responders and other agencies.
- Coordination of all NHS communication will be through the host/responding ambulance service provider(s).
- The management of the health, safety and welfare of all NHS responders at the scene of the incident.
- The provision of effective casualty triage, treatment and transport including the selection of appropriate receiving hospitals.
- Provision of specialist incident response capabilities, including hazardous area working, decontamination of casualties and response to terrorist incidents.
- Appropriately trained and competency assessed commanders with evidence of Continued Professional Development (CPD).
- Command development as per the Standards for NHS Ambulance Service Command and Control.
- Ensuring all Strategic and Tactical Commanders contribute to an on-call rota should be appropriately Security Cleared to attend sensitive meetings and briefings implied by their role.

Command decisions have the greatest impact on the performance of the NHS at the scene of major and complex incidents. Those decisions also directly affect clinical outcomes, survivability and staff safety.

NHS Ambulance providers must ensure sufficient resources are maintained and available at all times within their service area to take up command and support roles. They create the fundamental chain of command. All roles within the structure must be staffed by competent and credible personnel that have been trained and exercised to discharge these functions to a suitable standard (Standards for NHS Ambulance Service Command & Control, 2018).





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Within WAST six core functions have been identified;

- EMSC, including 111 and Ambulance Care control.
- Resource Centre
- Ambulance Response, including Ambulance Care
- Fleet and Make Ready
- ICT including reporting elements of Health Informatics (HI)
- Supply Chain

It is the responsibility of the Trust to ensure that these core areas are maintained during an incident. The Business Continuity arrangements within the Trust will assist with this.

## 6.2. Fire and Rescue Authorities

The Fire and Rescue Services Act 2004 sets out the responsibilities of Fire and Rescue Authorities (FRAs).

There are four key responsibilities for FRAs that they must ensure that they make provision for including:

- Extinguishing fires in their area.
- Protecting life and property in the event of fires in their area.
- Rescuing and protecting people in the event of a road traffic collision.
- Rescuing and protecting people in the event of other emergencies.

FRAs also need to collect information to assess risk in their areas as well as protect the health and safety of their workers.

The Fire and Rescue Services Act 2004 also gives the Government responsibility for producing the Fire and Rescue National Framework which outlines the Government's high level priorities and objectives for FRAs in England. The National Framework's priorities for FRAs are to:

- identify and assess the full range of foreseeable fire and rescue related risks their areas face, make provision for prevention and protection activities and respond to incidents appropriately.
- work in partnership with their communities and a wide range of partners locally and nationally to deliver their service.
- be accountable to communities for the service they provide.

## 6.3. Police

The primary areas of Police responsibility at an incident are:

- Save life and prevent further loss of life, in conjunction with the other emergency services.
- Prevent escalation of the incident.
- Coordinate the response phase of the incident (some exceptions apply).
- Coordinate and communicate between the emergency services, local authorities and other supporting organisations, both at the scene of the incident and elsewhere – this includes activation of the strategic coordination group (SCG).



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- Secure, protect and preserve the scene.
- Provide traffic management and identify evacuation routes (in consultation with the highways authorities and local authority) .
- Investigate any criminal offences, obtaining and securing evidence in conjunction with other investigative bodies where applicable.
- Collate and disseminate casualty information.
- Coordinate the provision of public information, in conjunction with other agencies.
- Recover, identify, reconcile and repatriate the deceased in a timely and dignified manner on behalf of the coroner.
- Prevent and detect crime.
- Conduct a thorough investigation with appropriate authorities.
- Lead the establishment of a survivor reception centre and a family and friends' reception centre.
- Establish documentation teams.
- Develop an accurate and coordinated media plan.
- Restore 'new normality' to the community.

#### 6.4. British Transport Police (BTP)

The roles and responsibilities of the British Transport Police are similar to that of the Home Office Police forces. British Transport Police provide a Police service on any land, premises or property of any person who has entered into a Police Service agreement made under the relevant Act of Parliament. These premises etc. are mostly, but not entirely, Network Rail and Train Operating Companies.

Assistance they would provide within the response phase.

- Provide Police emergency response to incidents and follow up investigation.
- Provide specialist knowledge to railway related incidents.
- Provide CSI services.
- Provide CID services for protracted investigations.
- Provide specialist partnership approach to railway incident.
- Provide PSU/OSU support to incidents.
- Provide search team support to incidents.
- Provide support to Home Office forces.



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## 7. Incident Management Principles

All incidents require some type of scene management, whether it is a cardiac arrest, or a complex multivehicle, multiagency response to a terrorist attack. Commanders should utilise scene management principles during an incident to support them to effectively manage the event. These principles can be utilised at small and large scale incidents as required.

WAST has a cadre of Operational, Tactical and Strategic Commanders who are available to always manage incidents. These commanders can be activated via the EMSCC/ODU at all times.

As they are principles, they offer a degree of flexibility to those responding but also support a robust decision-making process.

The principles of scene management, as shown in the Command and Control Guidance (NARU, 2020) are set out as:

Command and control

Safety

Communication

Assessment

Triage

Treatment

Transport

They should be considered during the response to any incident where scene management is required.

### 7.1. Command, Control and Co-ordination

#### 7.1.1. Incident Command Structure

All incidents will require managing, to ensure risks have been assessed and safety measures put in place, the right resources are allocated and used appropriately, and patients receive the correct care in a timely way.

If an incident is declared within the Trust consideration must be given to the review of the REAP level and the CSP level to support the organisational response and sustain patient safety.

To ensure any incident is managed effectively a management or command structure must be implemented. The first crew to arrive at the scene, should ensure the command structure is put in place and if needed, the attendant should take the command role and the driver should take a command and communication role. Action cards are available on the intranet and in frontline vehicles to support the delivery of these roles. WAST has recognised the NARU Command and Control Guidance as best practice and therefore aligns its command structure to this document.



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## Operational Command

The Operational Commander is responsible for the activities undertaken at the scene. As such they will be located at the incident scene and ideally alongside the Incident Commanders of the other responding agencies at a Forward Command Point (FCP). This could be established at any incident with two or more WAST resources as some form of coordination will be required.

Should the incident require Tactical Command, the Operational Commander ensures that the Tactical Commander's plan is carried out. As the Operational Commander they will provide leadership and management to the Functional Role Officers and any other direct reports at the scene.

## Tactical Command

The Tactical Commander has responsibility for developing the Tactical and Casualty Management Plans. The Tactical Commander will provide a framework and parameters for the Operational Commander to operate within (Tactical Plan).

The actual location of the Tactical Commander will depend on the nature and geography of the incident. Where the operational response is concentrated around a single incident scene, the Tactical Commander may be placed co-locating with partners near to that scene, with a Tactical representative attending the TCG if one is convened.

Personnel discharging the Tactical Commander role must have a thorough working knowledge of NHS Ambulance Service operations. They must have sufficient knowledge and experience to manage operational assets, including both general and specialist assets.

## Strategic Command

Personnel discharging the Strategic Commander role must be capable of directly representing the interests of the Trust Board and committing the Trust to a course or action without the need for further authority during an emergency situation. The Strategic Commander must be a single individual that is easily identifiable as the person with overall Executive responsibility for the organisation at any point in time.

The Strategic Commander has overall responsibility for the command, response and recovery of an incident or appropriate pre-planned event. The Strategic Commander will set the Ambulance Service's strategic aims (the Strategy) for the incident, providing a framework for the Tactical Commander(s) to work within.

When developing the Strategy, the Strategic Commander should consult with the Tactical Commander, as they will add to the intelligence picture and can offer advice on the type of tactics which may be used.

When issuing the strategy, a concise ILMARCH briefing should be provided to the Tactical Commander to ensure the strategy is understood, along with the parameters that are being set for them to work within.

### 7.1.2. Action Cards



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NARU action cards (2021 version) are available for commanders electronically via the EPRR Intranets pages and JRCALC. Commanders are encouraged to utilise these action cards at incidents to ensure they can discharge their roles in line with national standards. Frontline staff have been issued an Incident Response Handbook which contains the action cards for the First Resource on Scene – Attendant and Driver.

### 7.1.3. Emergency Medical Services Coordination Centres (EMSCC) and Operational Delivery Unit (ODU)

Control rooms play a vital role in managing the early stages of a multi-agency incident, they are key to building a coordinated and effective multi agency response. In the initial stages of all incidents, initial command and control will need to be provided by EMSCC and ODU.

In the event of a significant or major incident, command and control structures within the EMS EMSCC and ODU will need to be implemented.

These roles should be maintained until they are relieved by their Operations equivalents.

#### EMSCC Operational Commander

Within WAST, this role is undertaken by the Duty Control Managers (DCM) that work within our Emergency Medical Services Coordination Centres (EMSCC).

The EMSCC initial Operational Commander has the responsibility for taking the initial Operational Command in the initial stages of an incident until the Operational Commander role is fulfilled on scene and can take over the role. This could be the first resource on scene, who will be using the first resource on scene action card, or a qualified Operational Commander.

The initial Operational Commander roles and responsibilities are:

- Initial remote risk assessment
- Instigate communication with relevant parties.
- Identify resources needed and deploy them effectively
- Protect the health, safety and welfare of individuals at the incident
- Being the link between EMSCC and the Operational Commander
- Ensure staff are fully briefed and debriefed
- Record your decisions, actions, options and rationale
- Once they have briefed and handed over to the Operational Commander on scene, they will remain as the single point of contact for the Operational Commander. The handover time should be noted in the respective log.

#### EMSCC Tactical Commander

Within WAST, this role is undertaken by the National Delivery Managers (NDM) that work within our Operational Delivery Unit (ODU).

The EMSCC Tactical Commander has the responsibility for taking Tactical Command in the initial stages of an incident and until the Tactical Commander can take over the role.

The EMSCC Tactical Commander roles and responsibilities are:

- Delivering the initial response to the incident and providing a comprehensive handing over to the Tactical Commander for the incident



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- Providing Tactical decision making for the incident
- Ensure the internal and external cascade of information is robust to keep all partners informed of the incident.
- Provide the link between the incident command structure and the EMSCC.
- Consider the impact of the incident on the core business of the Trust when assessing the need to escalate resourcing requests.

The Tactical Commander action card should be used to ensure the incident is appropriately resourced and highlight if further support is required from other areas of the Trust or external to the Trust. The time of handover to the Tactical Commander should be noted in the respective log. A Handover of Command Aide Memoire is now in place within the Trust and should be utilised each time the EMSCC Tactical Commander hands over command to a dedicated Tactical Commander for the incident.

## 7.2. Command Competencies

All Ambulance commanders must be appropriately trained, at their level of command and competency assessed with evidence of current continued professional development, including evidence of experience in the role.

Leadership is a key attribute of an Ambulance Commander and one which they must display when carrying out their role, they must be visible, confident and measured in their decision making. Good communication is paramount, commanders must provide clear, effective communication. Commanders must be able to make reasonable, lawful and justifiable decisions during an incident.

Commanders must be fit and able to carry out command and control at an incident, this will include their personal levels of health and wellbeing whilst making command decisions.

Command Competency is described as having the knowledge, judgement, skill, energy, experience and motivation to adequately respond within the command role.

## 7.3. Handover of command

Commanders at all levels may need to handover command of an incident to another commander for a number of reasons. There is a standardised process in place as to how this is achieved which can be referenced in [section 7.15](#) and [Appendix 8](#)

Should handover of command be required, it is important that this is communicated to the remaining chain of command and to the EMS Coordination Centre.

## 7.4. Command Discretion

Often referred to as Operational Discretion, this relates to all levels of command. There may be occasions during an incident where it becomes apparent that current policies, procedures, and other documentation may be inhibiting the response of the ambulance service. If a decision is made to operate outside of recognised policies and procedures, then these must be supported by sound rationale as to why this decision has been taken. Commanders should seek support from other roles (such as the NILO) prior to undertaking such a decision and aim to return to normal working procedures as soon as possible. The Joint Decision Model (JDM), should always be used to aid decision making, including documentation of a





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Dynamic Risk Assessment (DRA) and rationales for acts and omissions.

For example, it may not be possible to extricate patients to a Casualty Clearing Point (CCP) to begin the MITT process. Therefore, Operational Commanders, with the support from NILO and Tactical Commander, can instruct staff to undertake MITT within the immediate scene to enable more in-depth triage and the application of further life-saving interventions.

### 7.5. Major Incident declaration

Any member of staff can declare a Major Incident Standby or Declared. It is important this is done as soon as it is recognised, as it reduces lost time for allocating sufficient and appropriate resources and them getting to scene. To not standby/declare in a timely manner could potentially have a detrimental effect on the patients.

When declaring a Major Incident Standby, it is important to assess the scene and escalate to a Major Incident or deescalate within 30 minutes of the Operational Commander arriving on scene. This is to ensure the correct response is achieved from the Trust and to enable health Boards to respond accordingly.

WAST are responsible for alerting Health Boards and Health partners if WAST declares a Major Incident Stand-by or Major Incident Declared incident. As such WAST staff need to consider if it is a major incident not just from a WAST perspective but for our wider health colleagues as well – does the call meet the NHS definition of a major incident?

If the incident is not as initially thought, Major Incident Cancelled can be called. This will stand down processes and resources and will be cascaded to partner agencies. The decision to stand down a major incident should be made at the scene once the situation has been assessed but must be ratified by the Tactical Commander. The below list shows the correct terminology that should be used:

#### **"MAJOR INCIDENT ALERT / STANDBY"**

The term used by any member of staff to prefix messages indicating that an incident with the potential to generate a large number of casualties has or may have occurred.

#### **"MAJOR INCIDENT CONFIRMED / DECLARED"**

The term used by any member of staff to prefix a message to confirm that a Major Incident has occurred indicating that the plan should be implemented and a full pre-determined attendance / response is required.

#### **"MAJOR INCIDENT CANCEL"**

The term used by a Commander to cancel a Major Incident alert.

#### **"AMBULANCE MAJOR INCIDENT STOP"**

The term used by a Commander to indicate that sufficient Ambulance and/or medical resources are available at the scene and that no further assistance is required.

#### **"AMBULANCE MAJOR INCIDENT SCENE EVACUATION COMPLETE"**

The term used by a Commander to indicate that the treatment and removal of casualties **from the scene** is complete.

#### **"AMBULANCE MAJOR INCIDENT STAND DOWN"**

The term used by a Commander to indicate the conclusion of all ambulance service activity in connection with a declared major incident and a return to normal modes of operation.

**The early declaration of a "MAJOR INCIDENT" ensures that the appropriate resources are activated at the earliest opportunity.**

#### **PLEASE NOTE:**

**These messages should be part of a METHANE Report**



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## 7.6. Functional Roles

The Operational Commander will need to implement functional roles to ensure they are able to effectively manage the scene, the below list contains Functional roles that the Operational Command is able to deploy at an incident. Further information on the Roles and Responsibilities of the Functional Roles can be found in the NARU National Command and Control Guidance document.

| Role                                         | Function                                                                                                                                                                                                                                                                                                                                              |
|----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Sector Commander</b>                      | Responsible for directly managing and coordinating the medical activities of all Ambulance and medical personnel at the designated sector. Can be deployed to improve situational awareness in specific areas and improve the co-ordination of assets. Where possible, work alongside the Sector Commanders of the other agencies                     |
| <b>Safety Officer</b>                        | Responsible for the health and safety of NHS responders at the scene. They will ensure appropriate safety measure are in place to mitigate against identified risks at the scene. Where possible, work alongside the Safety Officers of the other agencies                                                                                            |
| <b>Primary Triage Officer</b>                | Responsible for the coordination of the initial Triage (Ten Second Triage) of all casualties at the scene. Maintaining a record of the number and categories of casualties triaged                                                                                                                                                                    |
| <b>Casualty Clearing Officer</b>             | Responsible for the management of the Casualty Collection Point (CCP) or Casualty Clearing Station (CCS). They are responsible for keeping a log of the number and categories of casualties who pass through the CCP/CCS.<br>To liaise with the forward medical lead, ensures an efficient patient throughput at the casualty station.                |
| <b>Secondary Triage Officer</b>              | Responsible for the coordination of the secondary triage of casualties (Major Incident Triage Tool or BAU) of all casualties within the CCP/CCS.                                                                                                                                                                                                      |
| <b>Casualty Clearing Medical Lead (CCML)</b> | Responsible for coordinating, supporting and advising paramedics and medical staff within the CCP/CCS and to maximise the clinical care of all patients. During a Mass Casualty incident, this role is required to liaise with the nominated pre-determined contact to inform them of the receiving hospitals that patients are being transported to. |
| <b>EMRTS Forward Team Lead</b>               | Their role is to coordinate and direct the clinical care at the CCP, ensuring most appropriate medical management is undertaken via bridging interventions.                                                                                                                                                                                           |
| <b>Casualty Loading Officer</b>              | Responsible for the management of vehicles, ensuring casualties within the CCP/CCS transported to the receiving hospitals. They are responsible for keeping a log of the number and destinations of casualties from the CCP/CCS.                                                                                                                      |



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|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>The Parking Officer</b>                       | Responsible for establishing an appropriate safe location to park, ensure all resources that arrive at the RVP are able to respond forward as required and inform Ambulance Control and the Operational Commander of the resources available to deploy forward.                            |
| <b>Equipment Officer</b>                         | Responsible for ensuring the supply and re-supply of equipment                                                                                                                                                                                                                             |
| <b>Casualty Liaison Officer</b>                  | Responsible for communicating agreed messages to groups of patients.                                                                                                                                                                                                                       |
| <b>Hospital Ambulance Liaison Officer (HALO)</b> | Responsible for assisting at the receiving hospitals with the efficient turnaround and re-equipment of ambulances, and the discharge of patients. The HALO will liaise with the hospital management team to ensure a clear picture of the hospital's capacity is known by the command team |
| <b>Hazardous Area Response Team (HART) OM</b>    | The Operations Manager (OM) HART will provide direct line management for all HART personnel at the scene of an incident they will report to the Operational Commander.                                                                                                                     |
| <b>Decontamination Officer</b>                   | The Decontamination Officer will manage the ambulance service decontamination facility. They will also need to appoint a suitable trained Entry Control Officer.                                                                                                                           |

### 7.7. Command Support Roles

Commanders at all levels can decide to have members of staff in roles to support and advise them. These roles are not command roles and therefore any personnel undertaking these roles do not make command decisions, their primary role is to advise the Commander.

Further information on the Roles and Responsibilities of the Command Support Roles can be found in the National Command and Control Guidance document and the Standards for NHS Ambulance Service Command and Control document.

| Role                                                           | Function                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>National Interagency Liaison Officer / Tactical Advisor</b> | Within WAST the NILO cadre fulfil both roles. The NILO is responsible for providing support and advice at any level of command. The NILO is able to provide advice on internal and external emergency response plans, they can provide support to commanders at internal and external interagency command points. WAST NILOs are Security Cleared to Security Check (SC) level and are able to manage sensitive information on behalf of the Trust and the commanders of an incident. |
| <b>Strategic Advisor</b>                                       | Responsible for providing support to the Strategic Commander. The Strategic commander will nominate the personnel to fill this role dependant on their requirements and the strategic challenges of the incident.                                                                                                                                                                                                                                                                     |



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|                                     |                                                                                                                                                                                                                                                                                                                   |
|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Strategic Medical Advisor</b>    | Responsible for providing supports to the WAST Strategic Commander. They are principally responsible for monitoring the overall hospital capacity and ensure patient safety through the wider Ambulance Trust is maintained. They should ensure Tactical level has access to the clinical resources they require. |
| <b>Tactical Medical Advisor</b>     | Responsible for providing support to the WAST Tactical Commander. Their primary role is to aid with the casualty distribution from the incident. Any person undertaking this role must have pre-hospital emergency experience and must have a good understanding of WAST's specialist response assets.            |
| <b>Operational Medical Advisor</b>  | Responsible for providing support to the Operational Commander at the scene of the incident. Their primary role is to advise on the medical approach at the incident site, CCP and CCS (if established), to ensure the most appropriate medical management of casualties is undertaken.                           |
| <b>EMSCC Tactical Advisor</b>       | Responsible for providing advice and support to the EMSCC Tactical Commander. This role can also provide advice to other levels of command on EMSC operations.                                                                                                                                                    |
| <b>Loggist</b>                      | Commanders are responsible for making sure all the decisions they make, the rationale and any actions taken are recorded. Where available, trained loggists should undertake this role. They will support the Tactical commander as the primary option.                                                           |
| <b>SOL (SORT Operational Lead)</b>  | Lead on the arrangement and activation of SORT staff should the SORT Officer be unavailable. Report to the Decontamination Officer on scene and be the point of contact for SORT operational staff.                                                                                                               |
| <b>Evidence and Records Officer</b> | Appointed by the Strategic Commander. Responsible for collating and collecting logs, evidence, and information in preparation for the consequence phase of the incident.                                                                                                                                          |



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## 7.8. Incident Coordination Centre (ICC)

As a Category One Responder WAST is required to have access to an Incident Coordination Centre (ICC) at each EMSCC. Vantage Point House ICC is located adjacent to the main EMSCC. Carmarthen ICC is located within the control room by making an area separate to the main control room. Llanfairfechan ICC is located within their EMSCC at the front of the building.

The need for the activation of the ICC can be identified by the EMSCC Tactical Commander, the Tactical Commander or the Strategic Commander. However, the activation must be authorised by the Strategic Commander. As an ICC is mainly used to manage tactics and resources, this area is most suitably staffed by Tactical Commanders as opposed to Strategic Commanders. However, the type of incident may change this approach.

Each ICC has a document to explain the setting up of the ICC and hard copies of relevant Emergency Response plans and Business Continuity plans.

## 7.9. WAST Pre-Determined Attendance and Response Matrix

To ensure the appropriate resources are sent to scene the following Matrix should be used as a guide to assess the impact on the Trust and ensure the correct level of resources are deployed to the scene. Using the information available on the incident, the EMSCC Tactical Commander should assess the Type of Incident that best describes the situation, the number of known or potential patients to determine the level of incident and therefore the resources that should be deployed. The cycle time of an incident should be considered as the longer an incident takes the higher the impact on the Trust will be.

The Pre-determined Attendance can be amended by the Operational or the Tactical Commander depending on the incident requirements, however if the response is not altered the EMSCC Tactical Commander will ensure the PDA resources are activated.

The time element is a guide to assess how long it is anticipated the incident will take to be resolved, the timings are not exact and should be an anticipated time only.

The Matrix should be utilised as a flexible tool to assist the initial PDA, resources can be added to the PDA or extracted as the command decisions dictate.



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## 7.10. WAST Incident Response Matrix

| Time                 |       | <1 hour | 1-2 hours | 2-4 hours     | 4-8 hours               | >8 hours |
|----------------------|-------|---------|-----------|---------------|-------------------------|----------|
| Estimated Casualties | > 50  |         |           |               | Level 5                 | Level 5  |
|                      | 30-50 |         |           | Level 4       | Level 5                 | Level 5  |
|                      | 20-30 |         |           | Level 4       | Level 4                 | Level 5  |
|                      | 10-20 |         | Level 3   | Level 3       | Level 4                 | Level 4  |
|                      | 5-10  | Level 2 | Level 2   | Level 3       | Level 4                 | Level 4  |
|                      | 0-5   | level 1 | Level 2   | Level 3       | level 3                 | Level 4  |
|                      |       | Normal  | Simple    | Extraordinary | Major Incident Stand-by |          |
|                      |       |         |           |               | Major Incident          |          |

| Type of Incidents       |                                                                                                                                                                                                                                                                                                                             |
|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal                  | Any incident involving medical or trauma with no specialist rescue required.                                                                                                                                                                                                                                                |
| Simple                  | An incident requiring scene command management.                                                                                                                                                                                                                                                                             |
| Extraordinary           | An incident that will have a significant impact on the Trust, be of a complexity that requires a large number of resources or casualties requiring access to national clinical networks. An incident of this type may attract atypical media or public interest and would fall short of a Major Incident Stand-by incident. |
| Major Incident Stand-by | An incident that is anticipated to meet the definition of a Major Incident but is unconfirmed.<br>Once a scene assessment is completed, a Major Incident should be declared or stood down. <b>This should take place within 30 minutes of the operational commander arriving on scene</b>                                   |
| Major Incident          | An Incident of significant size and complexity that meets the definition of a Major Incident or an NHS Major Incident. An incident of this type will require an extended command structure to be put in place and may be an extended incident.                                                                              |

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## 7.11. WAST Predetermined Attendance

| Level          | Pre-determined Attendance                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Level 1</b> | Normal deployment procedures                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Level 2</b> | 1 x Operational Commander<br>2 x Emergency Ambulance (EA)                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Level 3</b> | 2 x Operational Commander<br>3 x Emergency Ambulance (EA)<br>2 x Car Based Response Vehicle (CHARU or APP)<br>1 x Critical Care Team/HEMS**<br>NILO<br>HART                                                                                                                                                                                                                                                                                                                  |
| <b>Level 4</b> | 4 x Operational Commander<br>6 x Emergency Ambulance (EA)<br>2 x Urgent Care Service (UCS)<br>2 x Car Based Response Vehicle (CHARU or APP)<br>2 x Critical Care Team/HEMS**<br>NILO<br>HART<br>SORT (Amber Alert)<br>MERIT (consider requirement and place on stand-by)                                                                                                                                                                                                     |
| <b>Level 5</b> | 6 x Operational Commander<br>10 x Emergency Ambulance (EA)<br>3 x Urgent Care Service (UCS)<br>4 x Car Based Response Vehicle (CHARU or APP)<br>6 x Non-Emergency Patient Transport Service (NEPTS)<br>4 x Critical Care Team/HEMS**<br>NILO<br>HART<br>SORT (Red Alert)<br>MERIT (consider requirement and place on stand-by)<br>Command Support Unit<br>Incident Support Unit (Mass Casualty)<br>Incident Support Unit (Equipment Vehicle)<br>Incident Support Unit (CBRN) |

\*\* During the hours of 19:00-07:00, EMRTS have 1 flying capable asset available to respond from Cardiff. Should WAST require a Level 4 or Level 5 response, liaise with the EMRTS desk for re-call to duty and/or mutual aid arrangements.

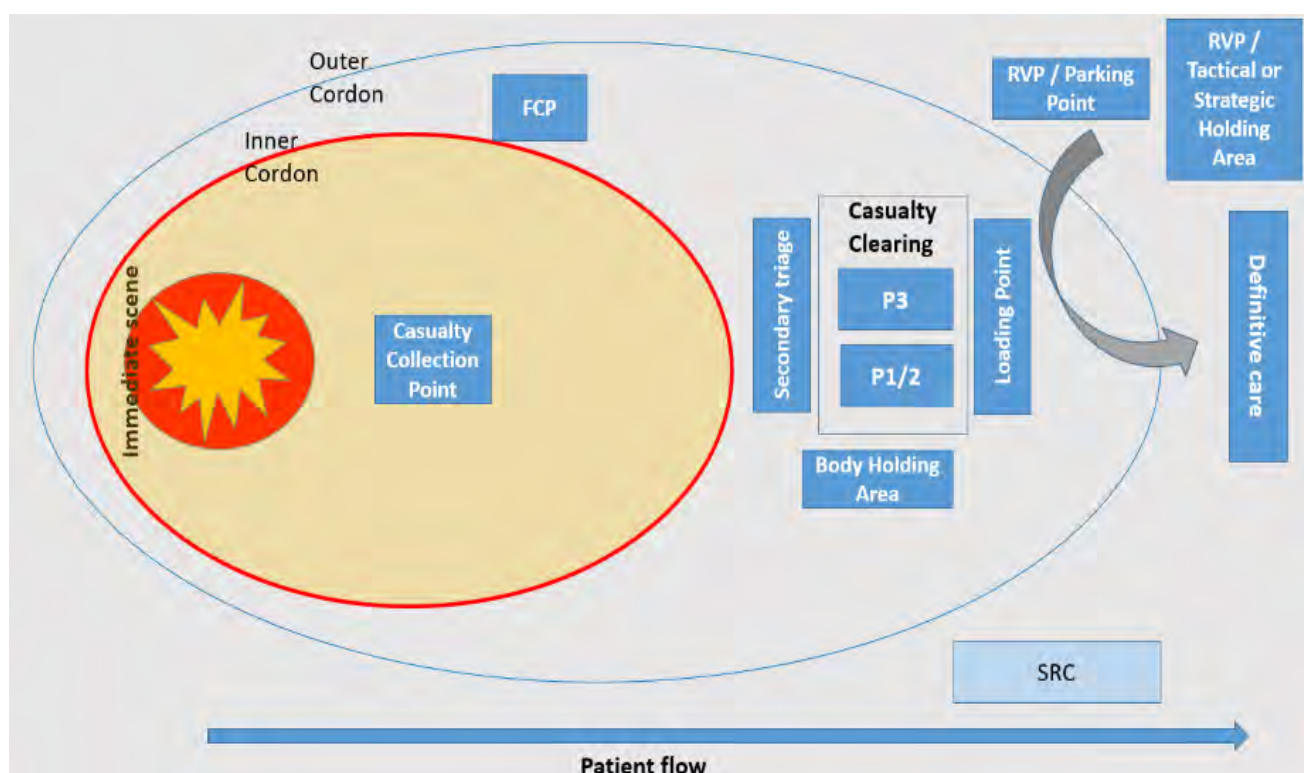
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## 7.12. Cords and Zones

Zones and cordons are designed to keep those working in the area safe by clearly showing which areas require particular Personal Protective Equipment (PPE) and training. They are also to minimise traffic access and that of the public to keep them safe. For each cordon/zone the minimum PPE for WAST staff would be uniform, helmet, high visibility jacket and boots. The cordon/zone will then dictate additional PPE, training requirement and authorisation to enter commensurate with the risks/tasks.

**Zones are only utilised in MTA, HazMat and CBRN incidents** whereas cordons are used for more routine incidents such as RTCs. It is important to avoid using 'zoning' to describe non-MTA, HazMat or CBRN hazards to prevent confusion about the nature of a risk. For example, there may be hazards at a scene of terrorism that need to be control within an inner cordon (such as an unstable structure), but if the terrorist threat has been neutralised then this would be within a cold zone. To describe an unstable structure as a 'hot zone' could cause confusion as to the nature of the threat.

During MTA incidents, commanders are also able to designate a Limit of Exploitation (LoE). This gives staff a simplified location where they are not to advance beyond. More information on LoE's is available in Section 21.



| Cordons                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Initial</b>                                                                                    | Temporarily established by the first wave of unprotected emergency responders, before any detailed scene assessment or any other scientific analysis has been conducted. Provides a means of facilitating the immediate response and adds an element of control to the incident. Size, shape and location will depend on the nature of the incident (see specialist response section).                                  |
| <b>Inner</b><br> | Surrounds the area where potentially hazardous activity may be safely conducted and encompasses both the Hot and Warm Zones. Provides a secure and permissive environment for all Emergency Services and other agencies to work within. Identified by red and white cordon tape                                                                                                                                         |
| <b>Outer</b><br> | Designates the controlled area into which unauthorised access is not permitted. It encompasses the Inner Cordon and the Hot, Warm and part of the Cold Zones. Will be a minimum of 200m outside the Inner Cordon. The area between the Inner and Outer Cordons is the area into which key operational command positions and other essential activities will be set up. Identified by blue and white Police cordon tape. |

### Cordon Tape Examples:

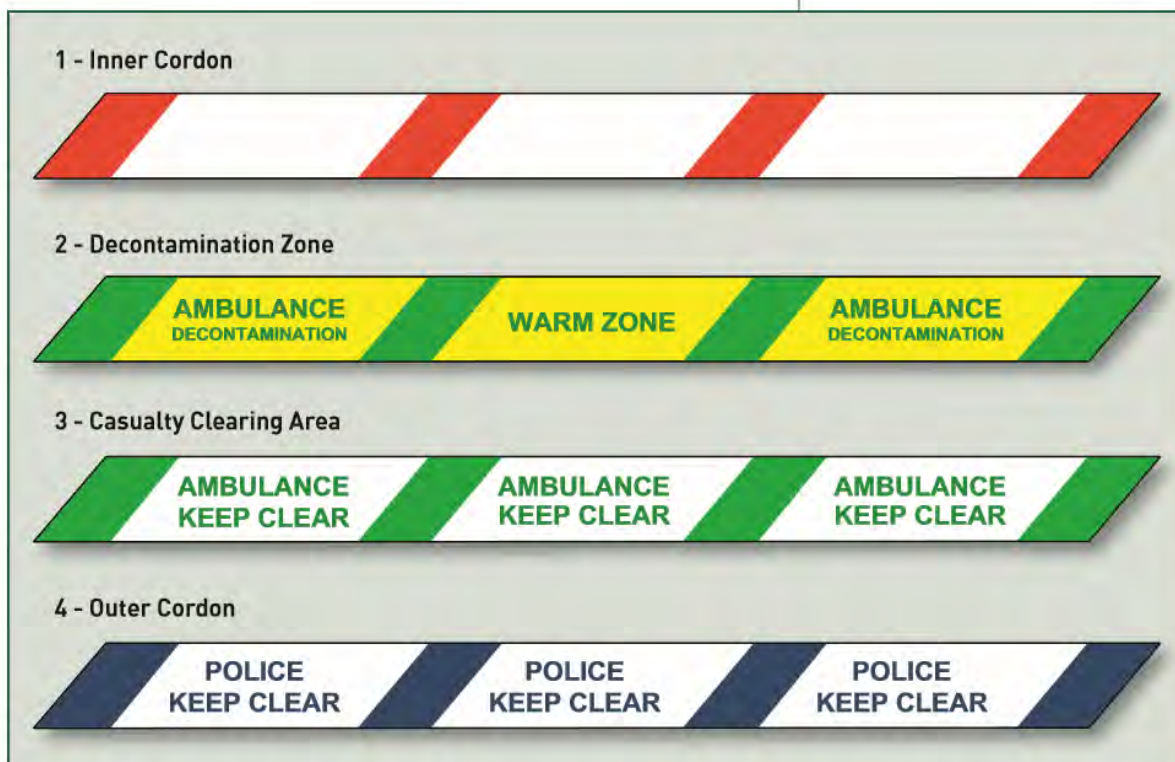


Figure 1 NARU (2014) CBRNE/HAZMAT Guidance v1.0



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## Zones

| Hot Zone                                                                                                                              |                                                                                                                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The area likely to pose an immediate threat to the health and safety of all those located within it and is the area of greatest risk. |                                                                                                                                                                                                                                |
| <b>HazMat/CBRN</b>                                                                                                                    | This is the contaminated area (or areas) where the initial release occurs or disperses to. Only HART can work in this area with police and FRS.                                                                                |
| <b>MTA</b>                                                                                                                            | An area assessed to contain an active and ongoing threat.                                                                                                                                                                      |
| Warm Zone                                                                                                                             |                                                                                                                                                                                                                                |
| The area which poses less risk to those located within it, but control measures are still required.                                   |                                                                                                                                                                                                                                |
| <b>HazMat/CBRN</b>                                                                                                                    | The area uncontaminated by the initial release of a substance, but which becomes contaminated by the movement of people or vehicles. HART and SORT staff can work in this area in this type of incident.                       |
| <b>MTA</b>                                                                                                                            | An area assessed to contain a potential marauding threat.                                                                                                                                                                      |
| <b>Decontamination</b>                                                                                                                | In a HazMat/CBRN incident this is the area containing the emergency services decontamination structures where decontamination takes place. Sits on the boundary of the warm and cold zones.                                    |
|                                                    |                                                                                                                                                                                                                                |
| Cold Zone                                                                                                                             |                                                                                                                                                                                                                                |
| <b>HazMat/CBRN</b>                                                                                                                    | This area does not require any specialist PPE and as such any staff can be deployed and utilised in this safe and uncontaminated area. Standard ambulance service uniform and health and safety procedures should be followed. |
| <b>MTA</b>                                                                                                                            | An area assessed to have no known marauding threat or where appropriate control measures have been implemented. Some cold zones will not require any control measures.                                                         |



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### 7.13. Rendezvous point (RVP) and Forward command point (FCP)

When early location information is unverified and the suitability of potential rendezvous points (RVP) is unclear, the lead responder and other control room supervisors should jointly agree an initial rendezvous point and communicate it to staff and commanders as soon as possible. Commanders may wish to revise the location of the rendezvous point and/or the forward command point in the light of further information at the scene.

The lead responding agency will suggest a location for commanders to co-locate at the Forward Command Point (FCP), this should be done in the early stages of a multi-agency incident and may be when operational commanders are still travelling to the scene.

RVPs and FCPs are as applicable to a single patient, difficult access call, as they are in multivehicle road traffic collisions and major incidents.

The FCP is where decision makers will agree the priorities and actions to be undertaken to ensure an effective response. It is critical that where possible, decision makers attending the FCP are not distracted by outside influence, such as phone calls and requests for updates, this will help ensure shared situational awareness is developed and critical decisions are reached in a timely fashion.

Only those who are discharging delegated authority in relation to the incident, such as commanders and their support officers, should attend the FCP.

### 7.14. Specialist Support

The Welsh Ambulance Services University NHS Trust (WAST) has a number of specialist capabilities pan Wales that can be deployed in support the Trust's response to an incident.

Early standby notification or mobilisation of these specialist assets is vital to ensure the provision of equipment and capabilities at the scene of a major incident. These assets include:

- National Interagency Liaison Officers (NILO) / Tactical Advisors
- Hazardous Area Response Team (HART)
- Special Operations Response Team (SORT)
- Specialist vehicles (Command Support Unit, Incident Support Units (ISU's))

Any of the specialist response assets can be mobilised under emergency conditions by an appropriately qualified member of staff.

#### National Interagency Liaison Officers (NILO) / Tactical Advisors

A cadre of NILOs operate within the Trust. These individuals can act as Tactical Advisors to Strategic, Tactical and Operational Commanders at an incident.





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The NILO will be able to support the response to any major incident, CBRN incident or terrorist incident, using the contacts network of NILO's across other response agencies within the UK. A 24/7 Duty NILO rota is in operation and a dedicated NILO can be contacted by ringing **0300 123 2312**.

### Hazardous Area Response Team (HART)

Wales has a Hazardous Area Response Team (HART) in common with other UK ambulances services. They are trained and equipped to national standards.

WAST HART have a fleet of service specific vehicles to enable them to deliver the HART capability and prehospital ambulance care required of them under their Service Level Agreement (SLA) with Welsh Government.

WAST HART are based in Bridgend due to Swansea, Cardiff and Newport being classed as key identifiable security risk areas (high population 100,000k +, major transport hubs, sports stadiums, seat of Welsh Government and large shopping centres). In a significant or major incident, the North region of WAST would initially request assistance from the North West Ambulance Service (NWAS) HART, due to the distance for the Trust HART to travel.

HART can provide a number of capabilities to normal or complex operations:

- Response to and clinical support during CBRN / HazMat Incidents
- Response to and clinical support during wide spread in land or coastal flooding
- Specialist response to Marauding Terrorist attacks (MTA)
- Specialist response to Chemical, Biological, Radiological, Nuclear terrorism
- Treatment of patients in confined spaces and difficult access area
- Treatment of patient injured and or trapped at height
- Treatment of patient in and under unstable structures following collapse
- Medical support to wide area search and rescue incidents
- Medical support within areas of extreme heat, they cannot undertake active firefighting.
- Access, treatment and recovery of casualties located off road in inaccessible areas
- Operatives from HART and SORT can be tasked with the transportation of confirmed cases from any point within Wales to one of the four dedicated High Consequence Infectious Disease (HCID) units in the UK.
- Engage in multiagency responses, utilising the JESIP principles and JDM.

HART can also provide advanced independent communication systems via their incident ground technology systems.

Deployment of HART will typically involve an Operations Manager HART (OM-HART) and five operatives to the scene of a complex incident. These numbers can be augmented through utilisation of the HART Training Team (if on duty), recall to duty arrangements and the use of mutual aid from other ambulance services.

Deployment of HART to a declared major incident is an automatic action carried out in the event of a Major Incident. However, they may be mobilised to any incident that would benefit from the skills and equipment they provide.





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The Duty HART Operational Manager can be contacted on **07788 301752** or on **ISSI 940 3280**.

### Special Operations Response Team (SORT)

The Welsh Ambulance Services University NHS Trust Special Operations Response Team (SORT) is comprised of trained and equipped volunteer personnel from within WAST Operations.

SORT can be deployed in the following roles:

- CBRN / HazMat incidents
- Major Incidents - Medical Retrieval Team (MRT) role
- Major Incidents – Establishing a casualty clearing station
- Major Incident – Equipment Officer role
- MTA
- Flooding – SORT Flood Response team. (Not in-water deployment)

SORT Providers and response units can be deployed through existing alerting mechanisms such as the Everbridge notification system, operated by the ODU, SORT Operational leads or NILO's via the following message codes:

|              |                                                           |
|--------------|-----------------------------------------------------------|
| <b>GREEN</b> | Message / information only                                |
| <b>AMBER</b> | Standby for deployment / gather availability              |
| <b>RED</b>   | Mobilisation to reporting base and deployment to incident |

### **7.15. Handover of Command**

There may be circumstances where those in a command or undertaking functional roles may be required to handover and/or be relieved by another Commander. This includes a protracted incident where a routine handover of command is required or, in exceptional circumstances, where it is felt the individual Commander is either not performing their role adequately or may be unable to do so for a variety of reasons.

Should any of the above criteria be met, the command level above the commander handing over must be made aware of the handover taking place and if appropriate, agree to the handover taking place. Any Functional Roles being undertaken at the incident scene can only be relieved at the discretion of the Operational Commander.

It is expected that Command handover will be required during a protracted incident, however if a commander is not performing their duties adequately the Joint Decision Model (JDM) must be used to aid the decision making and attempts made to verify if the current commander or functional officer is acting appropriately to help WAST meet the current needs to resolve the incident. All WAST staff are able to raise concerns to the chain of command as part of standard working practice at incidents.

Should a Commander position be handed over, the commander concerned should be informed via face-to-face discussions or through mobile phone communications, including where they are going to handover / be relieved and by whom (if known). This will allow the outgoing Commander to prepare the WAST handover document.



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Where possible, the outgoing Commander should adequately brief and prepare the relieving Commander for their role via face-to-face communication. The Emergency Medical Services Coordination Centres (EMSCC) should be made aware of the changeover of command as well as any other staff who are in direct contact with the Commander being relieved. This can be done through an open message over airwave radio or other means of communication.

The following must be included in any formal handover of command:

- Obtain sufficient information to determine the current status of the response, this is to include details of the most recent METHANE report, the status of the multi-agency risk assessment and be in the IIMARCH format.
- Timing and location of the next multi-agency meeting and where possible, an introduction to other agency Commanders.
- Any significant concerns are the welfare of WAST staff deployed.
- A formal handover time agreed and reported back to the EMSCC for logging, confirming who have been relieved and who has assumed the command appointment.
- The chain of command is to be informed via airwave radio or other means of communication for situational awareness.



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## 8. Safety

A key consideration for all Commanders will be safety. The Ambulance Service has overall responsibility for the health and safety of all healthcare staff at the scene of an incident. There are legal implications that underpin this requirement. Safety must be considered in relation to:

- Patients
- Survivors
- Staff
- Other emergency services / responders
- The general public

The requirement to act positively to save life is described in Article 2, Right to Life, in the European Convention of Human Rights (ECHR). This affects our responsibilities to patients, survivors and the general public.

The Corporate Manslaughter Act 2006 and the Health and Safety at Work Act 1974 places duties on Commanders to look after the health and safety of the staff they have responsibility for, as well as other emergency responders. A failure to assess and manage risk that causes a breach in the duty of care owed, resulting in harm, can have serious consequences.

Commanders at all levels are trained and supported to ensure that they consider safety jointly with partners and implement safe systems of work to protect the safety of patients, survivors, the general public and their staff, including other emergency responders.

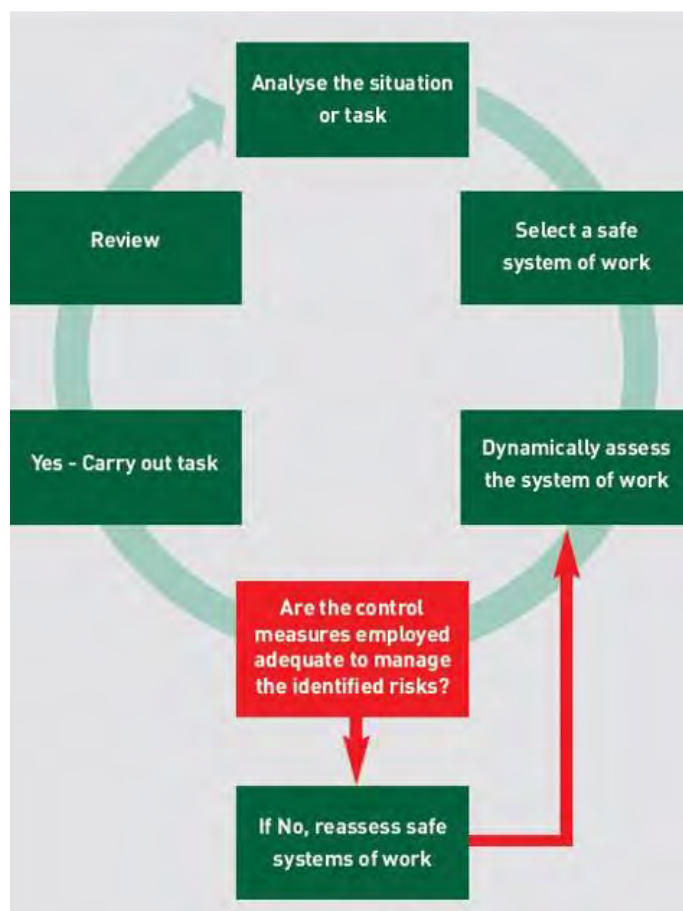
Every member of NHS staff deployed at a major incident scene will be appropriately equipped (safety footwear, reflective coat and safety helmet) and will receive a safety brief. Individuals are also required to remain vigilant to risks and adopt a dynamic approach to risk assessment where required.

Risks and hazards need to be identified, along with those they are likely to affect. The risks then need to be mitigated in such a way as to reduce the likelihood of it happening and/or the impact.

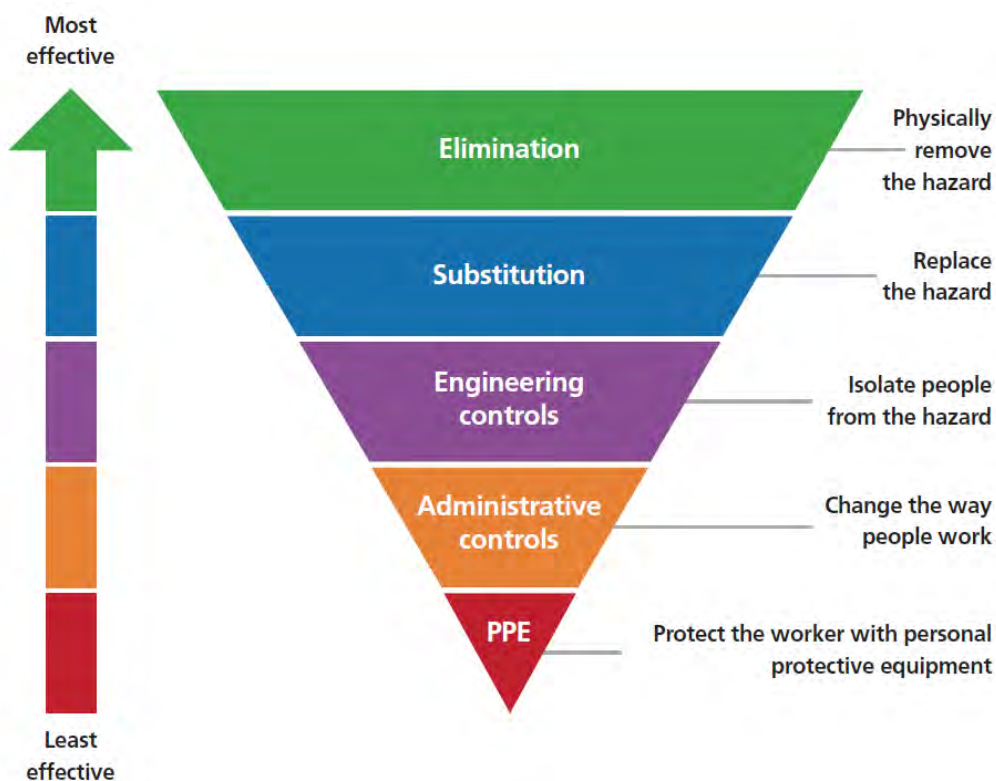
It is highly unlikely that any service will be able to declare the scene of an incident completely safe and therefore Commanders should ensure that a balanced approach to risk is adopted to ensure the Ambulance Service and other responding agencies are able to discharge their statutory duties at the scene.

It is vital that risk assessments, safe systems of work and any mitigations are appropriately recorded, along with decisions relating to safety.

Dynamic risk assessments (DRAs) should be made using the following diagram and hierarchy of control.



Dynamic Risk Assessment -, NARU Command and Control Guidance (V3.1 2019, p. 28)



Hierarchy of Controls -, NARU Command and Control Guidance (V5.0 2024, p. 34)



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## 9. Communications

Communication between responders should be implemented as soon as possible to enable the development of shared situational awareness. This should commence with the immediate implementation of a multi-agency open communication channel between control rooms upon declaration of an incident involving multiple partners.

Methods of communication include Airwave radios, mobile telephones; land line telephones, SMS text messaging, Everbridge, mobile data terminals (MDT), email, fax, social media, written instructions, and face to face communications.

A list of available WAST specific Airwave talk groups and interoperability talk groups are shown in Appendix - WAST Airwave Talk Groups.

Depending on the location of the incident and the number of responder agencies in attendance, it is therefore important to maintain as much capacity as possible on the Airwave Network.

Below is an overview of various Airwave TGs and modes of operation:

**Major Incident Talk Groups** – These dedicated talk groups (TG) will ensure that responding units are not 'dragging' other TGs onto the nearest mast. This is where TGs not being used in an area are brought in by responding crews and place additional pressure on an Airwave Mast. Each additional TG will take up extra capacity on the system and will likely lead to communication difficulties unless proactively addressed.

Having a dedicated TG also removes the need for Point to Point calls and increases situational awareness for all responders on a given channel.

Commanders should ensure that all responding resources have switched to the appropriate channel on their handsets and that their vehicle sets are switched off.

All Major Incident Talk groups are monitored and recorded by EMSCC.

**Trunk Mode Operation (TMO)** – This is the standard mode of operation for the Airwave handset and means that the device is fully connected with the Airwave Network. All users on the same TG will be able to hear group call transmissions.

**Direct Mode Operation (DMO)** – This isolates the handset from the Airwave Network and allows it to be used more like a traditional 'walkie-talkie'. This means it doesn't need signal from an Airwave mast and doesn't take up any capacity on the Network.

However, it can only communicate with other handsets in the same mode and on the same channel. It also has a significantly limited range (up to 1km and in line of sight).

WAST vehicles are able to act as a 'Gateway' to the Airwave network, and connect to a TMO TG, enabling control to monitor and record the DMO TG.

A list of available DMO TG's can be found in Appendix 1 - WAST Airwave Talk Groups

**Point to Point** – These are individual 'calls' between one Airwave user and another.

Consideration should be given to restricting the use of point to point during an incident, as this capability significantly increases the load on the Airwave Masts, which are likely to be busy with other services at the scene of an incident. They will also be the first call type to be dropped off the mast when it reaches capacity, further hindering communications.

**Emergency Services Inter-Control Room Hailing (ESICTRL)** - Is a dedicated, pan-Wales TG intended to provide the Emergency Services control rooms with the ability to notify each



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other and share information in response to a wide variety of major and/or critical incidents. It is permanently monitored by all 'blue light' control rooms and is used to share critical updates relating to ongoing incidents. METHANE messages passed to EMSCC will be shared on this TG.

It is imperative that during any large scale or MI that we utilise the appropriate MI/Command channels, as these channels can be monitored and recorded within the EMSCC and to make sure that we do not overload the Airwave Network and maintain our communication systems during the incident.

The Trust has a number of Communications Tactical Advisors trained to support the efficient and appropriate delivery of communications during pre-planned events or spontaneous incidents.

Communications Tactical Advisors can support any agency utilising the Airwave network and undertake training in a multi-agency environment to ensure understanding across the blue light services.

When passing information, whether it is by telephone or radio, what is being transmitted, how and why should be considered. Consider what details are required by the person you are speaking to and be aware that both parties will be busy so the information should be concise and relevant. Sensitive details including patient identification can be passed but be aware of who may also be able to hear, consider the most appropriate way of sharing this information.

A vital communications aid for commanders is a briefing. This ensures that information is shared, and key tasks are delegated, as required. Any staff arriving on scene require a briefing to understand the context of the task allocated. The IIMARCH template should be used to deliver a structured briefing.

### 9.1. Multi-agency Information Cell (MAIC)

The purpose of a Multi-agency Information Cell (MAIC) is to '*provide shared situational awareness by gathering information, analysing and then delivering it in an intelligible and recognised product, referred to as the Common Operating Picture (COP)*'. (JESIP Joint Doctrine: The Interoperability Framework Edition 3, 2021).

During an incident, a MAIC may be requested by either a TCG or SCG to identify, obtain, analyse, display and disseminate multi-agency information during a response.

If a MAIC were to be convened, consideration on WAST representation will be required. Some of the information and intelligence obtained by the MAIC may be sensitive and will be a matter of the MAIC chair as to how the information is shared and in what format.

WAST representation on the MAIC would be a joint decision between the Strategic Commander, Tactical Commander and NILO depending on the incident and the type of information being requested from WAST.





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| Element                                | Key questions and considerations                                                                                                                                                                                                                                                                                                                                                                                        |
|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>I</b><br><b>Information</b>         | <b>Information</b><br><b>What, where, when, how, how many, so what, what might?</b><br>Timeline and history (if applicable), key facts reported using M/ETHANE                                                                                                                                                                                                                                                          |
| <b>I</b><br><b>Intent</b>              | <b>Intent</b><br><b>Why are we here, what are we trying to achieve?</b><br>Strategic aim and objectives, joint working strategy                                                                                                                                                                                                                                                                                         |
| <b>M</b><br><b>Method</b>              | <b>Method</b><br><b>How are we going to do it?</b><br>Command, control and co-ordination arrangements, tactical and operational policy and plans, contingency plans                                                                                                                                                                                                                                                     |
| <b>A</b><br><b>Administration</b>      | <b>Administration</b><br><b>What is required for effective, efficient and safe implementation?</b><br>Identification of commanders, tasking, timing, decision logs, equipment, dress code, PPE, welfare, food, logistics                                                                                                                                                                                                |
| <b>R</b><br><b>Risk Assessment</b>     | <b>Risk assessment</b><br><b>What are the relevant risks, and what measures are required to mitigate them?</b><br>Risk assessments (dynamic and analytical) should be shared to establish a joint understanding of risk.<br>Risks should be reduced to the lowest reasonably practicable level by taking preventative measures, in order of priority. Consider the hierarchy of controls.<br>Consider Decision Controls |
| <b>C</b><br><b>Communications</b>      | <b>Communications</b><br><b>How are we going to initiate and maintain communications with all partners and interested parties?</b><br>Radio call signs, other means of communication, understanding of inter-agency communications, information assessment, media handling and joint media strategy                                                                                                                     |
| <b>H</b><br><b>Humanitarian Issues</b> | <b>Humanitarian issues</b><br><b>What humanitarian assistance and human rights issues arise or may arise from this event and the response to it?</b><br>Requirement for humanitarian assistance, information sharing and disclosure, potential impacts on individuals' human rights                                                                                                                                     |

During an incident, communication with the public must be maintained. Agreeing the media strategy is the responsibility of the Strategic Commander and may be done in conjunction with the multiagency partners involved in responding to the incident. The Strategic Commander must also consider the communications to WAST staff during an incident.

The Multiagency Media Cell and the WAST communications team will monitor social media during an incident and ensure the appropriate messaging is released to the public.

# Communications

## 10. Assessment

The assessment of the scene will begin from the initial call received by a control room and will continue as first responders arrive on scene. Information gathered by individual agencies must be disseminated to all first responders and control rooms effectively.

The first crew on scene must provide EMSCC with a 'windscreen report' a brief description of what they can see. This should be completed prior to leaving the vehicle to ensure EMSCC has a better information picture and then updated when further information becomes available. EMSCC will share this information with other 'blue light' services via ESICTRL.

**On arrival at an incident responders should provide an initial windscreen report by Airwave radio before leaving your vehicle**



### First on scene: initial actions

- Leave blue lights on to signify control point until arrival of a Commander
- Refer to your NARU action cards

|   |                                                                             |
|---|-----------------------------------------------------------------------------|
| M | Major Incident / Major Incident Standby declared<br>If neither, give ETHANE |
| E | Exact Location                                                              |
| T | Type Of Incident                                                            |
| H | Hazards Present and Potential                                               |
| A | Access/Egress and RVP                                                       |
| N | Number and Type of Casualties (P1/P2, P3, Dead)                             |
| E | Emergency Services<br>Who is on scene, who is required                      |

The assessment tool that must be used is the METHANE message, taken from the JESIP Doctrine (JESIP, 2021). It provides a standardised message template used by all emergency services and is now recognised by other partner agencies.

If a major incident is not applicable, an ETHANE message can be passed. It is good practice to use this situational reporting method in any communication of a situation update, as it embeds the process for both the member of staff delivering the update and the one receiving it.

The METHANE report should be updated whenever new information becomes available, or every 15 minutes during the initial stages of an incident.



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|          |                                 |                                                                                                           |                                                                                                                                                                   |
|----------|---------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>M</b> | <b>MAJOR INCIDENT</b>           | Has a major incident been declared?<br>(Yes/No – If 'No', then complete<br>ETHANE message)                | Include the date and time<br>of any declaration.                                                                                                                  |
| <b>E</b> | <b>EXACT LOCATION</b>           | What is the exact location or<br>geographical area of the incident?                                       | Be as precise as possible, using<br>a system that will be understood<br>by all responders.                                                                        |
| <b>T</b> | <b>TYPE OF INCIDENT</b>         | What kind of incident is it?                                                                              | For example, flooding, fire,<br>utility failure or disease outbreak.                                                                                              |
| <b>H</b> | <b>HAZARDS</b>                  | What hazards or potential hazards<br>can be identified?                                                   | Consider the likelihood of a hazard<br>and the potential severity<br>of any impact.                                                                               |
| <b>A</b> | <b>ACCESS</b>                   | What are the best routes<br>for access and egress?                                                        | Include information on inaccessible<br>routes and rendezvous points (RVPs).<br>Remember that services need to be<br>able to leave the scene as well as access it. |
| <b>N</b> | <b>NUMBER OF<br/>CASUALTIES</b> | How many casualties are there,<br>and what condition are they in?                                         | Use an agreed classification system<br>such as P1; P2; P3 and dead.                                                                                               |
| <b>E</b> | <b>EMERGENCY<br/>SERVICES</b>   | Which, and how many, emergency<br>responder assets and personnel are<br>required or are already on-scene? | Consider whether the assets of wider<br>emergency responders, such as local<br>authorities or the voluntary sector,<br>may be required.                           |

# Assessment



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## 11. Triage

### 11.1. Ten Second Triage (TST) and Major Incident Triage Tool (MITT)

Ten Second Triage (TST) is the new primary scene triage tool that has been developed for use by all first responders to any incident with multiple casualties.

TST identifies and prioritises the most injured casualties who need immediate lifesaving interventions. It provides a framework to help all responders optimise their ability to triage quickly and effectively in order to save as many lives as possible.

In addition to NHS Ambulance services, other emergency services including Police, Fire and Rescue Services (FRS), Voluntary organisations and Armed Forces will be trained in TST and be able to carry out initial triage for any multiple casualty incident. As a result, patients cannot be triaged as 'Dead' under TST due to potential lack of clinical skills, therefore the 'Not Breathing' category has been introduced.

TST has been designed for use by individuals working as a single operator, rather than in pairs as previously adopted. If there are multiple responders present, it is recommended that one of them stands back, in order to keep situational awareness and oversee the triage process. Patients who have been assessed through TST will be given either a band or stick which will display a chequered border which can be seen in the image on page 40.

Other emergency services will assist with the evacuation of casualties in accordance with their triage categories, moving P1s first, followed by P2 casualties. It is assumed that P3s will self-extricate as they are able to walk but may need direction to a place of relative safety or a casualty clearing point.

The MITT has been designed as a replacement to the NASMed Triage Sieve, Triage Sort and Paediatric Triage Tape that is currently used by healthcare responders. MITT will only be performed by ambulance staff once all casualties have been assessed with TST and has been instituted by a WAST Operational Commander with clinical advice from the Operational Medical Advisor, if needed.

MITT aids clinical decision making where enhanced/critical care decision making is not available and therefore should only take place once casualties reach a CCP or CCS, rather than it being performed on scene. Patients who have gone through MITT will be given an updated SMART card.

However, MITT does not have to take place on scene. Some of the reasons as to why MITT may not take place are:

- Number of patients vs number of clinical resources
- Ability to transport patients to definitive care.

Regardless of whether TST is followed by Business As Usual (BAU) processes or MITT, the priorities will also be rapid evacuation of TST P1 casualties to definitive care and the re-triage of Silver tagged TST 'Not Breathing' patients to Dead or P1.

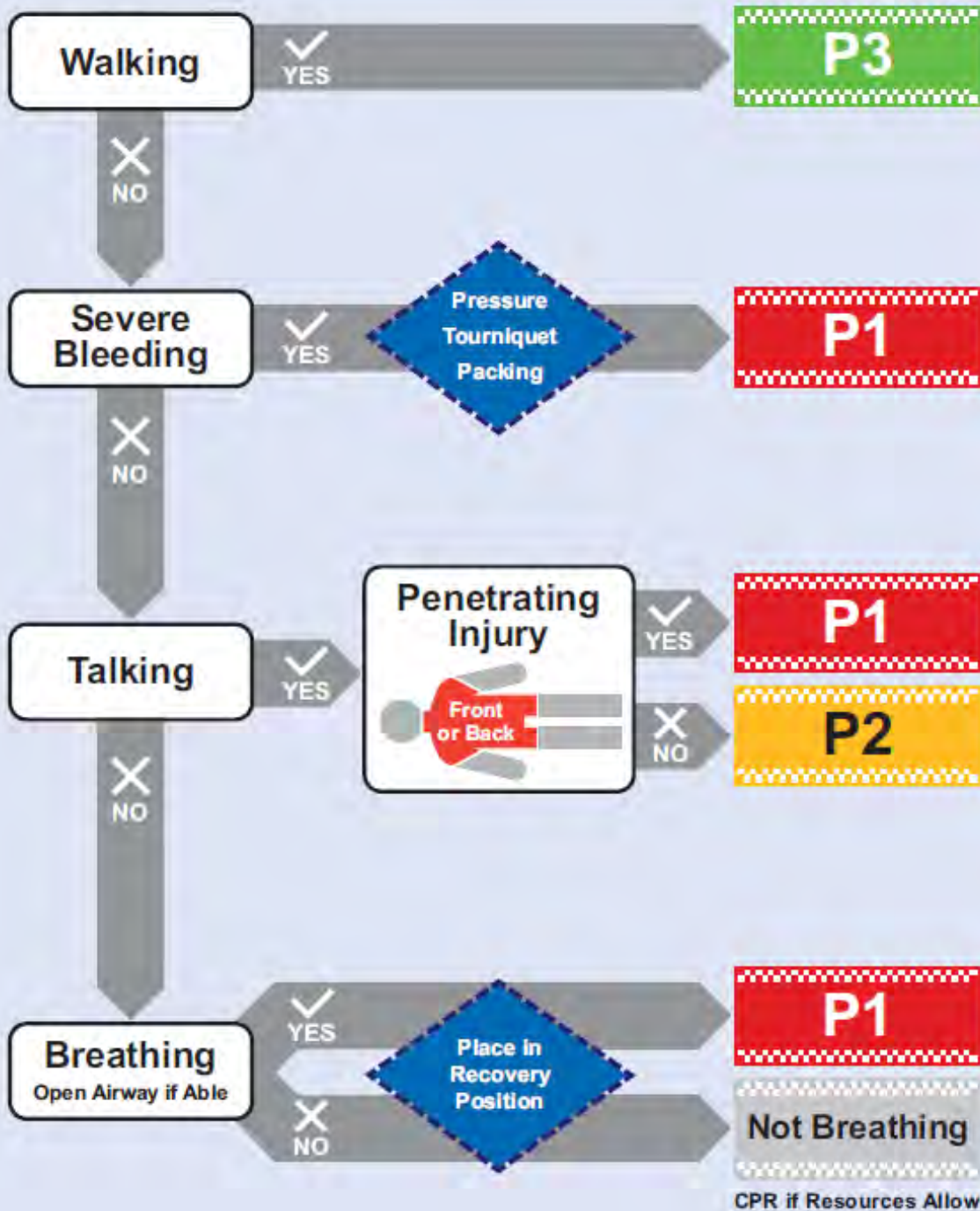




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## Ten Second Triage (TST)



Triage



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# Triage

## Ten Second Triage (TST)

**NHS**

**M**  
MAJOR INCIDENT

**E**  
EXACT LOCATION

**T**  
TYPE OF INCIDENT

**H**  
HAZARDS

**A**  
ACCESS

**N**  
NUMBER OF CASUALTIES

**E**  
EMERGENCY SERVICES

**Not Breathing**

**P3**

**P2**

**P1**

Ten Second Triage (TST) Tally Chart

|    |    |    |    |    |    |    |    |    |    |
|----|----|----|----|----|----|----|----|----|----|
| 1  | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |

|    |    |    |    |    |    |    |    |    |    |
|----|----|----|----|----|----|----|----|----|----|
| 1  | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |

|    |    |    |    |    |    |    |    |    |    |
|----|----|----|----|----|----|----|----|----|----|
| 1  | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |

|    |    |    |    |    |    |    |    |    |    |
|----|----|----|----|----|----|----|----|----|----|
| 1  | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |

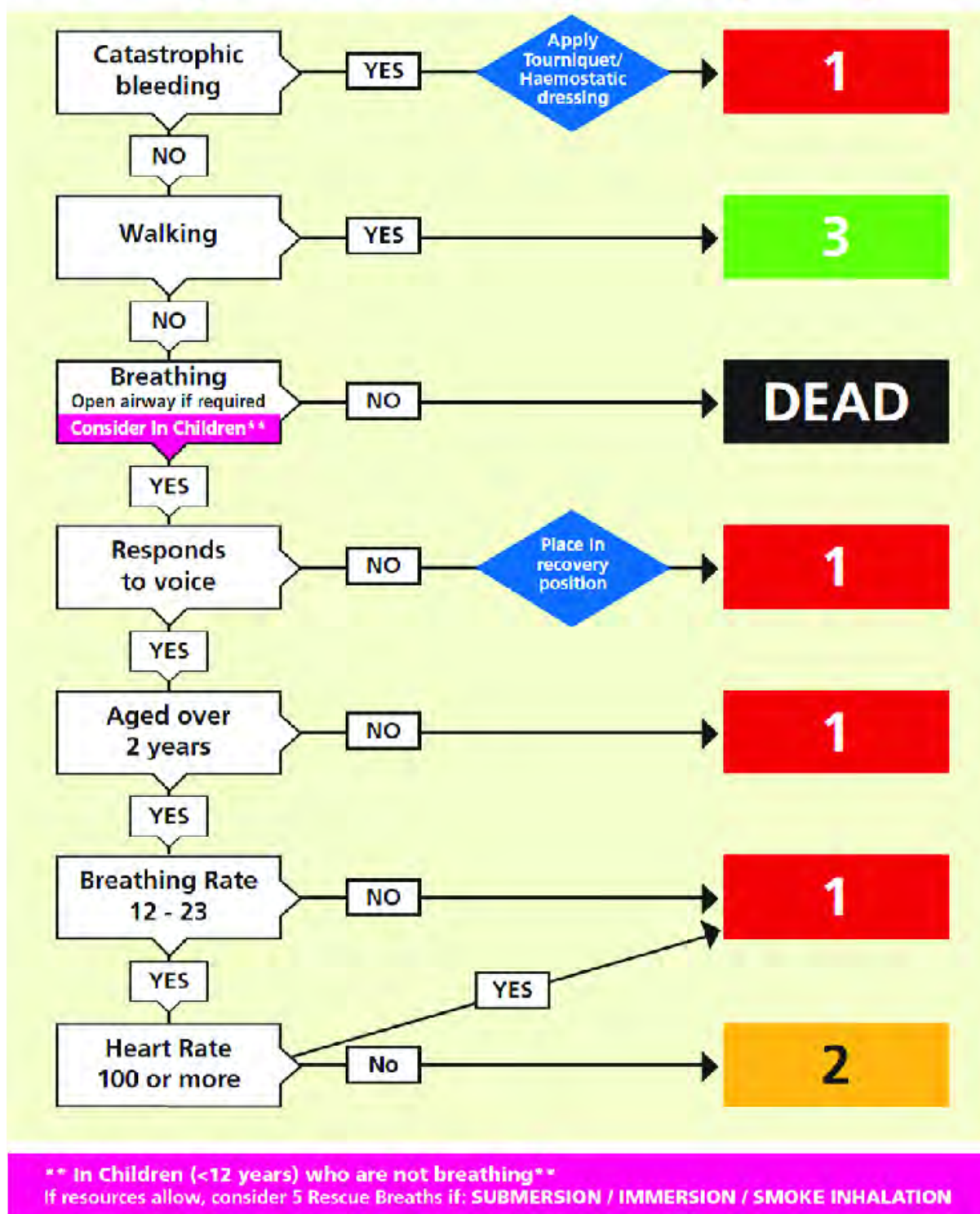




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## NHS Major Incident Triage Tool (MITT)



Triage



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## 11.2. Deceased patients

If a patient is categorised as DEAD, and their condition is not “unequivocally associated with death”, they should be placed in the recovery position and a DEAD triage tag applied. This shows they have been assessed and stops any delay in the triage process due to them being unnecessarily triaged again.

The triage tag should record the date and time that the triage took place, the pin number and initials of the person carrying out the triage should also be recorded.

These patients should not be covered up. If, on arrival of the crew, a patient is found covered up they should be uncovered and immediately triaged. If there is concern about bystanders and dignity, this should be discussed between the commanders as to whether covering the deceased is necessary for dignity purposes.

Other emergency service responders and general public should also be instructed not to cover those who are believed to be dead, to ensure patients are quickly identifiable to ensure they are promptly triaged.

Covering patients should only be carried out once a commander decision has been made, in conjunction with a Medical Advisor, and performed by a Health Care Professional once a DEAD triage tag has been applied.

At the appropriate stage of the incident, ROLE will be required to be carried out on all patients who have been triaged as DEAD.

Triage



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## 12. Treatment

Patients will receive treatment appropriate for their prevailing condition and in order of their respective triage priority regardless of the type of incident. This will ensure that the medical resources at the scene can be used in the most effective manner, to save as many lives as possible.

The early deployment of responders to the scene of an incident to commence life-saving interventions is critical. This should be considered the default position unless there is credible evidence of a reason not to. There should be a concerted effort during the response to patients to reduce the 'Care Gap' - the time that elapses between the injury occurring and treatment provided. Three groups of interventions can be utilised to achieve high levels of trauma care even in austere environments:

- First Responder Interventions
- Bridging Interventions
- Enhanced Care Interventions

First Responder Interventions focus on the preventing of avoidable death such as control of catastrophic haemorrhage and airway manoeuvres. These may be performed by a competent person and assistance could be sought from other emergency responders or persons on scene in rapidly achieving this.

Bridging Intervention allows for a patient to be optimised for rapid extrication from the scene and may include treatments such as self-administered analgesia, splinting of fractures, or provision of thermal management such as heat pads. This would typically be provided by WAST clinicians or other HCPs.

Enhanced Care Interventions will allow for the highest level of pre-hospital trauma care practicable in the circumstances to be performed. This may include sedation, surgical procedures or blood product administration. This would typically be performed by Critical Care Teams and depending upon the incident may be provided at the point of injury, at a nearby location, or during hospital transfer.

**Casualty Collection Points (CCP)** should be used to gather patients together to make their treatment easier to manage. CCPs are designed to be small, simple and agile, and allow for prompt extrication of casualties. They may be sited close to the point of injury, or further away if there are ongoing safety concerns. There may be more than one CCP at an incident and may be established and disbanded quickly as casualties are cleared.

**Casualty Clearing Stations (CCS)** are generally further away from the scene and allow more in-depth stabilisation to take place. The setting up of a CCS will be a Command decision and should only be considered if there is an unacceptable delay in moving patients away from the scene. CCS may take longer to establish but can provide options to treat casualties for longer if there is a delay in ambulance conveyance. They can be used in incidents with multiple casualties that falls short of a major incident but are larger, more complex responses. CCS may not be required at every incident, and casualties may be moved directly to the Casualty Loading Point (CLP) from point of injury or CCP where this is deemed optimal.

Within Wales, the Health Boards support WAST to staff our CCS with nurses making up the MERIT. They will work under the direction of the Casualty Clearing Officer and Casualty Clearing Medical Lead Doctor (CCML). It is the responsibility of the Ambulance Service with



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the support of Shared Services Logistics to transport the MERIT from their collection point (at a nominated hospital or hospitals) and transport to the scene, along with their equipment.

The Casualty Clearing Medical Lead Doctor will take the lead medical role within the CCS and can provide senior clinical decision making within the CCS. Advanced Paramedic Practitioners are also able to support triage SORT and clinical treatment within the CCS.

### 12.1. Emergency Medical Retrieval Team Service (EMRTS)

The Trust has the ability to deploy the EMRTS air ambulances to support our response at an incident. EMRTS are based at 4 locations across Wales, however we are also able to call on mutual aid from air ambulances outside Wales. EMRTS operates with consultant grade doctors and Critical Care Practitioners (CCP's). EMRTS also provide a 24/7 senior consultant top cover. EMRTS activation is managed through the Air Support Desk based at the Ambulance Control Room in Cwmbran.

Air ambulances can be deployed to provide the following range of assistance at a major incident:

- Deployment of paramedic crews to remote or inaccessible areas.
- Conveying a MERIT or Medical Advisor to scene, where travel time is extended.
- Delivery of medical supplies to scene.
- If a doctor is working on the air ambulance, they can expect to undertake the role of Forward Doctor on scene, as required.
- Rapid transportation of time critical patients to definitive care (can be flown further afield to ease the pressure on local hospitals).
- To provide a tactical assessment from the air.

### 12.2. Mass Casualty Bags

The mass casualty bags are designed to be used in the event of a major or mass casualty incident. They will be used in a Casualty Clearing Station (CCS) where the Medical Emergency Response Incident Team (MERIT) and the Emergency Medical Retrieval and Transfer (EMRTS) Cymru critical care teams will work.



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The below table shows the quantity and locations of the bags across Wales.

| North Wales                               |      |                                       |      |                              |      |
|-------------------------------------------|------|---------------------------------------|------|------------------------------|------|
| Incident Support Unit (ISU)<br>(Dobshill) |      | Incident Support Unit (MCV)<br>(Rhyl) |      | Back up bags<br>(Denbigh)    |      |
| No of MCB's                               | X 30 | No of MCB's                           | X 60 | No of MCB's                  | X 30 |
| No of P3 Bags                             | N/A  | No of P3 Bags                         | X 25 | No of P3 Bags                | NA   |
| Patient Treatment Capability              |      | Patient Treatment Capability          |      | Patient Treatment Capability |      |
| P1                                        | 60   | P1                                    | 120  | P1                           | 60   |
| P2                                        |      | P2                                    |      | P2                           |      |
| P3                                        | N/A  | P3                                    | 125  | P3                           | NA   |
| Totals                                    | 60   | Totals                                | 245  | Totals                       | 60   |

| South & East Wales                         |      |                                            |      |                                 |      |
|--------------------------------------------|------|--------------------------------------------|------|---------------------------------|------|
| Incident Support Unit (ISU)<br>(Brynmenyn) |      | Incident Support Unit (MCV)<br>(Brynmenyn) |      | Cardiff, Storeroom<br>(Pentwyn) |      |
| No of MCB's                                | X 30 | No of MCB's                                | X 60 | No of MCB's                     | X 20 |
| No of P3 Bags                              | N/A  | No of P3 Bags                              | X 25 | No of P3 Bags                   | NA   |
| Patient Treatment Capability               |      | Patient Treatment Capability               |      | Patient Treatment Capability    |      |
| P1                                         | 60   | P1                                         | 120  | P1                              | 40   |
| P2                                         |      | P2                                         |      | P2                              |      |
| P3                                         | N/A  | P3                                         | 125  | P3                              | NA   |
| Totals                                     | 60   | Totals                                     | 245  | Totals                          | 40   |

Treatment



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| Central & West Wales                         |      |                                                |      |                                             |      |
|----------------------------------------------|------|------------------------------------------------|------|---------------------------------------------|------|
| Incident Support Unit (ISU)<br>(Aberystwyth) |      | Incident Support Unit (ISU)<br>(Pembroke Dock) |      | Incident Support Unit (ISU)<br>(Glyn Neath) |      |
| No of MCB's                                  | X 30 | No of MCB's                                    | X 30 | No of MCB's                                 | X 30 |
| No of P3 Bags                                | N/A  | No of P3 Bags                                  | X 20 | No of P3 Bags                               | X 10 |
| Patient Treatment Capability                 |      | Patient Treatment Capability                   |      | Patient Treatment Capability                |      |
| P1                                           | 60   | P1                                             | 60   | P1                                          | 60   |
| P2                                           |      | P2                                             |      | P2                                          |      |
| P3                                           | N/A  | P3                                             | 100  | P3                                          | 50   |
| Totals                                       | 60   | Totals                                         | 160  | Totals                                      | 110  |

| Wales Total Capability                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>Total bags MCB320</li> <li>270 bags are held across all ISU's throughout Wales.</li> <li>30 bags are held in North Wales as additional/back up. (Shared Services North)</li> <li>20 bags are held in South Wales as additional/back up. (Pentwyn Cardiff)</li> </ul> <p>Current capabilities provide the following:</p> <ul style="list-style-type: none"> <li>MCB x 320 (640 P1 and P2 patients)</li> <li>P3 Bags x 80 (400 P3 patients) 5 patients per bag due to limited items</li> <li>Total number of patients = 1400</li> </ul> |



## 13. Transport

### 13.1. Patient Movement on scene

Transportation of the patient commences from site of injury. Consideration around extrication methods for patients should be discussed with multi-agency colleagues. These options should be approved for patient use to avoid additional harm to patients and staff during extrication. Options include;

|                                    |                                                                                      |
|------------------------------------|--------------------------------------------------------------------------------------|
| <b>Stretcher</b>                   |    |
| <b>Orthopaedic Stretcher</b>       |   |
| <b>Spinal Board</b>                |  |
| <b>Mega Mover</b>                  |  |
| <b>Emergency folding stretcher</b> |  |



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|                               |                                                                                                                                                                                                                                                                      |
|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Sked</b>                   |                                                                                                                                                                                    |
| <b>Team 8 Stretcher</b>       |                                                                                                                                                                                    |
| <b>Donway Carrying Sheet</b>  |                                                                                                                                                                                   |
| <b>MIBS Stretcher</b>         | <br><br> |
| <b>Basket Stretcher</b>       |                                                                                                                                                                                  |
| <b>Wheeled Litter Carrier</b> |                                                                                                                                                                                  |



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### Polaris All-Terrain Vehicle (ATV)



## 13.2. Patient conveyance from scene

Transport of patients that are critically ill or injured to definitive care should be of high priority. Commanders at scene should liaise with Medical Advisors/Forward Doctors to identify patients that are the highest clinical need and need urgent transport to hospital. These patients may be required to bypass the CCP/CCS and direct to Casualty Loading Points (CLP).

There are a variety of transport options available to transport patients to hospital. Whether it is a major incident or business as usual WAST can utilise taxis, Non-Emergency Patient Transport Service (Ambulance Care) or Emergency Ambulances. These will be relative to the patient's triage sort priority. Splitting of crews may be necessary to facilitate appropriate skill mixes.

Where minibuses or coaches are commandeered, consideration must be given to placing appropriate clinical staff on board with suitable patient care equipment. Minibuses and coaches can be requested through the relevant local authority, this request would need to be authorised by the multiagency Tactical Coordination Group (TCG), if one is activated.

Double Decker buses should be avoided, as they may cause access issues to the upper deck, should a patient deteriorate.

Voluntary organisations and private ambulance providers can also supply Emergency Ambulances and Non-Emergency Patient transportation.

Every effort should be made to avoiding secondary transfers to ensure patients receive definitive care at the hospital they are conveyed to.



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## 14. Principles for Joint working

The findings and lessons identified by public inquiries and inquests have highlighted cases where the emergency services could have worked better together and shown much greater levels of communication, co-operation and co-ordination. This is reflected in the JESIP Doctrine (JESIP, 2024) which emphasises the need for all responding organisations to work in a joint and co-ordinated approach.

Applying simple principles for joint working are particularly important in the early stages of an incident, when clear robust decisions and actions need to be taken with minimal delay, in an often rapidly changing environment. The principles will often, but not always, be followed in the order they are presented:

### CO-LOCATE

Co-locate with other responders as soon as practicably possible at a single, safe and easily identified location.

### COMMUNICATE

Communicate using language which is clear, and free from technical jargon and abbreviations.

### CO-ORDINATE

Co-ordinate by agreeing the lead organisation. Identify priorities, resources, capabilities and limitations for an effective response, including the timing of further meetings.

### JOINTLY UNDERSTAND RISK

Jointly understand risk by sharing information about the likelihood and potential impact of threats and hazards, to agree appropriate control measures.

### SHARED SITUATIONAL AWARENESS

Establish shared situational awareness by using M/ETHANE and the Joint Decision Model.

Striking the appropriate balance between risk and benefit when dealing with an incident could be subjected to scrutiny in the aftermath. Joint assessment of risks and effective decision logging will assist in highlighting the difficult circumstances that a Commander will have faced at the time of the decision, against the information they were aware of at the time.

JESIP

### 14.1. Joint Decision Model (JDM)

One of the difficulties facing responders is how to bring together the available information, reconcile potentially differing priorities and then make effective decisions together. The Joint Decision Model (JDM) was developed to resolve this issue. The JDM is designed to help make effective decisions together. As they establish shared situational awareness, they can develop a Common Operating Picture.

During the daily ODU 09:30 risk huddle, Commanders have a platform to share information and gather intelligence, ensuring the Trust is prepared to respond to any pre-identified risks or incidents.

The pentagon at the centre of the JDM reminds responders that all joint decisions should be made with reference to the overarching or primary aim of any response to an emergency – to save lives and reduce harm. This drives a people centred approach with a concern for public and responder wellbeing throughout the response. This should be the most important consideration throughout the decision-making process.





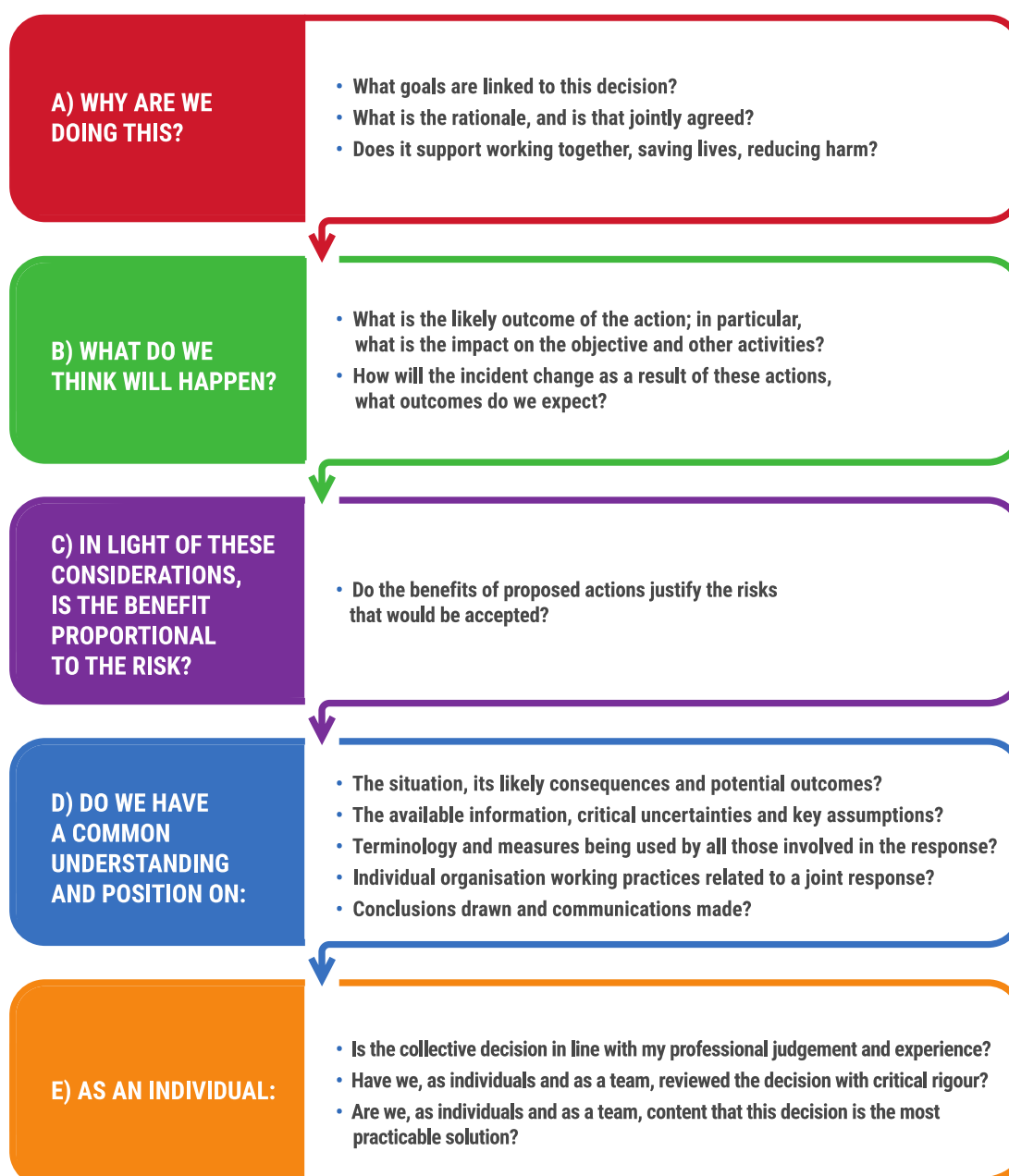


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Decision controls support and validate the decision-making process and should be applied when making any decisions to clarify if the decisions are Suitable (fit the strategy), feasible (enough resources etc.) and acceptable (legally, morally, professionally).

Commanders may be required to use Operational Discretion where policies, procedures or other documents are preventing an effective response. If Commanders use their discretion, the decisions should be based on sound rationale, and they should resume to normal decision making as soon as possible.







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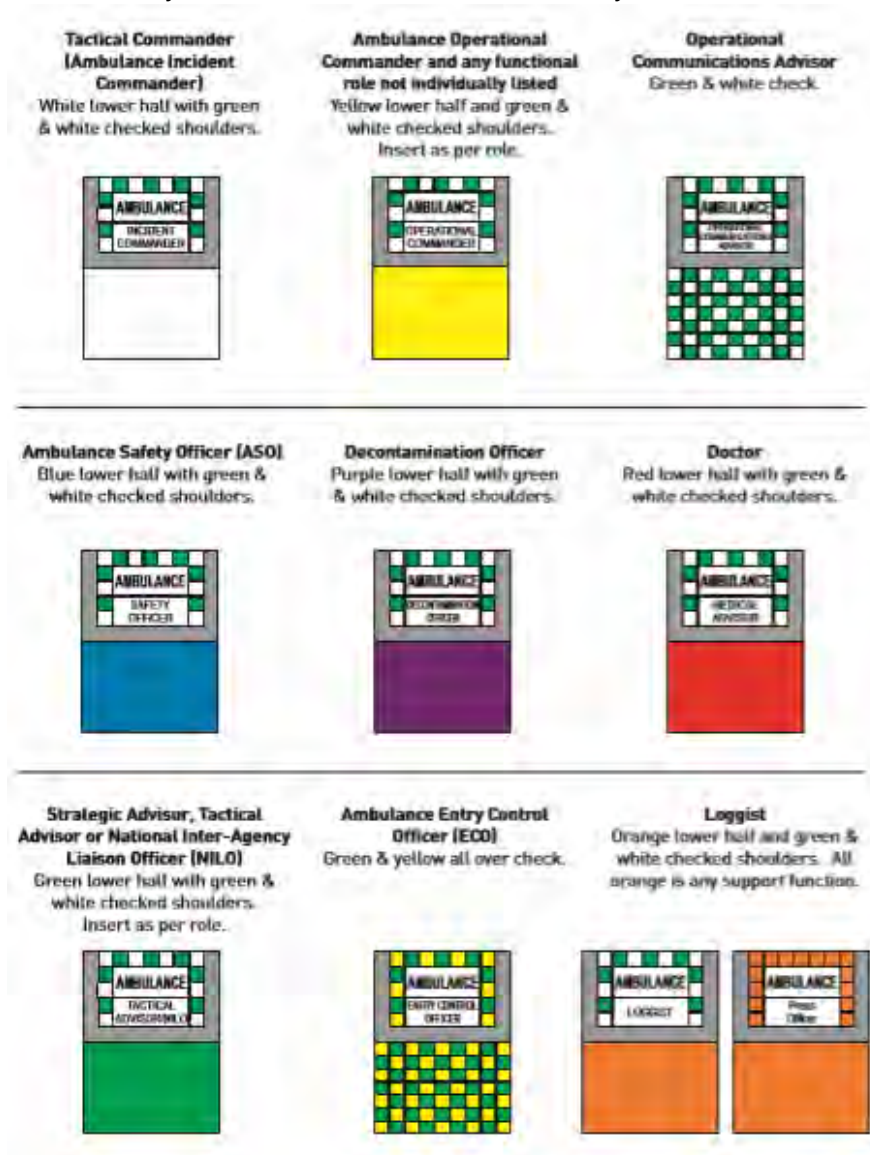
## 14.2. Joint hazard and risk assessment

A key task for commanders is to jointly assess risk to build and maintain a common understanding threats and hazards, and the likelihood of them being realised. They should consider how risks may increase, reduce or be controlled by any decisions made and subsequent actions taken.

At any incident, each responder agency will have a unique insight into those risks. By sharing what they know commanders can establish a common understanding. They can then make informed decisions on coordination of deployments and the risk control measures required. Time critical tasks should not be delayed by this process.

## 14.3. Tabards

Tabards should be worn by the Commands and functional roles for each agency. This allows visual communication and rapid colocation to take place when required. Each agency will have different tabard layouts, but the role should be clearly visible.





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## 15. Additional considerations for incident response

### 15.1. Vulnerable groups

In the context of an incident, people's level of vulnerability may be different from their normal circumstances. Vulnerable people can be considered to be *'those that are less able to help themselves in the circumstances of an emergency'* (Welsh Government, 2015).

Vulnerable groups or individuals in specific scenarios and locations may be pre-identified as part of the work of the Local Resilience Forum. They may include:

- Children
- Older people
- Those with impaired mobility
- Those with impaired mental/cognitive function
- Sensory impaired
- Individuals supported by health or local authorities i.e. people in residential/nursing homes, prisons, sheltered accommodation etc.
- Temporarily or permanently ill people
- Individuals cared for by relatives
- The homeless
- Pregnant women
- Non-English speakers including refugees and asylum seekers
- Tourists
- Travelling community

(Welsh Government (2015) NHS Wales Emergency Planning Core Guidance)

It may be necessary to transport injured children directly to specialist paediatric unit. If the parents are also injured, the clinical needs of both parents and children should be the deciding factor regarding where to transport casualties. Escorts may be required for unaccompanied children, the Police and Local Authority should be informed at an early stage of the presence of unaccompanied children to allow for appropriate welfare arrangements to be made.

Existing facilities and procedures may be sufficient to assist people with learning difficulties and mentally ill people during the course of a major emergency although there may be small numbers for whom additional and/or specialist assistance may be required. Language line is available to support non-English speakers if required.

A Humanitarian Assistance Group (HAC) may be set up by the local authority, following and SCG and depending on the incident and the needs of those involved. A HAC is distinct from other centres that may form part of the overall response. Once the decision to open a HAC has been made, Rest and Reception Centres may decide to channel individuals to a HAC for support and information.



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## 15.2. Protected Persons (VIPs)

The organisation has effective arrangements in place to respond and manage 'protected persons'. These are high profile patients and visitors and Multiagency risk assessments and plans are used to support their safety while having minimal effect on core business.

All patients who are deemed as a protected person will be identified to WAST through the police and could include members of the Royal Family, Heads of State, Welsh and UK cabinet members or other VIPs as communicated.

The police, in conjunction with the Royalty or VIP Protection Team, will be responsible for the personal protection of the principle. WAST staff should ensure they always work in cooperation with this team whilst delivering clinical care.

Further guidance is available in the **WAST Protected Persons/VIP Plan**.

## 16. Welfare

When responding to incidents, consideration should be given to the physical welfare of staff including breaks and access to food and drink and getting warm and dry. This is particularly important when the staff are in PPE, doing physically or mentally arduous work or working in extremes of weather. The prolonged wearing of PPE, especially respiratory PPE, can be difficult, Operational Commanders must account for the requirement to safely change PPE and have breaks from wearing PPE within their Operational Plans.

Commanders must be aware of the intense nature of a large-scale incident and that staff may not always communicate their individual welfare needs during these situations. Staff may also become fatigued at differing rates and Commanders will need to consider this, especially during protracted incidents.

Consideration should be given to rotating staff if possible and where appropriate and ensuring that all healthcare responders are sufficiently able to carry out their duties.

Staff have a responsibility to stay fit and able to carry out a full range of duties. The organisation has a responsibility to provide correct training and equipment to support the physical welfare of staff while delivering the service to the public. At the end of the response to an incident it is good practice to run a hot debrief to establish if any safety aspects need to quickly be recognised but a welfare check with signposting to support structures should be included.

The mental health of staff should be considered from before they respond to an incident. It should be incorporated in training and in their day to day working so strong, supportive relationships are built with colleagues and managers. Due to the nature of work within the Trust, there will be occasions where staff may be exposed to traumatic incidents. Traumatic incidents have the potential to have a long-term distressing impact on individuals or groups.

It is recognised that treatment for psychological illness is more likely to be effective if intervention can take place at an early stage after the event. TRiM has been implemented in accordance with NICE Guidelines and there is extensive research and evidence of TRiM effectiveness.

It is a peer-led process that seeks to identify and assess the psychological risk to individuals who have experienced trauma in the course of their work and, if necessary, signpost to



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further help from specialist professional support services, when they may be at risk of psychological injury.

For referral or more information the TRiM team can be contacted either via [trauma.incident@wales.nhs.uk](mailto:trauma.incident@wales.nhs.uk), 0300 123 9211 or using the [self referral](#) form.

The mental health of our patients could also be affected by an incident, there may be a need for continuous access to appropriate mental health services. This is supported by services through the health boards and WAST staff should be aware of referral processes.

## Additional Considerations



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## 17. Record Keeping

There has been much emphasis on recording decisions following criticism directed at emergency services during high profile cases. By utilising best practice principles, Trust Logbooks and (where available) Loggists, a Commander should provide robust documentation that is an accurate reflection of an incident. Record keeping is essential in allowing for real-time review of information received and actions taken or not taken, as well as facilitation of debriefing and for evidence for Inquiry or Organisational Learning.

Commanders are responsible for the recording all decisions that they make in relation to an incident, either directly or through use of a Trust Loggist. Comprehensive logging should be made of all events, decisions (including those deferred or not taken) and the reasoning behind key decisions and actions. This may become particularly important in the event of needing to provide evidence to Inquest or court proceedings that may occur several years after the incident in question. A trained loggist will be identified to support the WAST Tactical Commander in the first instance. From then, any additional loggists will support the Strategic and Operational Commander thereafter.

Best attempts should be made to record this information in a log in real time however, in the evolving nature of a large or complex incident, this may prove challenging. Consideration can be given to the use of recording decisions on recorded airwave channels or phonelines to facilitate both shared situational awareness and capture of key information.

### 17.1. Trust Logbooks

WAST uses the NARU Logbook only and does not recommend any alternative Logbooks to be used during an incident. Logbooks should be completed in line with recognised best practice using ELBOW (No **E**rasures, No **L**eaves torn out, No **B**lank Spaces, No **O**verwriting, No **W**riting between the lines) and all information to be **CIA** (Clear, Intelligible, Accurate)

*(NARU Command and Control Guidance 2024).*

All completed logbooks should be "signed off" by the commander and submitted within 24 hours to the WAST EPRR team for safe storage in line with best practice. All logbooks must be kept for a minimum of 30 years and reviewed before being safely disposed of.

### 17.2. Debriefing

It is important to capture lessons while events are fresh in the minds of those involved. For this reason, a hot de-brief should be held by commanders as soon as practicable after an incident following the Trust's debriefing procedure.

Formal debriefs, which may be held later, will consider lessons identified and captured from hot debriefs or equivalent post incident reviews. All debriefs should involve the full range of responders, commanders involved in the incident and EMSCC staff to ensure the lessons identified are captured from every aspect of the response. An incident may involve multiple debriefs held by different agencies. Structured (single agency) or Multiagency debriefs need to be requested by the Strategic Commander and the session will be hosted by a trained facilitator. All debriefs should be completed as early as possible following the incident, this allows the best possible chance for all attendees to provide accurate recollection of the incident and key learning to be shared both internally and with partner agencies.



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### 17.3. Official / Witness Statements

Following an incident, you may be asked to support the wider investigation such as Police Incident Statements, statements for coroner's report & fire investigation statements. To aid you with the structure you should be supported by your line manager and following a Major Incident, the statement may be reviewed by the trust solicitor prior to submission. Good record keeping principles during & post incident will support the finer detail of the document.

### 17.4. Organisational Learning / Joint Organisational Learning

The lessons identified from debriefing activities are now at the forefront of many key changes in emergency services policy and practices.

Joint Organisational Learning (JOL) is a database which provides emergency services and other responder agencies with a consistent and accountable mechanism to ensure lessons identified are acted on and to ensure they become lessons learned.

Where lessons identified meet the criteria for adding to the Joint Organisational Learning application, a local process will be adopted to ensure all responder agencies and where it is deemed appropriate, the respective local resilience forums, agree what will be submitted and who will submit them on behalf of their agency.

Following any incident, exercise or training, those involved should ensure appropriate debriefs are scheduled and that all those involved in the response are represented.





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## 18. Recovery

The national recovery document that provides guidance when planning for recovery, is the Emergency Response and Recovery Guidance (2013). It recognises recovery can take some time as infrastructure, staff and the public, and resources may be affected but primarily focuses on the multiagency response to support community recovery. As part of that multiagency group, WAST will need to understand the economic and health impacts on the communities, working within normal planning work streams to assist in their recovery. This may include attendance at strategic level Local Resilience Forum (LRF) Recovery Coordination Groups (RCGs).

WAST staff work closely together and what affects one member of staff may impact on another. Prolonged incidents such as pandemics affect staff not just in work but also outside so the extended response may also take an extended recovery time.

Organisational recovery to an incident will affect many areas of the Trust, vehicles may have been taken off the road with an impact on core business, staff may go off sick, staff may be redeployed to support different areas of the organisation. Many of these will be covered in the Business Continuity Impact Analysis and Plans, but additional complexities may become apparent. While using the Joint Decision Model to support robust decision making, managers and commanders should consider how the prospective actions could be recovered from.

When an incident is declared, consideration must be given to how the Trust will be impacted and how the Trust will need to recover from the incident. If the assessment is made that there will be an impact on the Trust, a Recovery Cell should be setup. This cell should be stood up as soon as the assessment is made and should run alongside the management of the incident.

### 18.1. Recovery Cell

The role of the recovery cell is to assess the impact on the Trust from the ongoing incident and plan for the measures that will be required for the Trust to recover from the incident.

The recovery cell should be chaired by a senior manager within the Trust or a Strategic Commander. The Chair must have an understanding of the impacts from the incident on the Trust. The chair of the recovery cell should be agreed by the Executive Management Team.

The members sitting on the recovery cell, should be able to implement the recovery strategy and should have knowledge of the impact on the Trust from the incident. They should be sourced from across the Trust for their knowledge and expertise within their areas of work.

The recovery cell must identify an 'exit strategy', to allow the Trust to assess when is recovered. This should include targets or objects that need to be achieved and look at how to return to life before the incident or to change the outlook and produce new ways of working. This should incorporate business continuity plans and change management over an extended period.



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## 19. Mutual aid

For spontaneous incidents which require mutual aid, including specialist assets e.g. HART, the UK NHS Ambulance Service National Mutual Aid for Spontaneous, Protracted and Pre-Planned Incidents (2020), provides NHS Ambulance Trusts with a structured set of considerations and supporting arrangements to manage the process of requesting and providing mutual aid and should be referred to when requesting mutual aid or supporting a request for mutual aid.

Any pre-planned mutual aid requests, rather than a spontaneous emergency that would involve crossing Devolved Administration boundaries would need to be discussed at Government and Devolved Administration level prior to being activated.

The primary criteria for implementing mutual aid arrangements is when the Requesting Ambulance Trust cannot or is potentially unable to maintain a safe level of critical services through lack of operational or resource capacity.

The initial activation of mutual aid will be decided directly by the Strategic Commanders of the Requesting Trust and the Supporting Trust(s). Mutual aid MUST only be agreed and initiated between Trust Strategic level commanders.

Requests for National Interoperable capabilities will be facilitated and co-ordinated either through the National Ambulance Coordination Centre (NACC) if it is in operation at the time, or through a NARU On-call Officers.

A predetermined minimum mutual aid response would be of an Emergency Ambulance Cell consisting of 1 x Officer and 10 x Doubled Crewed Ambulances (Emergency Operations). This minimum response may be enhanced with additional operational and specialist assets as necessary, for example a National Inter-agency Liaison Officer (NILO). The Requesting Trust must specify, in detail, which other assets are required as mutual aid.



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## 20. Mass Casualty Incident

A Mass Casualty incident is, by its very nature a major incident, but one with so many casualties that without proper management and patient distribution it might overwhelm the health service and lead to insufficient patient care. When managing a Mass Casualty incident commanders should activate the Mass Casualty Incident Arrangements for NHS Wales Plan. This can be done via the Welsh Government Health team. The Duty NILO will be able to provide support to do this.

Health Boards across Wales have committed to accept casualties from a Mass Casualty incident and making capacity adjustments to do so. Confirmation on the number of patients they can accept will be required.

The incident management of a Mass Casualty event will be the same as a Major Incident but with a potentially bigger impact on the health structure within Wales and potentially impacting on UK health infrastructure as well.

Commanders must ensure the NHS Executive Team within Welsh Government Health team are informed; this can be achieved through the NILO cadre.

If the incident is expected to impact on NHS England, the Welsh Government Health team will facilitate the activation of the NHS England response structures.

Any Commander managing a Mass Casualty Incident should ensure the required resources are deployed to scene, this will include the Major Incident Pre-determined response as a minimum requirement. Commanders should also consider any incident of this nature developing into a protracted incident.

WAST will require additional support and resources to manage an incident of this type and early consideration of mutual aid from English ambulance services should be considered, along with additional support from Health Board MERIT to treat patients at scene until they can be transported to definitive care.

Any Mass Casualty Incident will require the comprehensive recording of patient movement, consideration must be given to a dedicated person, or team of people, to ensure patient tracking from the scene, through the CCP, the CCS and onto the receiving hospital is detailed and recorded.

For an incident of this type, the police will set up their Mass Casualty Bureau and may require information on patients WAST are treating. If it is appropriate to share this information, the Tactical Commander should agree for this to happen, or the Strategic Commander if the incident is a terrorist related incident.



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## 21. Public Order

\*\*SECTION REDACTED FOR EXTERNAL PARTNERS\*\*



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## 22. Marauding Terrorist Attack (MTA)

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## 23. HazMat & CBRN Incidents

\*\*SECTION REDACTED FOR EXTERNAL PARTNERS\*\*



## 24. Rail Incidents

The Ambulance Service is called to respond to many incidents each year which require operational ambulance staff, officers and EMRTS/medical staff to enter the railway trackside environment in order to access injured patients.

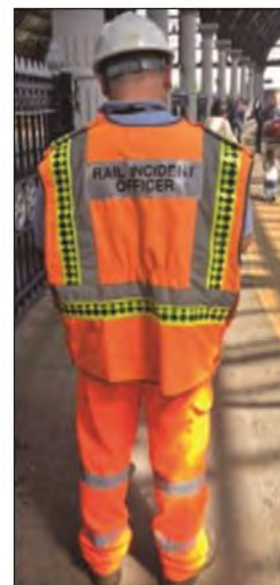
Trackside refers to the Network Rail infrastructure encompassing the general 'National Rail' systems in the UK and any other rail systems/environments in the UK.

Network Rail will dispatch a Rail Incident Officer (RIO) to all incidents where the emergency services are attending trackside and give an estimated time of arrival for the RIO. This will depend on the location of the incident.

Upon arrival at the incident, each emergency service will inform their respective control room of the rendezvous location.

Where possible, the emergency services will await the arrival of the RIO before entering trackside. The only exception to this will be to save life and perform a 'snatch rescue', if the patient is obviously deceased then staff are not to enter the track until arrival of a RIO.

At all incidents the RIO will be the lead railway representative, co-ordinating the rail industry input and providing site specific information. The RIO will be readily identifiable and make themselves known to any agencies staff or commanders.





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Specific information for the response to an incident on a railway:



(Network Rail Guidance to the Emergency Services for Access to the railway Infrastructure, 2021)

## 24.1. Safety at the scene of a rail incident

Emergency Services control rooms should contact Network Rail Route Operations Control when:

- Receiving a call to attend an Incident on the railway infrastructure
- Receiving a call to a non-railway incident which may impact on rail operations/safety

No staff are to enter trackside until they have been advised that it is safe to do so by either the RIO or via EMSCC who will confirm this through Network Rail.

If this information has been provided by the RIO at scene, staff are to contact EMSCC to advise when they are entering and leaving trackside.

**If the Emergency Services require immediate access onto the rail network (in order to preserve life) Network Rail Route Control is authorised and has the capacity to allow safe access/egress onto the rail network without a RIO being in attendance. This shall be agreed between the requesting Emergency Service Control Rooms and relevant Network Rail Route Control before any Emergency Services personnel enter the rail network (Update from 2021).**

Network Rail Route Control shall enquire as to the reason for the request in case a more suitable solution is advisable.

In extreme circumstances, Network Rail understands that BTP and other Emergency Services personnel may access the railway infrastructure to prevent someone committing immediate harm to themselves, others or something that may endanger safe movement of trains without having first contacted our Route Control.

When this happens, we ask that the appropriate Emergency Services Control Room must advise the Network Rail Route Control as soon as possible.

Staff will continuously carry out dynamic risk assessments (DRA) whilst working on or near railway lines.

The below POWER mnemonic is used across UK Emergency Services, (within WAST the EOC reference should be considered as EMSCC). When speaking to Network Rail control rooms or RIOs, be aware they may refer to EMSCC as EOC.

Do not approach the track until power off and trains stopped is confirmed.

Use the mnemonic POWER:

|          |                                                                                        |
|----------|----------------------------------------------------------------------------------------|
| <b>P</b> | Power off and trains stopped confirmed by authorised person when in doubt, contact EOC |
| <b>O</b> | Off the tracks unless the patient appears viable                                       |
| <b>W</b> | Wear your personal protective equipment (minimum Hi-vis jacket and helmet)             |
| <b>E</b> | Ensure EOC and Ambulance Commander knows you are entering or leaving trackside         |
| <b>R</b> | Rapidly remove viable patient and treat in the safest, agreed area off tracks          |

(NARU Railway Incident Action cards, v.1.2 October 2015)

POWER OFF / TRAINS STOPPED confirmation is provided face to face on scene or via EOC—if in doubt, contact EOC



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## 24.2. Hazards specific to railway includes include:

- Overhead high voltage power lines
- Approaching trains are very quiet
- They may appear from any direction
- They travel up to 125 mph (55 metres per second)
- Take over a mile to stop
- DO NOT go on the track
- Get help from railway staff
- Always be vigilant for yourself and colleagues
- Tripping and slipping
- Trapping your feet
- Train construction material
- Limit time spent directly on the tracks to a minimum. As soon as practically possible, remove the patient off the tracks and to safe distance away. Operational commander and/or crews can request, through EMSCC the following:
  - o Trains to run at caution
  - o Trains to be stopped
  - o Traction current/power to be switched off and any subsequent isolation will only be made by the emergency services to Network Rail Control via their own control rooms, unless the RIO is on site and assumes that responsibility. Network Rail will confirm once power is switched off and trains have been stopped.

Staff should inform EMSCC when they are leaving trackside so EMSCC they can inform Network rail.

When responding to the Severn Rail Tunnel additional considerations will be required due to the nature of the risks presented within the tunnel. Reference must be made to the Severn Tunnel Response Plan in addition to this response plan.

## 25. Business Continuity and Critical incidents

### 25.1. Difference in definitions

The definitions for Business Continuity and Critical Incidents are very similar, the key differences are:

| Business Continuity Incident                                                                                                              | Critical Incident                                                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| an event or occurrence that disrupts, or might disrupt, an organisation's normal service delivery, to below acceptable pre-defined levels | an event or occurrence where the organisation temporarily or permanently loses its ability to deliver critical services; or where patients and staff may be at risk of harm. External support to resolve the issue may be required. |

### 25.2. Business Continuity Incident

Business Continuity Incidents should be managed using existing management structures, ultimately reporting to the Executive Management Team. In line with the declaration of incidents within the Trust, the declaration of a Business Continuity incident (BCI) must be agreed by the Strategic Commander.

A BCI can be any an event or occurrence that *disrupts, or might disrupt, an organisation's normal service delivery, to below acceptable pre-defined levels* and requires special arrangements to be put in place until services can return to an acceptable level.

It can be any incident that impacts on the normal delivery of services within the Trust. It may be specific to a department (such as Fleet or ICT) or health board area or may affect the whole Trust as was seen through the COVID pandemic. The incident (cause of the problem) and the effect of the incident (Business Continuity outcome) can be dealt with by the same management team or split into the component parts and managed separately. If the latter method is chosen, there must be clear communication between the groups on an on-going basis to maintain situational awareness and co-ordination.

The JESIP principles of interoperability, and use of the joint decision model (JDM) (section 14) are as applicable here as they are in a blue light response.

All departments are tasked with completing a Business Impact Analysis to describe their part of the organisation, highlighting critical activities and interdependencies. This means if one of those activities is disrupted, they should be able to mitigate severe impacts through their Business Continuity Plan. These plans will also link to Trust-wide risk specific plans such as Severe Weather, Fuel and Critical ICT Disruption. Through staff mapping they should be aware of the number of staff and their skill sets required to complete the critical activities to a pre-defined level. This mapping means, in a period of severe pressure or staff disruption, tasks and skill sets can be identified and shared when requesting support from other departments for a balanced approach.

Learning from both exercises and incidents has shown timely activation of conversations for information gathering, identification of single points of contact, and a clear management



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structure are all beneficial to creating a strong response. Early incident declaration ensures the correct people are involved in the conversations, interdependencies can be identified, risk mitigation put in place and wider awareness for stakeholders of potential issues shared. This is relevant to both issues originating within WAST and originating outside but having a direct effect on WAST (for example, health board ICT systems impacting connections to 111).

Key staff to consider for attendance at the initial scoping meetings include:

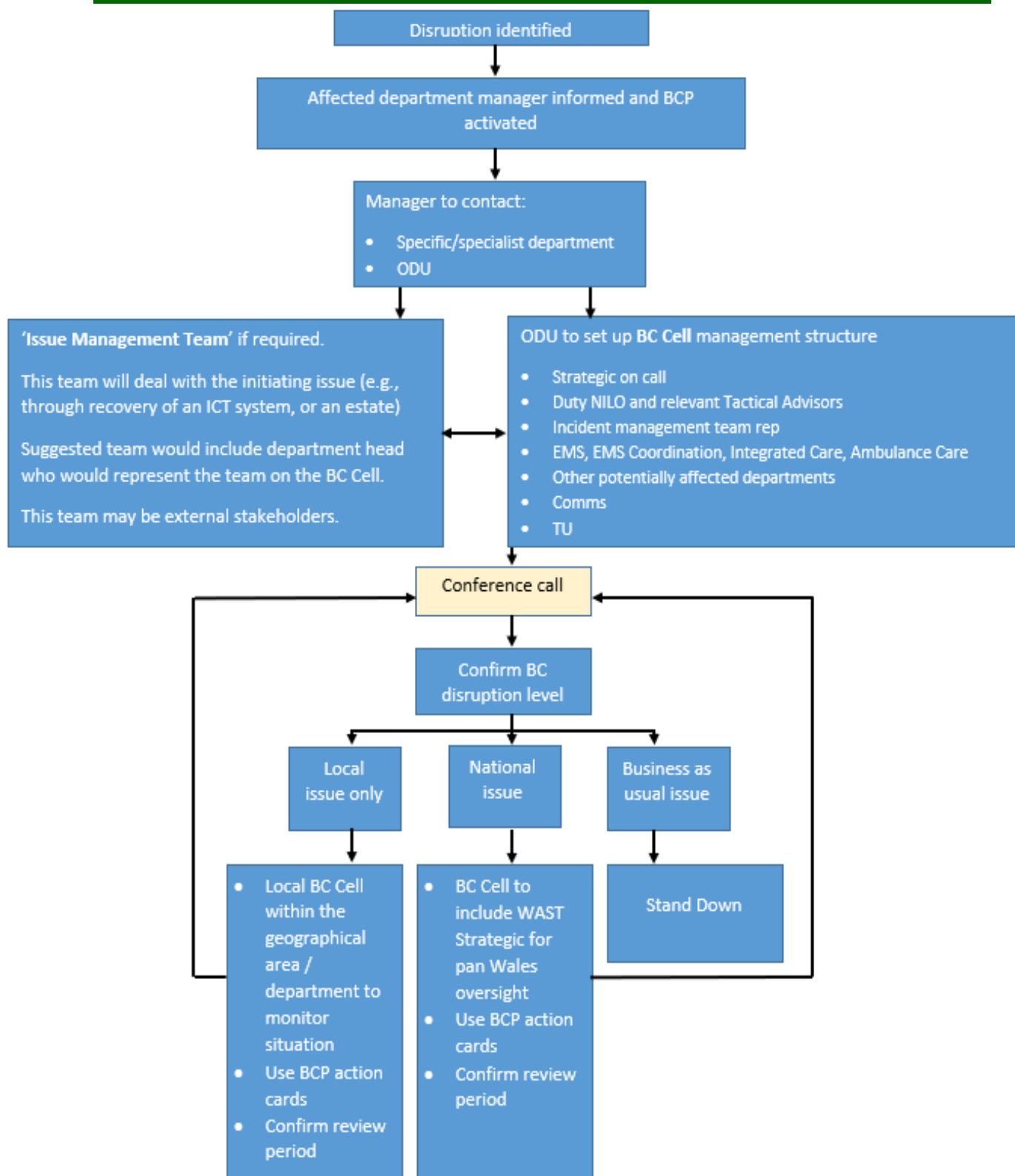
|                                                                      |                                                                              |
|----------------------------------------------------------------------|------------------------------------------------------------------------------|
| On-Duty / On-Call Strategic<br>(Chair of the meeting)                | Representative of the specialists / issue management team                    |
| Emergency Medical Services                                           | EMS Coordination                                                             |
| Integrated Care                                                      | Ambulance Care                                                               |
| Resource Centre                                                      | Clinical on-call                                                             |
| NILO (National Interagency Liaison Officer) and/or Tactical Advisors | Corporate Communications                                                     |
| Trade Union                                                          | Other departments or stakeholders that may be impacted, or impacting on WAST |





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Once co-location, whether virtual or actual, has taken place, information sharing can provide situational awareness and risk assessment/mitigation. It should be decided if an incident can be managed through normal business practices, or within a department or geographic area of the Trust. If the incident has a Trust wide impact, consideration should be given to the setup of teams to effectively manage the Trust's response, particularly if it is complex or likely to be protracted.

All incidents create many records, particularly if the incident is protracted. These may be requested in debriefs or for inquiries so it is beneficial to appoint a Document and Records Officer who should work closely with the teams in the management structure.

The Recovery Team works alongside the response to ensure the future is planned for and nothing is actioned that is impossible to move from (see Section 16).

### 25.3. Critical Incident

In line with the declaration of a Major Incident, the declaration of a Critical incident must be agreed by the Strategic Commander.

The definition in section 5 shows how a critical incident is generally a localised, internal incident *where the level of disruption results in an organisation temporarily or permanently losing its ability to deliver critical services; or where patients and staff may be at risk of harm.* 'Local' could be geographical or departmental. A business continuity incident (disruption to services) could be of sufficient severity or complexity that it could escalate to being a critical incident (lose of critical service).

It could also be down to the environment potentially being unsafe, requiring special measures and support from other agencies, to restore normal operating functions. A Critical Incident is principally an internal escalation response to increased system pressures or disruption to services.

As with other types of incidents, critical incidents should be managed using an incident response command/management structure and must include the command levels of Strategic, Tactical and Operational. Additional support roles, Functional Officers, cells or groups can be used if required (see BC structures). As a Critical Incident is specific to the Trust reporting into the Executive Management Team may be required.

If the incident needs support from other agencies to resolve, close liaison will be required and consideration should be given to appointing a manager or commander into this role.

## 26. Specialist vehicles

| <u>Brynmenyn</u> | <u>Glynneath</u> | <u>Pembroke Dock</u> | <u>Llangefni</u> | <u>Colwyn Bay</u> | <u>Rhyl</u> | <u>Dobshell</u> |
|------------------|------------------|----------------------|------------------|-------------------|-------------|-----------------|
| COMD             | ISU              | CBRN                 | CBRN             | COMD              | MCV         | CBRN            |
| CBRN             |                  | ISU                  |                  | SCC               | SCC         | ISU             |
| MCV              | <u>Tumble</u>    | SCC                  |                  |                   |             |                 |
| ISU CCS          | SCC              |                      |                  |                   |             |                 |
| SCC x 2          |                  | <u>Aberystwyth</u>   |                  |                   |             |                 |
|                  |                  | ISU                  |                  |                   |             |                 |

2 x Command and Support  
4 x ISU Incident Support Vehicles  
4 x CBRN Units  
2 x MCV Mass Casualty Vehicles  
6 x SCC SORT Crew Carrier  
1 x ISU Casualty Clearing Station CCS

### 26.1. Incident Support Units (ISU's)

The Trust operates a fleet of ISU's, strategically located around Wales aligned to our risk profile. Information on this is held within the EMSCC. The vehicles contain specialist equipment provided specifically to support the response to a major incident.

Items include additional supplies of equipment found on emergency ambulances, with additional items to provide command and control, lighting and shelter.



Incident Support Units (ISU's). These are configured in four ways, Mass Casualty Vehicle (MCV), Casualty Clearing Station (CCS), CBRN response unit and Equipment Vehicle (EV). They will be used by the Special Operations Response Team (SORT) or the Hazardous Area Response Team (HART) as they are trained to

These assets form part of the pre-determined response to a major incident standby and declared. They can be mobilised using the established procedures located in the Emergency Medical Services Coordination Centres (EMSCC).

The Incident Support Units include the following:

- Shelter / Lighting
- Mass Oxygen
- Nerve Agent Antidote Kits (DuoDote)
- Mass Casualty Bags
- Power (generators)
- Heating
- Decontamination equipment
- Chemical personal protective equipment (CPPE)

## 26.2. Command Support Units (CSU's)

WAST has two CSU's, one based in North and one in South Wales. These vehicles provide on scene command support to the Ambulance Commander, enabling access to a suite of communication options, including airwave communications, satellite TV, satellite internet, email and access to the command and control, systems.



The picture shows a Command Support Unit (CSU). These vehicles provide on scene command and communication base.

These assets form part of the pre-determined response to a major incident standby and declared.

They can be mobilised using the established procedures located in the EMSCC.

## 26.3. Crew Carriers

Crew carriers are liveried vehicles based on a Mercedes Vito chassis and provide a blue light enabled transport capability to support HART and SORT operations.



The picture shows a Crew Carrier. One of these is based in each Region.

These are designed to convey SORT personnel to an incident scene under emergency conditions, without impacting on the operational emergency fleet.

These vehicles can also support HART operations and provide a reserve to HART First Response Units (FRU's) to ensure HART can continue to deliver when the FRU's are undergoing maintenance.



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## Appendix 1 - WAST Airwave Talk Groups

### WAST Major Incident Channels

| Talk Group                                    | Purpose                                                                                                     | Talk Group ID                                                              | CROP ID                                              |                                    |
|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------|------------------------------------|
| <b>MI Trust Area<br/>Silver</b>               | <b>Tactical command talk group visible to WAST terminals only. For use by WAST Tactical Commander.</b>      | <b>MI Silver 01<br/>MI Silver 02<br/>MI Silver 03</b>                      | <b>071 (North)<br/>072 (South)<br/>073 (Central)</b> |                                    |
| <b>MI Trust Area<br/>Incident<br/>Command</b> | <b>Operational command talk group visible to WAST terminals only. For use by the Operational Commander.</b> | <b>MI Command 01<br/>MI Command 02<br/>MI Command 03</b>                   | <b>074 (North)<br/>075 (South)<br/>076 (Central)</b> |                                    |
| <b>MI Trust Area<br/>General Purpose</b>      | <b>General purpose talk group visible to WAST terminals only.</b>                                           | <b>MI General 01<br/>MI General 02<br/>MI General 03<br/>MI General 04</b> | <b>North</b>                                         | <b>077<br/>078<br/>079<br/>080</b> |
|                                               |                                                                                                             | <b>MI General 05<br/>MI General 06<br/>MI General 07<br/>MI General 08</b> | <b>South</b>                                         | <b>081<br/>082<br/>083<br/>084</b> |
|                                               |                                                                                                             | <b>MI General 09<br/>MI General 10<br/>MI General 11<br/>MI General 12</b> | <b>Central</b>                                       | <b>085<br/>086<br/>087<br/>088</b> |
| <b>WAS MA 01</b>                              | <b>Command talk group visible to other ambulance services</b>                                               | <b>MI MA 01</b>                                                            | <b>445 (North)</b>                                   |                                    |
| <b>WAS MA 02</b>                              | <b>As above</b>                                                                                             | <b>MI MA 02</b>                                                            | <b>446 (North)</b>                                   |                                    |



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|                  |                 |                 |                      |
|------------------|-----------------|-----------------|----------------------|
| <b>WAS MA 03</b> | <b>As above</b> | <b>MI MA 03</b> | <b>447 (South)</b>   |
| <b>WAS MA 04</b> | <b>As above</b> | <b>MI MA 04</b> | <b>448 (South)</b>   |
| <b>WAS MA 05</b> | <b>As above</b> | <b>MI MA 05</b> | <b>449 (Central)</b> |
| <b>WAS MA 06</b> | <b>As above</b> | <b>MI MA 06</b> | <b>450 (Central)</b> |

### Major Incident Airwave Interoperability Talk Groups

| <b>Talk Group</b>         | <b>Purpose</b>                         | <b>Talk Group ID</b> | <b>ICCS ID</b> |
|---------------------------|----------------------------------------|----------------------|----------------|
| <b>Dyfed Powys Police</b> | Incident Command Talk Group (Tactical) | PDYFD IC1            | 591            |
|                           | Emergency Services Talk Group          | PDYFD ES1            | 592            |
|                           |                                        | PDYFD ES2            | 593            |
|                           |                                        | PDYFD ES3            | 594            |
|                           | Inter-agency Talk Group                | XDYFD IAT1           | 595            |

|                           |                                        |           |     |
|---------------------------|----------------------------------------|-----------|-----|
| <b>South Wales Police</b> | Incident Command Talk Group (Tactical) | PSWP IC1  | 743 |
|                           | Emergency Services Talk Group          | PSWP ES1  | 744 |
|                           |                                        | PSWP ES2  | 745 |
|                           |                                        | PSWP ES3  | 746 |
|                           | Inter-agency Talk Group                | XSWP IAT1 | 747 |

|                           |                                        |           |     |
|---------------------------|----------------------------------------|-----------|-----|
| <b>North Wales Police</b> | Incident Command Talk Group (Tactical) | PNWP IAT1 | 707 |
|                           | Emergency Services Talk Group          | PNWP ES1  | 708 |
|                           |                                        | PNWP ES2  | 709 |
|                           |                                        | PNWP ES3  | 710 |
|                           | Inter-agency Talk Group                | XNWP IAT1 | 711 |





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|                     |                                        |           |     |
|---------------------|----------------------------------------|-----------|-----|
| <b>Gwent Police</b> | Incident Command Talk Group (Tactical) | PGWT IC1  | 627 |
|                     | Emergency Services Talk Group          | PGWT ES1  | 628 |
|                     |                                        | PGWT ES2  | 629 |
|                     |                                        | PGWT ES3  | 630 |
|                     | Inter-agency talk group                | XGWT IAT1 | 631 |

|                                 |                                        |           |     |
|---------------------------------|----------------------------------------|-----------|-----|
| <b>British Transport Police</b> | Incident Command Talk Group (Tactical) | PBTP IC1  | 513 |
|                                 | Emergency Services Talk Group          | PBTP ES1  | 514 |
|                                 |                                        | PBTP ES2  | 515 |
|                                 |                                        | PBTP ES3  | 516 |
|                                 | Inter-agency talk group                | XBTP IAT1 | 517 |

Invocation of emergency services talk groups is via locally agreed protocols, which normally involves a request from the Ambulance Control Room to the relevant Police Force Control Room in a major incident, requesting an interoperability command talk group. In a major incident involving all three blue light services, it is the responsibility of the relevant Police Force to monitor any emergency services talk group set and therefore record this talk group.



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### **Direct Mode Operations (DMO) Talk Groups**

| <b>Talk Group</b> | <b>Channel Number</b> | <b>Multi Agency</b> |
|-------------------|-----------------------|---------------------|
| DMOX MI 01        | 1941                  | NO                  |
| DMOX MI 02        | 1942                  | NO                  |
| DMOX MI 03        | 1943                  | NO                  |
| DMOX MI 04        | 1944                  | NO                  |
| DMOX MI 05        | 1945                  | NO                  |
| DMOX MI 06        | 1946                  | NO                  |
| PDM SHARE (E)     | 1900/1950             | YES                 |
| PDM A2GSHR (E)    | 1901/1951             | YES                 |
| P(X)EM ES1 (E)    | 1902/1961             | YES                 |
| P(X)EM ES2 (E)    | 1903/1962             | YES                 |
| P(X)EM ES3 (E)    | 1904/1963             | YES                 |
| P(X)EM ES3 (E)    | 1905/1964             | YES                 |

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## Appendix 2 - Roles and responsibilities of Category One responders excluding emergency services

### The Maritime and Coastguard Agency (MCGA)

The Maritime & Coastguard Agency (MCGA) is responsible for:

- Developing, promoting and enforcing high standards of marine safety
- Minimising loss of life amongst seafarers and coastal users
- Responding to maritime emergencies 24 hours a day
- Minimising the risk of pollution of the marine environment from ships, and where pollution occurs
- Minimising the impact on UK interests

The MCGA response to maritime emergencies is undertaken by Her Majesty's Coastguard (HMCG) which is the authority responsible for the initiation and co-ordination of civil maritime search and rescue within the United Kingdom Search & Rescue Region (UKSRR).

This includes the mobilisation, organisation and tasking of adequate resources to respond to persons either in distress at sea, or to persons at risk of injury or death on the cliffs or shoreline of the United Kingdom. As a Search and Rescue (SAR) coordinator, HMCG is responsible for requesting and tasking its own SAR assets and those made available by other emergency services, authorities and organisations and co-coordinating the subsequent

SAR operations unless the operations are formally handed over or delegated to another SAR coordinator. Close liaison is maintained with the Aeronautical Rescue Co-ordination Centre at RAF Kinloss, other emergency services and rescue organisations including adjacent foreign SAR organisations.

The HMCG responsibility for civil maritime and civil aviation search and rescue is derived from the UK Government's adherence to the Convention on the High Seas (1958), the Convention on Safety of Life at Sea (SOLAS) (1974), the Maritime Search and Rescue Convention (1979) and the Convention on International Civil Aviation (Chicago 1944).

The UK responsibility for SAR measures for ships, aircraft and persons, whether civilian or military, covers the UKSRR.

The key functions of UK SAR are to co-ordinate:

- Maritime SAR in offshore, inshore and shoreline areas.
- Aeronautical SAR over land and sea.
- Inland SAR.

These functions are undertaken through the ability of the various authorities and organisations to:

- Receive details of persons, vessels and aircraft in distress.
- Communicate between SAR units and the co-coordinating authority.
- Communicate between SAR units.



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- Communicate between co-coordinating authorities.
- Maintain declared SAR units as appropriate
- Provide assistance to persons, vessels and aircraft in distress.
- Deliver survivors to a place of safety or where further assistance can be rendered

### Local Authorities

The principal roles for Local Authorities include support for the emergency services, support and care for the local and wider community and co-ordination of the response by organisations other than the emergency services.

As time goes on, and the emphasis switches to recovery, the Local Authority will take a leading role in rehabilitating the community and restoring the environment.

Detailed responsibilities include:

- Alerting other Local Authorities and agencies as necessary
- Assessing Local Authority involvement and coordinating its response
- Alerting relevant internal Local Authority departments
- Establishing liaison with appropriate Police command levels, including the deployment of Liaison Officers where necessary
- Setting up Local Authority control and co-ordination arrangements as appropriate
- Collecting, collating and disseminating information concerning the incident relevant to Local Authority involvement
- Alerting voluntary organisations as necessary and coordinating their response
- Providing such services as are required including, Rest/Humanitarian Assistance Centers, and longer term temporary accommodation, emergency feeding, assistance with travel and other welfare arrangements
- Coordinating aftercare, in conjunction with the Police Family Liaison Officers (FLO's), Health Boards and voluntary organisations
- Requesting military assistance in support of the Local Authority
- Establishing liaison with the Welsh Government, Government departments, public utilities and other organisations, as appropriate
- Coordinating the Local Authority emergency response with adjacent areas
- Establishing liaison with the relevant Media and Communications Group to ensure the coordination of the release of information to the news media and the issue of information and advice to the public.



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## Natural Resources Wales (NRW)

It has primary responsibility for the environmental protection of land, water and air in Wales.

At incidents involving actual or potential environmental damage, their role is to provide coordination and management of the environmental response to the incident.

In particular, they will act, where appropriate, to:

- Assess the risk of the incident to people, environment and property.
- Prevent or minimise the impact of the incident on human health, the environment and property, particularly where the risk is serious or immediate.
- Investigate and gather information and evidence for possible enforcement and legal action in accordance with its role as regulator.
- Ensure the owner/operator/polluter takes responsibility for the appropriate remedial actions.
- Where the source is not identified or the required action is not instigated by the owner/operator/polluter, consider what action to take in respect of remedial actions
- Ensure remedial action is undertaken in an approved, professional and competent manner and not, in general, to do the work themselves
- Notify, warn or advise relevant stakeholders
- Work effectively with external partners e.g. the emergency services
- Recover the costs of the incident response and investigation at every opportunity
- During a flood incident the NRW role focuses on carrying out the operational aspects of its statutory duties such as providing flood warnings and operating flood defence assets. Specifically they will, where appropriate, take the actions indicated below
- Issue timely Flood Warnings to those at risk and to operational organisations in accordance with the NRW customer charter, informed by constant monitoring of weather, catchment and coastal conditions, and prediction of future river and sea levels, preparation of warnings for locations at which forecast or actual levels might result in flooding and dissemination of warnings.
- Work in co-operation with professional partners to ensure a seamless and integrated response to flood incidents, including advising the Police on the need to declare a Major Incident and providing representatives to the various emergency control points and co-ordination centres.
- Manage its reputation, the media and public interest, by proactive and reactive actions to protect and enhance the NRW reputation during a flood incident.
- Collect and record data during a flood incident in accordance with local the National Flood Data Collection Procedures Manual e.g. flood levels, flows and extent number and depth of property flooding.
- Operate and maintain its Flood Defence assets in accordance with asset operating rules.



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- Monitor and inspect the Flood Defence system against design standards of defence and at undefended flood prone communities to report on incidents of actual or likely failure and so enable emergency action to be assessed and undertaken.
- Undertake a reactive response to minimise the risk of failure of Flood Defence assets, remedial action upon failure of flood defence assets and mitigation measures to limit the extent and damage of flooding during a flood incident. (Assets include watercourse channels without raised defences).
- By local agreement, once it has ensured that its own systems and defences are secure, support the Police, Local Authorities and reservoir undertakers via the multi-agency command and control structure as much as their resources (materials, equipment, manpower) and other duties permit.

### **Animal Health & Veterinary Laboratory Agency (AHVLA)**

Animal Health & Veterinary Laboratory Agency (AHVLA), an executive agency of

Defra, is the lead agency for the Operational control and eradication of Exotic and Endemic animal disease or any other emergency with an impact on animal health and welfare.

AHVLA has Contingency Plans for Exotic Animal Disease which will be actioned if a disease outbreak is suspected and subsequently confirmed. The plans are updated annually and are published by the WG.

Any report of suspect disease/emergency should be made to the Duty Vet at the relevant office who will initiate a veterinary inquiry. If an exotic notifiable disease cannot be ruled out by clinical examination, the AHRO will alert Operational Partners.

If a disease outbreak is confirmed a Local Disease Control Centre (LDCC) (Bronze) will be established at the appropriate AHRO. Local co-ordination with Operational Partners and Key Stakeholders will be through Liaison Officers invited to join the LDCC.

As the UK is considered a single epidemiological unit for animal disease, a National Disease Control Centre (NDCC) will always be established at AHVLA London to provide strategic direction to disease control.

### **Public Health Wales (PHW)**

PHW makes public health advice available to the emergency services, NHS organisations and the public on a 24-hour basis. This advice is crucial for the control of communicable diseases and for public health concerns relating to hazards in chemical, biological, radiological and nuclear incidents.

### **Military**

The UK Operations: The Defence Contribution to Resilience and Security (Joint Doctrine Publication 2) sets out the conditions under which military assistance is provided including the financial aspects. In broad terms there are three categories of Military Aid to the Civil Authorities (MACA), as follows:





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- Category A: Assistance to the civil authorities in dealing with an emergency such as a natural disaster or Major Incident.
- Category B: Short-term, routine assistance on special projects of significant social value to the civil community.
- Category C: The full-time attachment of volunteers to social service (or similar) organisations for specific periods.

Both the operational and financial responsibility for dealing with all categories of civil emergencies lies with the civil authorities and assistance is undertaken under their direction.

Service personnel and materials are not earmarked or put on standby to meet any civil emergency or other task. Consequently, although civil authorities may produce contingency plans in conjunction with service headquarters and units, such plans do not guarantee that a service response will necessarily be available.

### **Voluntary Aid Societies**

The Voluntary Aid Societies (VAS) in Wales include St John Cymru / Wales and the British Red Cross Society.

Both organisations work alongside the Welsh Ambulance Services University NHS on a regular basis. The training delivered by both organisations mirrors the Institute of Health Care and Development (IHCD) syllabus and is equivalent to WAST Unscheduled Care Service (UCS) crews.

Both organisations operate ambulances equipped to their respective standards, capable of operating at a similar level to WAST UCS ambulances. Therefore, VAS crews can be used in the following ways to support the WAST response to a major incident:

- Attending the scene to convey appropriate patients, in line with UCS policy
- Supporting discharge and transfer of patients from hospitals, thereby creating capacity
- Providing appropriate operational response in areas where ambulance capacity is denuded due to the major incident

The Welsh Ambulance Services University NHS Trust has written agreements with both organisations, outlining how all would work together in a major incident.

These arrangements can be activated in two ways, either directly by WAST, or through the Fire and Rescue Service control.

### **Health Boards (HB)**

The Health Board has three major roles in preparing for and responding to Major Incidents:

- Compliance with legislation – to ensure that local plans are consistent with NHS Major Incident planning guidance and other relevant legislation and guidance.
- Initial response: save life and mitigate injury – provide a clinical response including provision of general support and specific/specialist health care to all casualties, victims and responders



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- On-going response: Management of primary, secondary and community services' response to the incident

Outlined responsibilities of the Health Board are to:

- Make provision for a 24 hour a day emergency response
- Coordinate the local Health Board response
- Support the public health, including health protection response locally
- Assess the ongoing situation and identify emerging issues including the impact on health and health services.
- Assess resource requirements to support the local effort using mutual aid
- Liaise with the Welsh Government to support the local effort using mutual aid
- Liaise with the Welsh Government to support response elsewhere if required.
- Ensure that primary care and community health services are appropriately involved in the planning and response
- Act as a conduit for information and instructions to the local Health Board and the Strategic Coordinating Group (SCG)
- Act as the co-ordination point for the health media strategy for the NHS
- Provide medical intervention as appropriate at Humanitarian Assistance and Rest Centres.
- Provide a safe and secure environment for the assessment and treatment of patients
- Provide a safe and secure environment for staff that will ensure the health, safety and welfare of staff
- Liaise with the ambulance service, other Health Boards, Independent Sector providers, and other agencies in order to manage the impact of the incident
- Develop, in conjunction with WAST, a MERIT capability to provide at-scene medical assistance.
- Support to any designated receiving hospital that is substantially affected including provision of effective support to any neighbouring service
- Provide decontamination facilities and personal protective equipment to manage contaminated self-presenting casualties
- Health Boards will need to make arrangements to reflect national guidance from the Home Office for dealing with the bodies of contaminated patients who die at the hospital.
- Maintain communications with relatives and friends of existing patients and those from the incident, the Casualty Bureau, the local community, the media



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## Appendix 3 - Local Resilience Forum (LRF)

The Civil Contingencies Act (2004) outline the requirements for cooperation and information sharing between responders, this is designed, to ensure there is a coordinated and consistent approach to preparing for emergencies but, also, provide a basis for effective integration during emergency response and recovery, the LRFs fulfil this requirement.

Local resilience forums (LRFs) are multi-agency partnerships made up of representatives from local public services, including the emergency services, local authorities, the NHS, the Environment Agency and others. These agencies are known as Category 1 Responders, as defined by the Civil Contingencies Act.

LRFs are supported by organisations, known as Category 2 responders, such as the Highways Agency and public utility companies. They have a responsibility to co-operate with Category 1 organisations and to share relevant information with the LRF. The geographical area the forums cover is based on police areas.

LRFs also work with other partners in the military and voluntary sectors who provide a valuable contribution to LRF work in emergency preparedness.

The LRFs aim to plan and prepare for localised incidents and catastrophic emergencies. They work to identify potential risks and threats and produce emergency plans to either prevent or mitigate the impact of any incident on their local communities.

A Local Resilience Forum is not a legal entity, nor does a Forum have powers to direct its members. Nevertheless, the CCA and the Regulations provide that responders, through the Forum, have a collective responsibility to plan, prepare and communicate in a multiagency environment.

Within Wales there are four LRFs:

- North Wales LRF
- Dyfed Powys LRF
- South Wales LRF
- Gwent LRF

The LRFs are primarily involved with the planning to mitigate the identified risks within the area and planning the coordinated multiagency response to incidents.



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## Appendix 4 - Multiagency Response structures

Within Wales the multiagency response structure is a structure that includes all Category One responders and invited Category Two responders, as needed for the incident.

### Welsh Government response

The Welsh Government plays an important role in emergencies in or affecting Wales.

The Welsh Government Pan-Wales response plan sets out the arrangements for the pan-Wales level integration of the Welsh response to an emergency in or affecting Wales.

The Wales Civil Contingencies Committee (WCCC) comprises of representatives from the Category 1 and 2 responders and others as appropriate. The WCCC will act primarily as an advisory body to assess and advice on a particular emergency affecting Wales. However, in some emergency situations the WCCC will have a more prominent co-ordination role. The WCCC can be called by the Welsh Government, at the request of a SCG, partner agency or COBR.

The Emergency Co-ordination Centre (Wales) (ECC(W)) is a support facility established by the Welsh Government to gather and disseminate information in Wales on developing emergencies.

The WCCC reports to the Welsh Ministers and into COBR when required.

### Pre Event Assessment Teleconference (PEAT)

Where a potential Major Incident or emergency is foreseen and can be planned for, responders may choose to arrange a Pre-Event Assessment Teleconference (PEAT).

This will be attended by all Category 1 responders, and Category 2 responders as required. Details of the potential incident and the anticipated impacts are shared with the group and a decision will be made whether to call a formal TCG or SCG.

Any responder agency who has identified an event that may escalate into a major incident or emergency may request a PEAT.

### Strategic Coordination Group (SCG)

The SCG allows the Strategic Commanders to co-locate and ensure a coordinated response to an incident is achieved.

Meetings should be convened within the first hour of an incident occurring, the first meeting can be virtual, however subsequent meetings should be held in person. As a Pan Wales organisation, this can be challenging and Strategic Liaison Officers may be required. The use of a Strategic Liaison Officer must be the Strategic Commanders decision.

SCGs purpose is to:

- consider the emergency in its wider context
- determine longer-term and wider impacts and risks with strategic implications
- define and communicate the overarching strategy and objectives for the emergency response
- establish the framework, policy, and parameters for lower level tiers
- consider a media strategy, if required



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- monitor the context, risks, impacts, and progress towards defined objectives.

A multi-agency Strategic Coordination Group (SCG) will be established where an emergency:

- has an especially significant impact
- has substantial resource implications
- involves a large number of organisations
- is expected to last for an extended duration.

An SCG does not have the collective authority to issue commands or executive orders to individual responder agencies. Each organisation will exercise control of its own operations. Because of the nature of this group, there is a need for all representatives to be empowered to make executive decisions. The group will be chaired by an appropriate agency depending on the nature of the emergency.

The SCG provides a communication conduit into Welsh Government. If the incident affects more than one LRF area, the Pan Wales plan may be activated, if the Pan Wales plan is activated, advice and support should be taken from the Duty NILO.

### **Tactical Coordination Group (TCG)**

The TCG will be formed from senior operational officers from relevant agencies and allows Tactical Commanders to co-locate and ensure a coordinated response to an incident is achieved. TCGs will be chaired by the lead agency of the incident and will be supported in by Police.

Meetings should be convened as soon as possible and no later than 2 hours, if held in person. If held virtually, this should be achieved within 1 hour.

The TCG's role is to jointly conduct the overall multi-agency management of the incident:

- determine priorities for allocating available resources
- plan and coordinate how and when tasks will be undertaken
- obtain additional resources if required
- assess significant risks and use this to inform tasking of operational commanders
- ensure the health and safety of the public and personnel.

Specialist advisory or action groups may be set up, depending on the nature of the incident, to support the work of the TCG. These may include science and/or technical advisors, or a media liaison cell.



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## Appendix 5 – IIMARCH Template

This Template is hosted on SIREN

|                                 |            |                  |  |
|---------------------------------|------------|------------------|--|
| <b>Briefing given to:</b>       |            |                  |  |
| <b>Information</b>              |            |                  |  |
| <b>Intent</b>                   |            |                  |  |
| <b>Methods</b>                  |            |                  |  |
| <b>Administration</b>           |            |                  |  |
| <b>Risks</b>                    |            |                  |  |
| <b>Communications</b>           |            |                  |  |
| <b>Humanitarian Issues</b>      |            |                  |  |
| Operational/Tactical Commander: |            | NAME             |  |
| Date:                           | 00/00/0000 | Incident Number: |  |
| Time:                           | 00:00      | Version:         |  |

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## Appendix 6 – WAST Operational/Tactical Plan Template

This Template is hosted on SIREN

# Operational/Tactical Plan

| Command & Control   |  |             |
|---------------------|--|-------------|
|                     |  |             |
| Safety              |  |             |
|                     |  |             |
| Communication       |  |             |
|                     |  |             |
| Assessment          |  |             |
|                     |  |             |
| METHANE received at |  | Time: 00:00 |
| M                   |  |             |
| E                   |  |             |
| T                   |  |             |
| H                   |  |             |
| A                   |  |             |
| N                   |  |             |
| E                   |  |             |
| Action needed:      |  |             |

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## Triage

## Treatment

## Transport

|                                 |            |                  |  |
|---------------------------------|------------|------------------|--|
| Operational/Tactical Commander: |            | NAME             |  |
| Date:                           | 00/00/0000 | Incident Number: |  |
| Time:                           | 00:00      | Version:         |  |



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## Appendix 7 – WAST Strategic Intent Template

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**Template: This should be amended to reflect the incident**

### **Welsh Ambulance Services University NHS Trust Strategic Intent Template**

**DATE:**

**INCIDENT:**

It is the intention of WAST to respond to and manage the ongoing incident in a way which promotes and saves life, reduces humanitarian suffering and is compatible with the vision and values of WAST. Through effective coordination, sound planning and good leadership the Strategic Commander will:

1. Maintain public confidence and minimise the impact of the incident by ensuring that WAST is responding effectively to the incident.
2. Ensure that WAST's response is coordinated and integrated with the wider health and responding agencies.
3. Maintain effective capacity management within the emergency and non-emergency services, and the emergency control rooms by;
  - a. Assessing and identifying any gaps in the response capability of the organisation for dealing with the incident.
  - b. Identification and request for mutual aid.
4. So far as is reasonably practicable, take all measures and employ all appropriately identified control measures to safeguard WAST staff, and other NHS responders, and the local communities affected by the incident the following people under the terms of Health and Safety Legislation.
5. Ensure public messages are coordinated with other agencies and partners.
6. Ensure effective business continuity and recovery arrangements are in place across the organisation and review where necessary.
7. Provide support and representation at the sub-regional level where appropriate.
8. Create and maintain a well-documented, auditable plan and decision log for the incident at all levels of command.
9. Review this strategy every 4 hours.

Signature

(Strategic Commander)

Time:

Date:



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## Appendix 8 – Handover of Commander Aide Memoire

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This information should be recorded in the written log and signed by both commanders once handover of command **has been authorised from the level above.**

| Action | Summary                 | Description                                                                                                                                                                                                                                   | Completed | Time |
|--------|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------|
| 1      | Briefing                | Obtain/provide sufficient information to determine the current status of the response, including details of the most recent M/ETHANE report and the status of the multi-agency risk assessment. This briefing should be in an IIMARCH format. |           |      |
| 2      | Multi-Agency Meetings   | Identify the timing and location of the next multi-agency meeting (FCPs/TCGs/SCGs as relevant) and where possible, have introductions with other agency Commanders.                                                                           |           |      |
| 3      | Welfare                 | Identify any significant concerns around the welfare of WAST staff deployed.                                                                                                                                                                  |           |      |
| 4      | Update Chain of Command | Agree a formal handover time and report this in the log, confirming who has been relieved and who has assumed the command appointment. <b>Ensure that the commander you are reporting to is involved in this decision.</b>                    |           |      |
| 5      | Update EMS-C            | Via an airwave radio message or other recorded communication means, provide an update to EMS-C for situational awareness.                                                                                                                     |           |      |
| 6      | Misc.                   | Pass on any other information felt relevant to the outgoing Commander or requested by the incoming Commander.                                                                                                                                 |           |      |

Outgoing Commander

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Incoming Commander

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date/Time of handover: \_\_\_\_\_



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| Element             | Suggested Questions                                                                                                                                                                                                                                                                                                                                                                                                     |
|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Information         | <ul style="list-style-type: none"> <li>What is the current situational awareness of the incident?</li> <li>What is the latest METHANE report and when was this last updated?</li> <li>What actions have been carried out? What is ongoing? What are the next priorities?</li> <li>What are the risks?</li> </ul>                                                                                                        |
| Intent              | <ul style="list-style-type: none"> <li>What are our current strategic/tactical/operational intents?</li> <li>What are the intentions of the partner agencies?</li> <li>What will we do/ not do?</li> <li>What policies do we need to consider?</li> <li>Is there evidence at scene that we need to protect?</li> </ul>                                                                                                  |
| Methods             | <ul style="list-style-type: none"> <li>What is the current command, control and co-ordination arrangement?</li> <li>What is the latest tactical and operational plan?</li> <li>What contingency plans are in place?</li> <li>Emergency signal &amp; 'actions on'(Code word)</li> <li>Emergency RVP &amp; Route</li> <li>What is our working strategy?</li> </ul>                                                        |
| Administration      | <ul style="list-style-type: none"> <li>What is required for effective, efficient and safe implementation?</li> <li>Identification of commanders, FCPs/TCGs/SCGs, taskings, timings, decision logs, equipment, PPE, welfare, food, logistics</li> <li>When is the next JESIP huddle?</li> </ul>                                                                                                                          |
| Risks               | <ul style="list-style-type: none"> <li>What are the identified risks at scene?</li> <li>When was the last multi-agency risk assessment carried out?</li> <li>What control measures are in place to mitigate risk?</li> </ul>                                                                                                                                                                                            |
| Communications      | <ul style="list-style-type: none"> <li>What radio channels are in use? (Both internal and joint service)</li> <li>Have there been any challenges with comms?</li> <li>Has the senior commander been involved and updated with this handover of command?</li> <li>Meetings – How often &amp; when is next one?</li> <li>Who is required at these meetings?</li> <li>Any other agencies do we need to include?</li> </ul> |
| Humanitarian Issues | <ul style="list-style-type: none"> <li>What humanitarian assistance and human rights issues arise or may arise from this event and the response to it?</li> <li>Requirement for humanitarian assistance, information sharing and disclosure, potential impacts on individuals' human rights.</li> <li>Have we considered the welfare of those involved in the response?</li> </ul>                                      |

## Appendix 9 – NILO Poster



### AMBULANCE SERVICE

# N I L O

National Inter-agency Liaison Officers (NILO) are trained to advise and support Incident Commanders, Police, Fire, Military and other Government agencies on the WAST operational capacity to reduce risk, and safely resolve incidents at which a WAST attendance may be required.

This will include major incidents, complex or protracted multi-agency incidents, or any other situations that would benefit from the attendance of the NILO, such as CBRNe, terrorist related and other domestic critical incidents as identified below:

- ✓ Suspected or actual terrorist incidents
- ✓ Unidentified suspect package incidents
- ✓ Airport Full Alerts
- ✓ Rail Incidents
- ✓ Criminal or domestic siege or hostage incidents
- ✓ Firearms incidents
- ✓ Explosions
- ✓ Hazmat / CBRN incidents
- ✓ Incidents with 10 or more casualties
- ✓ Other police led incidents
- ✓ Other multiagency incidents
- ✓ Major Incidents as defined in Major Incident plans
- ✓ Complex or protracted multiagency incidents
- ✓ Strategic and Tactical Advisor for Business Continuity incidents
- ✓ Severe weather events affecting service delivery.



### DUTY NILO AVAILABLE 24/7

0300 123 2312 





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## Appendix 10 – MTA Casualty Management Plan

Casualty management during an MTA response should be considered through the following phases, Deployment, Casualty Care, and Casualty Flow.

A Casualty Management Plan, which may initially be basic in nature, should be developed before (but not delay) the deployment of responders.

| Information                       | Decision                                                                                                             | Action |
|-----------------------------------|----------------------------------------------------------------------------------------------------------------------|--------|
| <b>Considerations</b>             |                                                                                                                      |        |
| <b>Methodology</b>                | Ballistic weapons<br>IED – PBIED/VBIED<br>Bladed or edged weapons<br>Vehicle as a weapon<br>Fire as a weapon<br>CBRN |        |
| <b>Zones and LOE</b>              | Where do responders need to deploy?<br>Are zones in place?<br>Is an LOE set?                                         |        |
| <b>Casualty numbers</b>           | Identified or expected numbers of casualties.                                                                        |        |
| <b>Tactical Options</b>           |                                                                                                                      |        |
| <b>Composition of teams</b>       | Single agency working<br>Combined teams<br>Roles                                                                     |        |
| <b>Specialist Responders</b>      | HART<br>SORT<br>Specific tasking to mitigate risk                                                                    |        |
| <b>Non-Specialist responders</b>  | Operational staff – Clinicians<br>Operational staff – Support<br>EMRTS<br>MERIT                                      |        |
| <b>Critical care and enhanced</b> | EMRTS – DR<br>EMRTS – CCP<br>APP                                                                                     |        |



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|                          |                                               |  |
|--------------------------|-----------------------------------------------|--|
| <b>clinical care</b>     | SP                                            |  |
| <b>Patient treatment</b> | Treat and Leave<br>treat and Take             |  |
| <b>Treatment points</b>  | CCP<br>CLP<br>CCS (Consider need)             |  |
| <b>Patient flow</b>      | To CCP<br>CLP<br>Movement of P1 direct to CLP |  |



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## Appendix 11 – Capabilities of WAST

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### Capabilities of the Ambulance Service

The Ambulance Services of the National Health Service (NHS) deal on a day-to-day basis with thousands of diverse incidents, many of which are resolved without the need for the implementation of a dedicated Command and Control structure. However, when an incident becomes complex or resource intensive then such an agreed structure will be required to facilitate the efficient and successful management of the incident.

**Functional roles**

**Ambulance service responsibilities**

- Initiate & maintain a Command and Control
- Co-ordinate all NHS communications
- Management of the health, safety and welfare of all NHS responders
- Casualty Triage, Treatment and Transportation
- Provision of specialist incident response and commanders

**Command support**

**EMRTS responsibilities**

- Medical advice to WAST
- Advanced triage decision making
- Provision and prioritisation of critical care
- End of life decision making
- Provision of transport options
- Aircraft safety and deconfliction

**National Interagency Liaison Officers (NILO)**

Provided in information and intelligence management, command support for all levels, and working in planned and spontaneous incidents.

Provide advice in incidents including:

- CBRN/hazmat
- suspect packages
- airport or rail
- firearms
- explosions
- police led calls

Available to partner agencies via WAST EMS-C

**Medical Advisory Roles**

Provides clinical and casualty disposal advice

- at Operational (on scene)
- Tactical (with the WAST Tactical Commander or at COU) and
- Strategic

**On-Call arrangements**

Arrangements are activated via the EMS-C

Commanders and advisors available 24/7, 365 days a year.

**Operational**

Duty Control Manager (DCM) takes the initial Operational Commander role.

Operations Manager on shift deploys as an Operational Commander and takes the handover from DCM.

Senior Paramedics are also trained as Operational Commanders

**Tactical**

The COU (Operational Delivery Unit) National Delivery Manager (NDM) assumes initial Tactical Command until the on-call Tactical commander can take over.

Normal working hours, Monday - Friday, the Locality Manager takes the Tactical Role.

On Call Tactical commander 17:00 - 08:00 and weekends.

**Strategic**

Day Strategic, and an on-call for out of hours. Most are based in the south.

**Mutual aid**

**Arrangements and availability**

If WAST need more emergency ambulances and commanders, mutual aid is requested through the Tactical Commander and agreed by Strategic Commander.

This could include a "cell" (1 x Officer and 10 x EA), specialist vehicles and HART, or NILO support.

If EMRTS need additional cross border critical care mutual aid support, this goes through top down (Strategic Medical Advisor) and the WAST Strategic Commander is made aware.

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## Specialist Capabilities of the Ambulance Service

### HART Specialist Capabilities

*HART are a dedicated team available 24/7/365*

*Based in Brynmenyn*

*Trained and equipped to National Standards.*

HART are able to work:-

- Inland Water Operations (IWO)
- Support to Security Operations (SSO)
- Incident Response Unit (IRU)
- Urban Search and Rescue (USAR)
- Confined spaces up to Level 4
- Bank Rescue / Swift Water Rescue

FlamePro/Extended duration breathing apparatus (EDBA)  
NxGen/Chemical, biological, radiological and nuclear (CBRN)  
Gas tight & extended duration breathing apparatus (EDBA)  
Working at height/confined space/unstable terrain



### Specialist Operations Response Team (SORT) Capabilities

#### Specialist Operations Response Team (SORT)



Provide

- a decontamination facility working in the warm zone
- MTA response (to support HART numbers)
- Ability to work near water in appropriate PPE

There are 17 Incident Support Unit (ISU) vehicles with specialist content are strategically placed across Wales for collection by SORT staff

*SORT are a volunteer team made up of on road staff operating pan wales. Deployed on a 'call up' basis.*

SORT have available:-  
Mass Casualty Vehicles (MCV)  
Casualty Clearing Stations  
Equipment Vehicle  
Decontamination Cell  
Command Support Vehicles



#### SORT vehicles

**Mass Casualty Vehicle Contents**  
Mass casualty bags (MCB)  
Priority 3 (P3) bags  
Vacuum mattresses  
Stretchers  
Carry sheets  
DuoDots  
Blizzard blankets  
MTA resupply bags

Able to treat 120 P1/P2 and 250 P3

**Equipment Vehicle also carries:**

- Command sign posts x1 set
- Inflatable tent
- MERIT PPE



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## Appendix 12 – Glossary

| Glossary of Terms |                                                                                     |                |                                                                                                                                                                             |
|-------------------|-------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>AHVLA</b>      | Animal Health & Veterinary Laboratory Agency                                        | <b>JDHA</b>    | Joint Dynamic Hazard Assessment                                                                                                                                             |
| <b>AIT</b>        | Ambulance Intervention Team                                                         | <b>JDM</b>     | Joint Decision Model                                                                                                                                                        |
| <b>NEPTS</b>      | Non Emergency Patient Transfer Service                                              | <b>JESIP</b>   | Joint Emergency Services Interoperability Principles                                                                                                                        |
| <b>APP</b>        | Advanced Paramedic Practitioner                                                     | <b>JOL</b>     | Joint Organisational Learning                                                                                                                                               |
| <b>ASO</b>        | Ambulance Safety Officer                                                            | <b>JOPs</b>    | Joint Operating Principals                                                                                                                                                  |
| <b>AVGAS</b>      | Aviation Gasoline                                                                   | <b>LDCC</b>    | Local Disease Control Centre                                                                                                                                                |
| <b>AVTUR</b>      | Aviation Turbine Fuel                                                               | <b>LOE</b>     | Limit of Exploitation                                                                                                                                                       |
| <b>BADCOLDS</b>   | Behaviour, Appearance, Dissemination, Colour, Odour, Likeness, Deliberate, Symptoms | <b>LRF</b>     | Local Resilience Forum                                                                                                                                                      |
| <b>BASICS</b>     | British Association of Immediate Care Doctors                                       | <b>MACA</b>    | Military Aid to the Civil Authorities                                                                                                                                       |
| <b>BC</b>         | Business Continuity                                                                 | <b>MCB</b>     | Mass Casualty Bag                                                                                                                                                           |
| <b>BCI</b>        | Business Continuity Incident                                                        | <b>MCGA</b>    | The Maritime and Coastguard Agency                                                                                                                                          |
| <b>BCP</b>        | Business Continuity Plan                                                            | <b>MCV</b>     | Mass Casualty Vehicle                                                                                                                                                       |
| <b>BTP</b>        | British Transport Police                                                            | <b>MDT</b>     | Mobile Data Terminals                                                                                                                                                       |
| <b>CBRNe</b>      | Chemical Biological Radiological, Nuclear, (Explosives)                             | <b>MERIT</b>   | Medical Emergency Response Incident Team                                                                                                                                    |
| <b>CBRV</b>       | Clinical Based Response Vehicle                                                     | <b>METHANE</b> | Major Incident (Standby / Declared), Exact Location, Type of Incident, Hazards, Access & Egress, Number / Severity of Casualties, Emergency services (on scene or required) |
| <b>CCA</b>        | Civil Contingencies Act                                                             | <b>MI</b>      | Major Incident                                                                                                                                                              |
| <b>CCML</b>       | Casualty Clearing Medical Lead                                                      | <b>MITT</b>    | Major Incident Triage Tool                                                                                                                                                  |
| <b>CCP</b>        | Casualty Collection Point                                                           | <b>MMMF</b>    | Man Made Mineral Fibres                                                                                                                                                     |
| <b>CCS</b>        | Casualty Clearing Station                                                           | <b>MOD</b>     | Ministry of Defence                                                                                                                                                         |
| <b>CHARU</b>      | Cymru High Acuity Response Unit                                                     | <b>MRT</b>     | Medical Retrieval Team                                                                                                                                                      |
| <b>CIA</b>        | Clear, Intelligible, Accurate                                                       | <b>MTA</b>     | Marauding Terrorist Attack                                                                                                                                                  |
| <b>CLP</b>        | Casualty Loading Point                                                              | <b>NACC</b>    | National Ambulance Coordination Centre                                                                                                                                      |
| <b>COBR</b>       | Cabinet Office Briefing Rooms                                                       | <b>NARU</b>    | National Ambulance Resilience Unit                                                                                                                                          |
| <b>CPD</b>        | Continued Professional Development                                                  | <b>NDCC</b>    | National Disease Control Centre                                                                                                                                             |
| <b>CPPE</b>       | Chemical personal protective equipment                                              | <b>NDM</b>     | National Delivery Manager                                                                                                                                                   |

## Appendix 12



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

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

|                |                                                                                                |              |                                            |
|----------------|------------------------------------------------------------------------------------------------|--------------|--------------------------------------------|
| <b>CRESS</b>   | Consciousness, Respirations, Eyes, Skin, Secretions                                            | <b>NILO</b>  | National Interagency Liaison Officer       |
| <b>CRP</b>     | Casualty Reception Point                                                                       | <b>NRW</b>   | Natural Resources Wales                    |
| <b>CSCATT</b>  | Command and Control, Safety, Communication, Assessment, Triage, Treatment, Transport           | <b>NWAS</b>  | North West Ambulance Service               |
| <b>CSU</b>     | Command Support Unit                                                                           | <b>ODU</b>   | Operational Delivery Unit                  |
| <b>DCAZ</b>    | Dynamically Controlled Access Zone (Geofence)                                                  | <b>OSCT</b>  | Office for Security and Counter Terrorism  |
| <b>DMO</b>     | Direct Mode Operation                                                                          | <b>PDA</b>   | Pre Determined Attendance                  |
| <b>DRA</b>     | Dynamic risk assessments                                                                       | <b>PHW</b>   | Public Health Wales                        |
| <b>EA</b>      | Emergency Ambulance                                                                            | <b>PPE</b>   | Personal Protective Equipment              |
| <b>ECC(W)</b>  | Emergency Co-ordination Centre (Wales)                                                         | <b>PSU</b>   | Police Support Unit                        |
| <b>ECHR</b>    | European Convention of Human Rights                                                            | <b>RAPID</b> | Risks, Areas, Procedures, Identify, Deploy |
| <b>ECO</b>     | Ambulance Entry Control Officer                                                                | <b>RAR</b>   | Recognise Assess React                     |
| <b>ECOSA</b>   | Emergency Co-ordination of Scientific Advice                                                   | <b>RCG</b>   | Recovery Coordination Group                |
| <b>ELBOW</b>   | No Erasures, No Leaves torn out, No Blank Spaces, No Overwriting, No Writing between the lines | <b>RIO</b>   | Rail Incident Officer                      |
| <b>EMRTS</b>   | Emergency Medical Retrieval and Transfer Service                                               | <b>ROLE</b>  | Recognition Of Life Extinct                |
| <b>EMSCC</b>   | Emergency Medical Services Coordination Centres                                                | <b>RTC</b>   | Road Traffic Collision                     |
| <b>EOC</b>     | Emergency Operations Centre                                                                    | <b>RVP</b>   | Rendezvous Point                           |
| <b>EPRR</b>    | Emergency Preparedness, Resilience, Response                                                   | <b>SAR</b>   | Search and Rescue                          |
| <b>ESICTRL</b> | Emergency Services Inter-Control Room Hailing Group                                            | <b>SC</b>    | Security Clearance                         |
| <b>EV</b>      | Electric Vehicle / Equipment Vehicle (SORT)                                                    | <b>SCC</b>   | SORT Crew Carrier                          |
| <b>FCP</b>     | Forward Command Point                                                                          | <b>SCG</b>   | Strategic Coordination Group               |
| <b>FFP3</b>    | Filtering Facepiece 3 (Respiratory Protection Equipment)                                       | <b>SOL</b>   | SORT Operational Lead                      |
| <b>FLO</b>     | Police Family Liaison Officer                                                                  | <b>SOLAS</b> | Safety of Life at Sea                      |
| <b>FRA</b>     | Fire and Rescue Authorities                                                                    | <b>SOR</b>   | Specialist Operational Response            |
| <b>FRS</b>     | Fire and Rescue Service                                                                        | <b>SORT</b>  | Special Operations Response Teams          |





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

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

|                |                                                                                                   |             |                                               |
|----------------|---------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------|
| <b>FRUs</b>    | Fast Response Units                                                                               | <b>SOT</b>  | Senior Operations Team                        |
| <b>GCS</b>     | Glasgow Coma Scale                                                                                | <b>SPOC</b> | Single Point of Contact                       |
| <b>HAC</b>     | Humanitarian Assistance Centre                                                                    | <b>SRC</b>  | Survivors Reception Centre                    |
| <b>HALO</b>    | Hospital Ambulance Liaison Officer                                                                | <b>STAC</b> | Scientific Technician Advisory Cell           |
| <b>HART</b>    | Hazardous Area Response Team                                                                      | <b>TCG</b>  | Tactical Coordination Group                   |
| <b>HazMat</b>  | Hazardous Materials                                                                               | <b>TG</b>   | Talk Group                                    |
| <b>HB</b>      | Health Boards                                                                                     | <b>TL</b>   | Team Leader                                   |
| <b>HI</b>      | Health & Informatics                                                                              | <b>TMO</b>  | Trunk Mode Operation                          |
| <b>HMCG</b>    | His Majesty's Coastguard                                                                          | <b>TRiM</b> | Trauma Risk Management                        |
| <b>ICC</b>     | Incident Coordination Centre                                                                      | <b>TRTS</b> | Triage Revised Trauma Score                   |
| <b>ICE</b>     | Individual Chemical Exposure                                                                      | <b>TST</b>  | Ten Second Triage                             |
| <b>ICT</b>     | Information and Communications Technology                                                         | <b>UCS</b>  | Urgent Care Service                           |
| <b>IEDs</b>    | Improvised Explosive Devices                                                                      | <b>VAS</b>  | Voluntary Aid Societies                       |
| <b>IHCD</b>    | Institute of Healthcare and Development                                                           | <b>VIP</b>  | Very Important People                         |
| <b>IIMARCH</b> | Information, Intent, Method, Administration, Risk Assessment, Communications, Humanitarian Issues | <b>WAST</b> | Welsh Ambulance Services University NHS Trust |
| <b>IOR</b>     | Initial Operational Response                                                                      | <b>WCCC</b> | Wales Civil Contingencies Committee           |
| <b>ISU</b>     | Incident Support Unit                                                                             | <b>WIC</b>  | Warning and Informing Cell                    |

|                               |             |
|-------------------------------|-------------|
| <b>AGENDA ITEM No</b>         | <b>13</b>   |
| <b>OPEN or CLOSED</b>         | <b>Open</b> |
| <b>No of ANNEXES ATTACHED</b> | <b>4</b>    |

## RISK MANAGEMENT & BOARD ASSURANCE FRAMEWORK REPORT

|                  |                                                                          |
|------------------|--------------------------------------------------------------------------|
| <b>MEETING</b>   | Finance & Performance Committee                                          |
| <b>DATE</b>      | 16 <sup>th</sup> July 2024                                               |
| <b>EXECUTIVE</b> | Trish Mills, Director of Governance / Board Secretary                    |
| <b>AUTHOR</b>    | Julie Boalch, Head of Risk/Deputy Board Secretary                        |
| <b>CONTACT</b>   | <a href="mailto:Julie.Boalch@wales.nhs.uk">Julie.Boalch@wales.nhs.uk</a> |

### EXECUTIVE SUMMARY

1. The purpose of the report is to provide assurance in respect of the management of the Trust's principal risks, specifically those that are relevant to Committee's remit for oversight and additionally the Trust's 2 highest scoring risks which are assigned to the Quality, Safety & Patient Experience Committee (QuEST) for oversight.
2. A summary of these risks is set out in Annex 1 with a detailed description contained within the Board Assurance Framework (BAF) in Annex 4.
3. The more detailed description contained within the BAF provides the Committee with an opportunity to review the controls in place against each principal risk and the assurance provided against those controls where applicable. This will assist Members in evaluating current risk ratings supported by the frameworks in Annex 2 of the report.
4. Each of the principal risks were presented to the Trust Board on 30 May 2024 and are updated as at 08 May 2024. These high rated risks have been reviewed during this reporting period in line with the agreed schedule detailed at Annex 3.
5. Updates are highlighted in blue on the BAF which show changes to the narrative, mitigating actions, controls, and assurances.
6. The focus for the forthcoming round of reviews continues to be in relation to the mitigating actions identified and taken to support risks to achieve their target score.
7. The Trust's highest rated **Risks 223** *the Trust's inability to reach patients in the community causing patient harm and death* and **Risk 224** *significant handover delays outside A&E departments impacts on access to definitive care being delayed and affects the trust's ability to provide a safe and effective service*, remain static at the highest score of 25. The score is not based on the volume of cases of catastrophic harm, it is based

on any one individual that experiences avoidable harm. The quality dimension of each of these risks will always be a challenging one to reduce whilst patients and the Trust are experiencing delays in the way in which they currently are.

8. Despite a slight decrease in the number of handover lost hours in April 2024 the sustained and extreme pressure continues across the Welsh NHS urgent and emergency care system which is negatively impacting on patient flow and leading to avoidable patient harm and death.
9. As reported to the May 2024 Trust Board, the Trust continues to focus on the actions to mitigate these two risks that are within its control, and these are highlighted in the avoidable harm action plan which is presented at each Board meeting. Further mitigations and transformative actions are described in the Integrated Medium Term Plan (IMTP) to address these risks.
10. There are a range of efficiencies described in the report that the Trust has undertaken in mitigation of these two risks. Two key ones being the number of calls being closed safely and efficiently by clinicians through the Consult and Close initiative in the contact centres as well as a significant improvement in sickness and attendance levels.
11. Most of the Trust's actions in the action plan have been completed and a several efficiencies and improvements implemented that have stabilised performance; however, the Trust is unable to mitigate the scale of handover lost hours due to the environment which it is operating in or make improvements in performance because of the continued challenges in the urgent and emergency care system.
12. The Executive Director of Quality and Nursing and Executive Director of Paramedicine are working with the National Data Resource in relation to levels of harm that are occurring in the system by understanding current pathways.
13. The Quality, Patient Experience and Safety Committee (QUEST) reviewed both risks at its meeting in May 2024 with the Agenda items reflecting the controls and mitigations discussed at this meeting. These risks continue to be escalated to the Board via the meeting's Alert, Assure and Advise (AAA) report.
14. Work is underway to consider how the Trust might articulate and manage these two risks differently given that their score has remained catastrophic over a significant period. Options have been considered, with external support, as part of the Risk Management Transformation Programme and internal discussions are ongoing on a potential new internal approach.
15. As foreshadowed at the meeting in May 2024, there has been several movements in risks overseen by the Committee as follows:
16. **Risk 594** The Trust's inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death

remains at a score of 20 (4x5) reflecting the continued challenges across the unscheduled care system. Further work to determine resources following the Manchester Arena Inquiry remains underway.

17. A detailed discussion took place at the May Board in relation to **Risk 424** Resource availability (revenue, capital, and staff capacity) to deliver the organisation's Integrated Medium-Term Plan (IMTP) which has reduced in score to 12 (3x4) and which is closely linked with Risk 139 Failure to Deliver our Statutory Financial Duties. This highlighted the reasonable revenue position for 2024/25 and that a separate risk could be considered in relation to capital funding. Accepting this, a vehicle/fleet risk may be developed on the future outlook for the fleet replacement Strategic Outline Plan (SOP) and the business case for 2025/26 accepting this is the 3rd consecutive year that full the full funding requirement has not been forthcoming.
18. **Risk 458** A confirmed commitment from EASC and/or Welsh Government has been closed having achieved its target score of 8 (2x4) from 16 (4x4) and will be removed from all registers.
19. All original actions are now complete in relation to **Risk 260** A significant and sustained cyber-attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems; however, a review of the recent Cyber Resilience Unit (CRU) assessment is to be undertaken to identify any further actions. On this basis the score remains the same given continued activity by cyber actors due to wider world events. There is a general heightened alert for government and public sector bodies although no specific threat has been identified against NHS bodies.
20. Two risks have achieved their target score and have been de-escalated to the Directorate Risk Registers (DRR) for monitoring. These are **Risk 543** Major disruptive incident resulting in a loss of critical IT systems from 15 (3x5) to 10 (2x5) and **Risk 283** Failure to implement the EMS Operational Transformation Programmes from 12 (3x4) to 8 (2x4).
21. **Risk 100** Failure to persuade EASC/Health Boards about WAST's ambitions and reach agreement on actions to deliver appropriate levels of patient safety and experience and **Risk 139** Failure to Deliver our Statutory Financial Duties in accordance with legislation remain unchanged in this period.
22. Two new risks have been assessed and approved for inclusion on the CRR and BAF; these are **Risks 542** Failure to deliver the Welsh Government NHS Wales Decarbonisation Strategic Delivery Action Plan at a score of 16 (4x4) and **Risk 623** Failure to comply with Data Protection Legislation at a score of 15 (3x5).
23. A detailed review, discussion and challenge takes place with the Executive Leadership Team (ELT) and Assistant Director Leadership Team (ADLT) on each of these risks monthly including new risks, changes to scores and those that have achieved target.

**RECOMMENDATION:**

24. **Members are asked to consider the contents of the report.**

**KEY ISSUES/IMPLICATIONS**

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

**REPORT APPROVAL ROUTE**

26. The BAF was considered by:

- ADLT (29 April 2024)
- ELT (08 May 2024)
- Trust Board (30 May 2024)
- Audit Committee (07 June 2024)

**REPORT ANNEXES**

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

**REPORT CHECKLIST**

| <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 |

## Annex 1 – Corporate Risk Register Summary

| CORPORATE RISK REGISTER  |                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         |                                            |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------|
| RISK ID                  | NEW RISK TITLE                                                                                                                                                                  | NEW SUMMARY DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                         | EXECUTIVE OWNER                         | RISK SCORE                                 |
| 223<br>QuEST             | The Trust's inability to reach patients in the community causing patient harm and death.                                                                                        | <p><b>IF</b> significant internal and external system pressures continue</p> <p><b>THEN</b> there is a risk of an inability and/or a delay in ambulances reaching patients in the community</p> <p><b>RESULTING IN</b> patient harm and death</p>                                                                                                                                                                                               | Executive Director of Operations        | <p><b>25</b><br/><b>(5x5)</b></p> <p>➔</p> |
| 224<br>QuEST             | Significant handover delays outside A&E departments impacts on access to definitive care being delayed and affects the trust's ability to provide a safe and effective service. | <p><b>IF</b> patients are significantly delayed in ambulances outside A&amp;E departments</p> <p><b>THEN</b> there is a risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised</p> <p><b>RESULTING IN</b> patients potentially coming to harm and a poor patient experience</p>                                                                                | Executive Director of Quality & Nursing | <p><b>25</b><br/><b>(5x5)</b></p> <p>➔</p> |
| 594<br>FPC               | The Trust's inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death.                 | <p><b>IF</b> a major incident or mass casualty incident is declared</p> <p><b>THEN</b> there is a risk that the Trust cannot provide its pre-determined attendance as set out in the Incident Response Plan and provide an effective, timely or safe response to patients</p> <p><b>RESULTING IN</b> catastrophic harm (death) and a breach of the Trust's legal obligation as a Category 1 responder under the Civil Contingency Act 2004.</p> | Executive Director of Operations        | <p><b>20</b><br/><b>(4x5)</b></p> <p>➔</p> |
| <b>NEW</b><br>542<br>FPC | Failure to deliver the Welsh Government NHS Wales Decarbonisation                                                                                                               | <p><b>IF</b> there is a lack of resources and available technology and infrastructure</p>                                                                                                                                                                                                                                                                                                                                                       | Executive Director of Finance &         | <p><b>16</b><br/><b>(4x4)</b></p>          |



## CORPORATE RISK REGISTER

| RISK ID                     | NEW RISK TITLE                                                                                                                                       | NEW SUMMARY DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | EXECUTIVE OWNER                                     | RISK SCORE                                 |
|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|--------------------------------------------|
|                             | Strategic Delivery Action Plan                                                                                                                       | <p><b>THEN</b> there will be a failure to deliver the commitments outlined in the action plan and within the Welsh Government timelines</p> <p><b>RESULTING IN</b> negative environmental and social impacts causing and reputational damage</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Corporate Resources                                 |                                            |
| 458<br>FPC<br><b>CLOSED</b> | A confirmed commitment from EASC and/or Welsh Government is required in relation to funding for recurrent costs of commissioning.                    | <p><b>IF</b> sufficient recurrent funding is not forthcoming there is a risk that the Trust will be committed to additional expenditure through delivery of the IMTP and in year developments which are only recognised by commissioners on a cost recovery basis</p> <p><b>THEN</b> there is a risk that the Trust may not be able to deliver services and there will be a lack of funding certainty when making recurrent cost commitments. Any potential 'exit strategies' from developed services could be challenging and harmful to patients.</p> <p><b>RESULTING IN</b> patients not receiving services, the Trust not achieving financial balance and a potential failure to meet statutory obligations causing reputational damage.</p> | Executive Director of Finance & Corporate Resources | <p><b>16</b><br/><b>(4x4)</b></p> <p>➔</p> |
| 260<br>FPC                  | A significant and sustained cyber-attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems. | <b>IF</b> there is a large-scale cyber-attack on WAST, NHS Wales and interdependent networks which shuts down the IT network and there are insufficient information security arrangements in place                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Director of Digital Services                        | <p><b>15</b><br/><b>(3x5)</b></p> <p>➔</p> |

## CORPORATE RISK REGISTER

| RISK ID               | NEW RISK TITLE                                                                                                                                               | NEW SUMMARY DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | EXECUTIVE OWNER                                       | RISK SCORE                                                                                           |
|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------------------------------|
|                       |                                                                                                                                                              | <p><b>THEN</b> there is a risk of a significant information security incident</p> <p><b>RESULTING IN</b> a partial or total interruption in WAST's ability to deliver essential services, loss or theft of personal/patient data and patient harm or loss of life</p>                                                                                                                                                                                                                                                                                                                                                   |                                                       |                                                                                                      |
| NEW<br>623<br><br>FPC | Failure to comply with Data Protection Legislation                                                                                                           | <p><b>IF</b> the Trust fails to comply with and demonstrate it is meeting the accountability requirements under the Data Protection Act, the UK General Data Protection Regulation (GDPR) and the Common Law Duty of Confidentiality</p> <p><b>THEN</b> the Trust will breach its legal obligations and potentially cause the personal or sensitive data to be compromised, lost, or inappropriately used</p> <p><b>RESULTING IN</b> unauthorised data breaches/loss, financial or compensatory penalties, an increased regulatory scrutiny or enforcement as well as stakeholder mistrust and reputational damage.</p> | Director of Digital Services                          | 15<br>(3x5)                                                                                          |
| 100<br><br>FPC        | Failure to persuade EASC/Health Boards about WAST's ambitions and reach agreement on actions to deliver appropriate levels of patient safety and experience. | <p><b>IF</b> WAST fails to persuade EASC/Health Boards about WAST ambitions</p> <p><b>THEN</b> there is a risk of a delay or failure to receive funding and support</p> <p><b>RESULTING IN</b> a catastrophic impact on services to patients and staff and key outcomes within the IMTP not being delivered</p>                                                                                                                                                                                                                                                                                                         | Executive Director of Strategy Planning & Performance | 12<br>(3x4)<br> |

## CORPORATE RISK REGISTER

| RISK ID                                  | NEW RISK TITLE                                                                                                                | NEW SUMMARY DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                  | EXECUTIVE OWNER                                         | RISK SCORE                                       |
|------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------|
| 424<br>FPC                               | Resource availability (revenue, capital, and staff capacity) to deliver the organisation's Integrated Medium-Term Plan (IMTP) | <p><b>IF</b> resources are not forthcoming within the funding envelope available to WAST (link to risk 139)</p> <p><b>THEN</b> there is a risk that there is insufficient capacity to deliver the IMTP</p> <p><b>RESULTING IN</b> delay or non-delivery of IMTP deliverables which will adversely impact on the Trust's ability to deliver its strategic objectives and improvement in patient safety and staff wellbeing.</p>                                           | Executive Director of Strategy Planning and Performance | <p>12<br/>(3x4)</p> <p>↓</p> <p>16<br/>(4x4)</p> |
| 543<br>FPC<br><br>De-escalate to the DRR | Major disruptive incident resulting in a loss of critical IT systems                                                          | <p><b>IF</b> there is an unexpected or uncontrolled event e.g. flood, fire, security incident, power failure, network failure in WAST, NHS Wales or interdependent systems</p> <p><b>THEN</b> there is a risk of a loss of critical IT systems</p> <p><b>RESULTING IN</b> a partial or total interruption in WAST's effective ability to deliver essential services.</p>                                                                                                 | Director of Digital Services                            | <p>15<br/>(3x5)</p> <p>↓</p> <p>10<br/>(2x5)</p> |
| 139<br>FPC                               | Failure to Deliver our Statutory Financial Duties in accordance with legislation.                                             | <p><b>IF</b> the Trust does:</p> <ul style="list-style-type: none"> <li>not achieve financial breakeven and/or</li> <li>does not meet the planning framework requirements and/or</li> <li>does not work within the EFL and/or</li> <li>fails to meet the 95% PSPP target and/or</li> <li>does not receive an agreement with commissioners on funding (linked to 458)</li> </ul> <p><b>THEN</b> there is a risk that the Trust will fail to achieve all its statutory</p> | Executive Director of Finance & Corporate Resources     | <p>8<br/>(2x4)</p> <p>→</p>                      |

## CORPORATE RISK REGISTER

| RISK ID                                                    | NEW RISK TITLE                                                    | NEW SUMMARY DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                          | EXECUTIVE OWNER                                       | RISK SCORE                                      |
|------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------|
|                                                            |                                                                   | <p>financial obligations and the requirements as set out within the Standing Financial Instructions (SFIs)</p> <p><b>RESULTING IN</b> potential interventions by the regulators, qualified accounts and impact on delivery of services and reputational damage</p>                                                                                                                                               |                                                       |                                                 |
| <p>283</p> <p>FPC</p> <p><b>De-escalate to the DRR</b></p> | Failure to implement the EMS Operational Transformation Programme | <p><b>IF</b> there are issues and delays in the planning and organisation of the EMS Demand &amp; Capacity Review Implementation Programme</p> <p><b>THEN</b> there is a risk that WAST will fail to implement the EMS Operational Transformation Programme to the agreed performance parameters</p> <p><b>RESULTING IN</b> potential patient harm, deterioration in staff wellbeing and reputational damage</p> | Executive Director of Strategy Planning & Performance | <p>8<br/>(2x4)</p> <p>↓</p> <p>12<br/>(3x4)</p> |

## Annex 2 - Risk Scoring Matrix

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

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

### **Annex 3** - Frequency of Risk Review

| <b>Risk Score</b> | <b>Review Frequency</b> | <b>Risk Rating</b> |
|-------------------|-------------------------|--------------------|
| 15 – 25<br>Red    | Review monthly          | High               |
| 8 – 12<br>Amber   | Review quarterly        | Medium             |
| 1 – 6<br>Green    | Review every 6 months   | Low                |



Annex 4 – Board Assurance Framework

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                         |                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                  |            |             |             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------|------------|-------------|-------------|
| Risk ID<br>223                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | The Trust’s inability to reach patients in the community causing patient harm and death |                                                                                                      |  | Date of Review:                                                                                                                                                                                                                                                                                                                                                                                                               |  | 15/04/2024                                       |            | TREND       | 25<br>(5x5) |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                         |                                                                                                      |  | Date of Next Review:                                                                                                                                                                                                                                                                                                                                                                                                          |  | 15/05/2024                                       |            | ➡           |             |
| IF significant internal and external system pressures continue                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                         | THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community |  | RESULTING IN patient harm and death                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                  | Likelihood | Consequence | Score       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                         |                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Inherent                                         | 4          | 5           | 20          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                         |                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Current                                          | 5          | 5           | 25          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                         |                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Target                                           | 2          | 5           | 10          |
| IMTP Deliverable Numbers:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                         |                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                  |            |             |             |
| EXECUTIVE OWNER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                         | Director of Operations                                                                               |  | ASSURANCE COMMITTEE                                                                                                                                                                                                                                                                                                                                                                                                           |  | Quality, Safety and Patient Experience Committee |            |             |             |
| Risk Commentary Q4 2023/24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                         |                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                  |            |             |             |
| <p>The risk score remains constant at 25 (almost certain &amp; catastrophic). Internal and external assurances remain weak as there remains a daily risk of actual patient harm and death because of the Trust not being able to reach patients in the community. The Trust continues to receive Prevention of Future Death Reports (Regulation 28) from Coroners across NHS Wales. <b>Handover lost hours in February and March 2024 were 23,896 (Feb) and 23,404 (March).</b></p> <p>Only Cardiff &amp; Vale University Health Board has demonstrated material improvement and is a positive outlier. The impacts on patients waiting for extended periods of time both in the community and then outside emergency departments is well documented (AACE Delayed Hospital Handovers: Impact assessment of patient harm, 2021) and includes pressure damage, acute kidney injury, deconditioning, poorer outcomes, and extended recovery times. Delays across the system continue to be the focus of patient safety incidents, complaints, Coronial enquires and redress / claims. The effectiveness of our controls in many areas are dependent on external partners acknowledging and having ownership of the risk across the urgent and emergency care system. Key to moving the position is to continue to work in collaboration influencing system partners, being present and engaging in key conversations, whilst continually seeking opportunities internally to swiftly identify and mitigate the risks within our control and share those with relevant system partners that we cannot control. Of note, recent data analysis highlights the increased levels of red activity which has doubled since the pre covid period, plus an average increased on scene time of circa 10 minutes. Both measures are reflective of an increasingly challenged system with WAST crews fully exploring admission avoidance alternatives.</p> |                                                                                         |                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                  |            |             |             |
| Improvement actions led by Welsh Government and system partners include: -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                         |                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                  |            |             |             |
| a) Audit Wales’s investigation of Urgent and Emergency Care System. Does NHS Wales and its partners have effective arrangements for unscheduled care to ensure patients have access to the right care at the right time? (E)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                         |                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                  |            |             |             |
| b) Consideration of additional WAST schemes to support risk mitigation through winter (I)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                         |                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                  |            |             |             |
| c) NHS Wales reduces emergency department handover lost hours by 25% (E)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                         |                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                  |            |             |             |
| d) NHS Wales eradicates all emergency department handover delays in excess of 4 hours (E)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                         |                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                  |            |             |             |
| e) Alterative capacity equivalent to 1000 beds (E)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                         |                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                  |            |             |             |
| f) Implement nationwide approach to emergency department ‘Fit 2 Sit’ (E)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                         |                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                  |            |             |             |
| g) Implementation of Same Day Emergency Care services in each Health Board (E)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                         |                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                  |            |             |             |
| h) National Six Goals programme for Urgent and Emergency Car (E)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                         |                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                  |            |             |             |
| CONTROLS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                         |                                                                                                      |  | ASSURANCES                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                  |            |             |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                         |                                                                                                      |  | Internal Management (1 <sup>st</sup> Line of Assurance)                                                                                                                                                                                                                                                                                                                                                                       |  |                                                  |            |             |             |
| 1. Regional Escalation Protocol                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                         |                                                                                                      |  | 1. Daily conference calls to agree RE levels in conjunction with Health Boards                                                                                                                                                                                                                                                                                                                                                |  |                                                  |            |             |             |
| 2. Immediate release protocol                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                         |                                                                                                      |  | 2. The Immediate Release Protocol is a Nationally agreed NHS Wales protocol. Refusals by Health Boards are Datixed by WAST and compliance report shared weekly with the Health Board Chief Operating Officers (COOs)                                                                                                                                                                                                          |  |                                                  |            |             |             |
| 3. Resource Escalation Action Plan (REAP)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                         |                                                                                                      |  | 3. Weekly review by Senior Operations team with assessment of action compliance. The Senior Leadership Team convenes every Tuesday as the Weekly Performance Meeting to review performance and demand data, and review/assign REAP Levels as appropriate. Dynamic escalation via Strategic Command structure. REAP has undergone an annual review with v4.1 released in November 2023.                                        |  |                                                  |            |             |             |
| 4. 24/7 Operational Delivery Unit (ODU)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                         |                                                                                                      |  | 4. Shift reports from ODU & ODU Dashboard received by Exec, SOT and On-Call Team at start/end. Provides operational oversight with dynamic CSP review and system escalation as required.                                                                                                                                                                                                                                      |  |                                                  |            |             |             |
| 5. Strategic, Tactical and Operational 24 hour/ 7 day per week system to manage escalation plans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                         |                                                                                                      |  | 5. Same as 5 - Shift reports from ODU & ODU Dashboard received by Exec, SOT and On-Call Team at start/end. Provides operational oversight with dynamic CSP review and system escalation as required. On Call cover is reviewed weekly at SLT Performance Meetings.                                                                                                                                                            |  |                                                  |            |             |             |
| 6. Limited Alternative Care Pathways in place                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                         |                                                                                                      |  | 6. Limited Assurance - Health Informatics reports, APP dashboard monitors, reports on app use by Consultant Connect, APP development and expansion, and bids for additional prescribing APPs.                                                                                                                                                                                                                                 |  |                                                  |            |             |             |
| 7. Consult and Close (previously Hear and Treat)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                         |                                                                                                      |  | 7. The Trust ambition is to attain 17% Consult and Close rate, with an improvement plan in place to achieve this. The Trust has however already achieved the inclusion of Mental Health Practitioners in CSD, a key contributor to the achievement of Consult and Close rates. Reported through integrated quality meeting. Whilst Consult and Close is in place, the action to increase compliance is detailed in action 10. |  |                                                  |            |             |             |
| 8. Advanced Paramedic Practitioner (APP) deployment model / APP Navigation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                         |                                                                                                      |  | 8. WAST has attempted to secure additionality within its APP numbers, as the evidence illustrates a dramatic impact upon ED avoidance with more people being managed within the community. At this stage, no additional funds have been secured. However, it remains the case the prospective APPs are completing their education and could be deployed into the operational                                                  |  |                                                  |            |             |             |

| Risk ID<br>223                                                                                                                                                                         | The Trust’s inability to reach patients in the community causing patient harm and death              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Date of Review:      |            | 15/04/2024  | TREND | 25<br>(5x5) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------|-------------|-------|-------------|
|                                                                                                                                                                                        |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Date of Next Review: |            | 15/05/2024  | ➡     |             |
| IF significant internal and external system pressures continue                                                                                                                         | THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community | RESULTING IN patient harm and death                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      | Likelihood | Consequence | Score |             |
|                                                                                                                                                                                        |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Inherent             | 4          | 5           | 20    |             |
|                                                                                                                                                                                        |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Current              | 5          | 5           | 25    |             |
|                                                                                                                                                                                        |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Target               | 2          | 5           | 10    |             |
|                                                                                                                                                                                        |                                                                                                      | setting to mitigate the risk. ELT has therefore agreed to grow the APP numbers further this year, redirecting existing operational spend to bolster APP growth.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |            |             |       |             |
| 9. Clinical Safety Plan                                                                                                                                                                |                                                                                                      | 9. Clinical agreement – agreeing escalation to higher levels, ODU dashboard, AACE paper through National Director of Operations group. In December 2023, Version 2.21 of the Clinical Safety Plan was released. The subsequent reduction in the demand is the assurance which is dynamically monitored via ODU.                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |            |             |       |             |
| 10. Recruitment and deployment of CFRs                                                                                                                                                 |                                                                                                      | 10. Approaching 500 active CFRs at end of Q4 with a training trajectory to recruit a minimum of 250 more in the coming 12 months. Response data indicates that our CFRs are reaching more patients, especially those with life threatening conditions in 8 minutes compared to this time last year. Numbers of CFR’s, percentage of contribution to performance a governance framework is in place. Monitoring through AD 1:1’s and volunteer highlight report (IMTP).                                                                                                                                                                                                                                                                                  |                      |            |             |       |             |
| 11. ETA scripting                                                                                                                                                                      |                                                                                                      | 11. The ETA Dashboard is a tactic that was signed off by ELT. The dashboard supports scripting analysed by comparing with real time data. ETA performance is reviewed weekly at SLT weekly performance meeting. The effect of the ETA scripting results in cancellations of ambulances which is monitored through algorithmic review process.                                                                                                                                                                                                                                                                                                                                                                                                           |                      |            |             |       |             |
| 12. Clinical Contact Centre (CCC) emergency rule                                                                                                                                       |                                                                                                      | 12. Emergency Rule is incorporated into CSP 999 levels.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      |            |             |       |             |
| 13. National Risk Huddle                                                                                                                                                               |                                                                                                      | 13. This is a tactic contained in REAP ratified through SPT and EPT. Daily risk huddles are recorded, and documented actions are shared with stakeholders and progress monitored via the ODU.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |            |             |       |             |
| 14. Summer/Winter initiatives                                                                                                                                                          |                                                                                                      | 14. Monitoring through SLT and STB. Senior Planning Team (SPT) is now stood up for the duration of Winter 2023/24.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      |            |             |       |             |
| 15. CHARU implementation                                                                                                                                                               |                                                                                                      | 15. Recruitment of 153 WTE has continued; To lift further, a trial of a rotational model is due to be trialled in Aneurin Bevan Health Board area.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      |            |             |       |             |
| 16. Clinical Model and clinical review of code sets                                                                                                                                    |                                                                                                      | 16. Reported through CPAS and DCR Review reporting through CQGG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |            |             |       |             |
| 17. Remote clinical support enabling discharge at scene                                                                                                                                |                                                                                                      | 17. Strategic Transformation Board – IMTP deliverable; Providing support to the Community Welfare Responders (CWR) initiative and supporting CFRs to discharge at scene with current non conveyance rates for CFRs in excess of 40%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |            |             |       |             |
| 18. Trust Board paper (28/07/22) detailing actions being taken to mitigate the risks (see actions section for details of specific work streams being progressed to mitigate this risk) |                                                                                                      | 18. Formally documented action plan – actions captured are contained within and monitored via the Mitigating avoidable harm paper from PIP.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                      |            |             |       |             |
| 19. Information sharing                                                                                                                                                                |                                                                                                      | 19. Information Sharing: Patient Safety Reports, Chief Operating Officer (COO) Data Pack, Immediate Release Declined (IRD) Reports.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |            |             |       |             |
| 20. Completed EMS Roster Review                                                                                                                                                        |                                                                                                      | 20. Helps to ensure that we have the maximum available capacity to respond to dispatch to 999 calls received in a timely manner. Monitor production against the rosters weekly at performance meeting and that provides a level of UHP as a percentage.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      |            |             |       |             |
| 21. Delivered a reduction in the number of multiple vehicle attendances dispatched to red calls                                                                                        |                                                                                                      | 21. This will increase vehicle availability generally across the Trust and is monitored through SLT weekly performance meeting.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |            |             |       |             |
| 22. Transfer of Care                                                                                                                                                                   |                                                                                                      | 22. WAST has clearly articulated to the Health Board COOs the risk associated with delayed handovers. Consequently, work has commenced to withdraw WAST staff from portering duties on hospital premises, cease the practice of ED swaps and cease the use of WAST equipment in EDs across Wales. Please refer to the following documents:<br>i) Letter to COO Handover Delays 30.03.2023<br>ii) Letter to COO Handover Delays<br>iii) WAST – Transfer of Care Brief                                                                                                                                                                                                                                                                                    |                      |            |             |       |             |
| 23. Virtual Ward – Connect Support Cymru                                                                                                                                               |                                                                                                      | 23. Multi phased approach commenced in Dec 2022 with St John Ambulance Cymru virtual ward responder, a digital and telehealth platform, and a Community Welfare Responder model to enhance community resilience.<br><ul style="list-style-type: none"><li>Phase 1 delivered through St John Ambulance Cymru with a further extension in place.</li><li>Funding also obtained through external grant funding to pilot a volunteer phase. which went live mid-October with twelve teams piloting the approach and has now completed.</li><li>Work has now commenced to recruit CWR volunteers with engagement taking place with organisations across Wales.</li><li>St John Ambulance Cymru virtual ward now extended to the end of April 2024.</li></ul> |                      |            |             |       |             |
| 24. ARA – Acute Release Area - GUH                                                                                                                                                     |                                                                                                      | 24. Live until 31 <sup>st</sup> March 2024                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |            |             |       |             |

| Risk ID<br>223                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | The Trust’s inability to reach patients in the community causing patient harm and death |                                                                                                      | Date of Review:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                       | 15/04/2024                                                                                                                                                                                                           |             | TREND | 25<br>(5x5) |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                         |                                                                                                      | Date of Next Review:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                       | 15/05/2024                                                                                                                                                                                                           |             | ➡     |             |
| IF significant internal and external system pressures continue                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                         | THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community | RESULTING IN patient harm and death                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                       | Likelihood                                                                                                                                                                                                           | Consequence | Score |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                         |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Inherent              | 4                                                                                                                                                                                                                    | 5           | 20    |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                         |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Current               | 5                                                                                                                                                                                                                    | 5           | 25    |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                         |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Target                | 2                                                                                                                                                                                                                    | 5           | 10    |             |
| 25. WAST Serious Clinical Incident Forum (SCIF) is in place to discuss patient safety incidents, learning and improvement actions to prevent future harm, working in collaboration with Health Boards / NHS Wales Executive Delivery Unit under the Joint Investigation Framework which was formalised in the National Patient Safety Policy in May 2023. Sharing of potential case of serious avoidable harm/death with Health Boards for investigation when response delay associated with system congestion is the primary cause. CNO and CMO plus peer group and COOs regularly updated on patient safety incidents. Patient safety reporting and escalation through the Serious Clinical Incident Panel (SCIF), Patient Safety Highlight Reports, Health Board specific reports in place with escalation through WAST governance framework. |                                                                                         |                                                                                                      | 25. Patient safety reporting and escalation through the Serious Clinical Incident Panel (SCIF), Patient Safety Highlight Reports, Health Board specific reports in place with escalation through WAST governance framework.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                       |                                                                                                                                                                                                                      |             |       |             |
| 26. WAST membership of the working group (Executive Director of Quality & Nursing) to reform the Framework for the Investigation of Patient Safety Serious Incidents (SIs) national investigation framework with system partners. Chaired by the Deputy Chief Ambulance Commissioner and commenced in August 2022.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                         |                                                                                                      | 27. Workshop with system partners in place with executive directors of nursing attendance and to date is working well with good engagement from health board colleagues. Following the last meeting on 25.01.2023 it was agreed that sub-groups would be formed to meet more frequently to gather themes / evaluation / develop more consistency which would include aligning the outputs / outcomes with the ‘Six Goals for Urgent and Emergency Care’ work.                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                                                                                                                                                                                                      |             |       |             |
| GAPS IN CONTROLS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                         |                                                                                                      | GAPS IN ASSURANCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                                                                      |             |       |             |
| 1. Acknowledgement and acceptance of risk by Health Boards and balancing the risks across the whole system                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                         |                                                                                                      | 1. Improvement in handover delays across Cardiff and Vale and more latterly across AB have led to improved handovers at Eds. This has now been sustained for some months across C&V in a phased programme of improvement with no delays in excess of 2 hours. Programme of improvement underway in AB, commencing at 4hour tolerance with a plan to reduce over time. In other Health Boards, there remains little or no controls, with variation in both handovers and risk levels across Health Boards. An extraordinary incident declared by WAST on 22 October 2023 as direct result of system risk associated with handover delays at Morrison hospital has increased focus on handover delays with external partners and across the media. Some plans are in train (detailed in actions) following a meeting with Swansea Bay COO to include mobile imaging, pathways to bypass ED and a pod solution ahead of winter. |                       |                                                                                                                                                                                                                      |             |       |             |
| 2. Blockages in system e.g., internal capacity within Health Boards which affect patient flow                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                         |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                       |                                                                                                                                                                                                                      |             |       |             |
| 3. Local delivery units mirroring WAST ODU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                         |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                       |                                                                                                                                                                                                                      |             |       |             |
| 4. Handover delays link to risk 224                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                         |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                       |                                                                                                                                                                                                                      |             |       |             |
| 5. There is an ambition that no handover should exceed 4 hours and for lost hours to handover to be reduced by 25% but given the track record over last 12 months there is a low confidence in attaining this.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                         |                                                                                                      | The majority of Health Boards have failed to deliver on this ambition; With the exception of Cardiff and Vale University Health Board, the remaining 5 Health Boards with acute Trusts that were required to deliver on this target, have failed to do so.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                                                                                                                                                                                                      |             |       |             |
| 6. Handover Improvement Plans agreed between WAST and Health Boards                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                         |                                                                                                      | 12. Performance targets for Handover with Health Boards have been introduced by the commissioner.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                                                                      |             |       |             |
| 18. Access to Same Day Emergency Care (SDEC) for paramedic referrals                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                         |                                                                                                      | 18. This forms part of the handover improvement plans in place with Health Boards; however, assurance is limited given that the uptake is low (less than 1% of total demand). There is an inconsistency in approach from Health Boards on eligibility and availability; The national Once for Wales acceptance criteria has not been uniformly deployed by Health Bards across Wales.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |                                                                                                                                                                                                                      |             |       |             |
| Please note that the gaps listed are not WAST’s and are therefore outside of the control of WAST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                         |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                       |                                                                                                                                                                                                                      |             |       |             |
| Actions to reduce risk score or address gaps in controls and assurances                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                         |                                                                                                      | Action Owner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | By When/Milestone     | Progress Notes:                                                                                                                                                                                                      |             |       |             |
| 1. Exploring Rural model options (Paused during Pandemic Response) – subject to funding through IMTP. Now refreshed to wider rural model opportunities to include recruitment of CFRs. Additional funding has been sourced to increase posts within the volunteer function.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                         |                                                                                                      | Assistant Director of Operations<br>EMS / Assistant Director of Operations – National Operations & Support                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Superseded            | Rural model superseded by Action 9 below (Recruitment and deployment of CFRs)                                                                                                                                        |             |       |             |
| 2. Leading Change Together (forum to progress workforce related work streams jointly with TUPs)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                         |                                                                                                      | ADLT Sub-Group                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 30.09.22 - Superseded |                                                                                                                                                                                                                      |             |       |             |
| 3. Recruit and train more Advanced Paramedic Practitioners – Value Based Healthcare Fund bid for up to 50 WTE (I) [Source: Action Plan presented to Trust Board 28/07/22]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                         |                                                                                                      | Director of Paramedicine / Director of People & Culture                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Extended to June 2024 | WAST has attempted to secure additionality within its APP numbers, as the evidence illustrates a dramatic impact upon ED avoidance with more people being managed within the community. At this stage, no additional |             |       |             |

| Risk ID<br>223                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | The Trust’s inability to reach patients in the community causing patient harm and death |                                                                                                      |  | Date of Review:                                                          |  | 15/04/2024       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TREND      | 25<br>(5x5) |       |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                         |                                                                                                      |  | Date of Next Review:                                                     |  | 15/05/2024       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ➡          |             |       |
| IF significant internal and external system pressures continue                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                         | THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community |  | RESULTING IN patient harm and death                                      |  |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Likelihood | Consequence | Score |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                         |                                                                                                      |  |                                                                          |  | Inherent         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 4          | 5           | 20    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                         |                                                                                                      |  |                                                                          |  | Current          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 5          | 5           | 25    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                         |                                                                                                      |  |                                                                          |  | Target           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2          | 5           | 10    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                         |                                                                                                      |  |                                                                          |  |                  | funds have been secured. However, it remains the case the prospective APPs are completing their education and could be deployed into the operational setting to mitigate the risk. ELT has therefore agreed to grow the APP numbers further this year, redirecting existing operational spend to bolster APP growth.<br><b>May24 - Initial bid unsuccessful however an action within the new IMTP to grow our APP workforce by up to 40 per year for the next 3 years. Updates will progress through the IMTP within quarters. Milestone changed from March 2024 to June 2024.</b> |            |             |       |
| 4. Transition Plan (I) [Source: Action Plan presented to Trust Board 28/07/22]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                         |                                                                                                      |  |                                                                          |  | Superseded       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |             |       |
| 5. Overnight Falls Service extension (I) [Source: Action Plan presented to Trust Board 28/07/22]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                         |                                                                                                      |  | Assistant Director of Quality & Governance / Head of Quality Improvement |  | Ended March 2023 | The temporary extension of the SJAC contract for overnight provision was evaluated, demonstrating on available evidence a positive performance impact over the period of operation (Jan-April 2023). The evaluation report was presented to EMT on 5 April 2023. The contract extension (as a temporary arrangement) ceased on 5 April 2023. Falls service enhanced day and night provision remains in place and utilisation of resources is reviewed at weekly performance meetings by Operations SLT.                                                                            |            |             |       |
| 6. New 2023 EMS Demand and Capacity (roster) review                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                         |                                                                                                      |  | Assistant Director of Planning & Performance                             |  | August 2024      | ORH modelling underway. Initial findings January 2024, full report to Trust Board and EASC in March.<br><b>May24 - The review is scheduled to be presented to Trust Board end of July 2024. Milestone changed from March 2024 to August 2024.</b>                                                                                                                                                                                                                                                                                                                                  |            |             |       |
| 7. Swansea Bay Winter actions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                         |                                                                                                      |  | Assistant Director of Operations, EMS                                    |  | Completed        | Some plans are in train following a meeting with Swansea Bay COO to include mobile imaging, pathways to bypass ED and a pod solution ahead of winter.<br>Palliative Care Paramedics commenced on 15/01/2024.<br>22/02/2024 - POD solution now in operation which is facilitating shift breaks. Palliative care paramedics have been deployed for a pilot in care homes and nursing homes.<br><b>May24 - Significant reduction in overruns realised. In addition, during the last 2 months, 0 missed meal breaks recorded in Swansea Bay area. Completed</b>                        |            |             |       |
| 8. Mental Health response pilot                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                         |                                                                                                      |  | Assistant Director of Operations, EMS                                    |  | Completed        | Pilot to commence in Aneurin Bevan Health Board area Nov 2023.<br>22/02/2024 - Mental Health pilot launched in Aneurin Bevan January 2024 with a view to run until end of March 2024.<br><b>May24 - Mental Health Response pilot finished in March 2024 – Complete. NB: there is an appetite to further the MH response pilot within the IMTP.</b>                                                                                                                                                                                                                                 |            |             |       |
| 9. Connected Support Cymru – is initially designed to utilise NHS and voluntary-sector resources and responders to enable patients to be supported in their own home whilst waiting for an urgent healthcare need to be managed. The service will employ digital health technologies to connect patients, communities and clinicals to achieve better health outcomes. The initiative will improve patient experience and safety, while supporting the healthcare system in directing patients to the right pathway at an appropriate time for their care need. It is expected this will help reduce unnecessary demand upon Emergency Departments. |                                                                                         |                                                                                                      |  | Assistant Director of Quality Governance                                 |  | April 2024       | Multi phased approach commenced in Dec 2022 with St John Ambulance Cymru virtual ward responder, a digital and telehealth platform, and a Community Welfare Responder model to enhance community resilience. <ul style="list-style-type: none"><li>Phase 1 delivered through St John Ambulance Cymru with a further extension in place <b>and further extended until April 2024</b></li><li>Funding also obtained through external grant funding to pilot a volunteer phase. which went live mid-October with twelve teams piloting the approach and has now completed.</li></ul>  |            |             |       |



| Risk ID<br>223                                                                                                                                                                                                          | The Trust’s inability to reach patients in the community causing patient harm and death |                                                                                                      |  | Date of Review:                                   |  | 15/04/2024           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | TREND                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 25<br>(5x5) |       |  |
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|                                                                                                                                                                                                                         |                                                                                         |                                                                                                      |  | Date of Next Review:                              |  | 15/05/2024           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ➡                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |       |  |
| IF significant internal and external system pressures continue                                                                                                                                                          |                                                                                         | THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community |  | RESULTING IN patient harm and death               |  |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Likelihood                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Consequence | Score |  |
|                                                                                                                                                                                                                         |                                                                                         |                                                                                                      |  |                                                   |  | Inherent             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 5           | 20    |  |
|                                                                                                                                                                                                                         |                                                                                         |                                                                                                      |  |                                                   |  | Current              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 5           | 25    |  |
|                                                                                                                                                                                                                         |                                                                                         |                                                                                                      |  |                                                   |  | Target               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 5           | 10    |  |
|                                                                                                                                                                                                                         |                                                                                         |                                                                                                      |  |                                                   |  |                      | Work has now commenced to recruit CWR volunteers with engagement taking place with organisations across Wales.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |       |  |
| 10. Maximise the opportunity from Consult and Close:<br>- Successful resolution without ambulance (double EMS)<br>- Successful resolution without conveying to ED                                                       |                                                                                         |                                                                                                      |  |                                                   |  | March 2025           | Trust ambition is to improve Consult and Close rate, with an improvement plan in place to achieve this. The Trust has however already achieved the inclusion of Mental Health Practitioners in CSD, a key contributor to the achievement of Consult and Close rates. Consult and Close compliance remains around 14%. Action plan activities therefore continue with a review of triage processes which may lead to shorter triage durations, along with increase in staffing, which together will enable more triages to take place, thus increasing the number of successful resolutions without a double EMS ambulance and numbers conveyed to an ED. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |       |  |
| 11. Development of new model of care                                                                                                                                                                                    |                                                                                         |                                                                                                      |  | Head of Strategy Development                      |  | 2024/25              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Development of the model remains ongoing                                                                                                                                                                                                                                                                                                                                                                                                                                      |             |       |  |
| 12. Development of the pathway which connects mental health users connecting via the 999 system to 111 Press 2 services                                                                                                 |                                                                                         |                                                                                                      |  | Assistant Director of Operations, Integrated Care |  | Completed            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Development of the model remains ongoing.<br>May24 – Pathway went live on 30 <sup>th</sup> April 2024. Completed                                                                                                                                                                                                                                                                                                                                                              |             |       |  |
| 13. Palliative Care Paramedic Unit                                                                                                                                                                                      |                                                                                         |                                                                                                      |  | Assistant Director of Operations                  |  | Extended to May 2024 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Reducing demand via APPs – 15 <sup>th</sup> January Start.<br>15/04/2024 - 3 Month Health Board funded trial ended. Whilst utilisation was low, the results demonstrated a circa 75% ED avoidance therefore local decision made to extend for a further 2 months, however, opening the trial up to wider community and crew referrals.                                                                                                                                        |             |       |  |
| 14. Audit Wales investigation of Urgent and Emergency Care System: Does NHS Wales and its partners have effective arrangements for unscheduled care to ensure patients have access to the right care at the right time? |                                                                                         |                                                                                                      |  | CEO                                               |  | Q1 2024-2025         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <ul style="list-style-type: none"><li>Conducted in three phases Audit Wales will independently investigate and report on patient flow out of hospital: access to unscheduled care services and national arrangements (structure, governance, and support)</li><li>WAST will proactively support this work and offer best practice examples from other jurisdictions that can support benchmarking and improvement activities.</li><li>Expected outcomes in 2023/24.</li></ul> |             |       |  |
| 15. Winter Ambulance Handover Improvement Plan Meetings                                                                                                                                                                 |                                                                                         |                                                                                                      |  | Executive Director of Operations                  |  | Completed            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <ul style="list-style-type: none"><li>Weekly meetings set up with Welsh Government, NHS Executive, CASC and the Health Board COOs. All parties (including WAST) to provide updates on actions being taken to alleviate and improve handover delays. WAST to update on C&amp;C, CWR, red dispatch and local updates from EMS HOS on initiatives.</li></ul>                                                                                                                     |             |       |  |
| 16. Royal Glamorgan Early Diagnostic                                                                                                                                                                                    |                                                                                         |                                                                                                      |  | Executive Director of Operations                  |  | May 2024             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <ul style="list-style-type: none"><li>Initial data from Qlik shows that there has been no reduction in N2H times however data received from Health Board show indication of patient benefit to reach earlier diagnostic. Local meetings this month to discuss findings and explore opportunities.</li></ul>                                                                                                                                                                   |             |       |  |

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| Risk ID<br>224                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Significant Handover of Care Delays Outside Accident and Emergency Departments Impacts on Access to Definitive Care Being Delayed and Affects the Trust’s Ability to Provide a Safe & Effective Service for Patients |                                                                                                                                                                   |  |                                                                                | Date of Review:                                                                                                                                                                                                            |          | 14/04/2024                                       | TREND                                                                               | 25<br>(5x5) |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                      |                                                                                                                                                                   |  |                                                                                | Date of Next Review:                                                                                                                                                                                                       |          | 14/05/2024                                       |  |             |
| IF patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                      | THEN there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised |  | RESULTING IN patients coming to significant harm and a poor patient experience |                                                                                                                                                                                                                            |          | Likelihood                                       | Consequence                                                                         | Score       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                      |                                                                                                                                                                   |  |                                                                                |                                                                                                                                                                                                                            | Inherent | 5                                                | 5                                                                                   | 25          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                      |                                                                                                                                                                   |  |                                                                                |                                                                                                                                                                                                                            | Current  | 5                                                | 5                                                                                   | 25          |
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| IMTP Deliverable Numbers:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                      |                                                                                                                                                                   |  |                                                                                |                                                                                                                                                                                                                            |          |                                                  |                                                                                     |             |
| EXECUTIVE OWNER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                      | Director of Quality & Nursing                                                                                                                                     |  |                                                                                | ASSURANCE COMMITTEE                                                                                                                                                                                                        |          | Quality, Safety and Patient Experience Committee |                                                                                     |             |
| Risk Commentary Q4 2023/24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                      |                                                                                                                                                                   |  |                                                                                |                                                                                                                                                                                                                            |          |                                                  |                                                                                     |             |
| <ul style="list-style-type: none"><li>The risk score remains constant at 25 for quarter 4 2023/24 (almost certain &amp; catastrophic). Internal and external assurances remain weak as there remains a daily risk of actual patient harm due to handover of care delays. <b>There were 2,091 +4-hour patient handovers in February 2024, compared to 1,586 in February 2023. The target was originally to have 0 by September 2022. The EASC expectation was that these would be eradicated by end of 2023/24. Handover lost hours in February 2024 were 23,896 compared to 19,110 in February 2023. Early data from March 2024 shows</b></li><li><b>some days where over 1,000 hours were lost. Cardiff &amp; Vale UHB has demonstrated material improvement and is a positive outlier when compared to other health boards.</b> The impacts on patients waiting for extended periods of time both in the community and then outside emergency departments is well documented (AACE Delayed Hospital Handovers: Impact assessment of patient harm, 2021) and includes pressure damage, acute kidney injury, deconditioning, poorer outcomes, and extended recovery times. Delays across the system continue to be the main focus of patient safety incidents, complaints, coronial enquiries and redress / claims. The Trust continues to receive Prevention of Future Death Reports (Regulation 28) from Coroners across NHS Wales. The Trust has received 10 reports since April 2023, including 3 reports in quarter 4 2023/4. 6 of these reports directly relate to system pressures with the coroners raising concerns about delays in responding to patients in the community and handover of care delays at emergency departments. <b>The Trust received the first Prevention of Future Deaths Report in February 2024 relating to pressure damage, which is a joint Report with Swansea Bay University Health Board. On 22.02.2024 a Prevention of Future Deaths Report was sent solely to the Minister for Health and Social Services, Welsh Government in respect of delays responding to a patient in community which also references handover of care delays.</b> The effectiveness of our controls in many areas are dependent on external partners acknowledging and having ownership of the risk across the urgent and emergency care system. Key to moving the position is to continue to work in collaboration influencing system partners, being present and engaging in key conversations, whilst continually seeking opportunities internally to swiftly identify and mitigate the risks within our control and share those with relevant system partners that we cannot control. WAST CEO and Directors have ensured that system safety and avoidable harm remain a live topic of discussion in all relevant forums and continue to seize opportunities as they emerge that can contribute to mitigating avoidable harm. <b>Given the long-standing nature of the system pressures and long handover times, we have commenced work to better define mitigations to safety risks and quality of care deriving from extended periods in an ambulance; these include the application of Mental Capacity Act and Deprivation of Liberty Safeguards and, Fundamentals of Care including pressure area care, mobilisation and nutrition. One specific area of focus is the development of a prototype mattress for our ambulance trolleys.</b></li></ul> |                                                                                                                                                                                                                      |                                                                                                                                                                   |  |                                                                                |                                                                                                                                                                                                                            |          |                                                  |                                                                                     |             |
| Improvement actions led by Welsh Government and system partners include:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                      |                                                                                                                                                                   |  |                                                                                |                                                                                                                                                                                                                            |          |                                                  |                                                                                     |             |
| <ul style="list-style-type: none"><li>a) Right care, right place, first time Six Goals for Urgent and Emergency Care - A policy handbook 2021–2026. Goal 4 'Improving ambulance patient handover, ensuring no one arriving by ambulance at an Emergency Department waits more than 60 minutes from arrival to handover to a clinician – (Welsh Government) <b>by the end of April 2025</b></li><li>b) National Six Goals programme for Urgent and Emergency Care: Led by the NHS Wales Deputy Chief Executive this programme seeks to modernise access to and the provision of Urgent and Emergency Care across Wales. WAST is represented on the Clinical Reference Group by the Director of Paramedicine and on the overarching programme board by the Executive Director of Strategy, Planning &amp; Performance.</li><li>c) The Trust also has a presence on all the individual goal boards. The Trust has been asked to provide a presentation on its offer to the system at the next Six Goals Programme Board (24 January 2024).</li><li>d) NHS Wales eradicates all emergency department handover delays more than 4 hours (LHB CEOs) <b>revised to March 2023/24.</b></li><li>e) Alternative capacity equivalent to 1,000 beds project (LHB CEOs) – 678 additional beds delivered, a significant achievement, but short of the target of 1,000.</li><li>f) Investigation of Urgent and Emergency Care System: Does NHS Wales and its partners have effective arrangements for unscheduled care to ensure patients have access to the right care at the right time? (Audit Wales)</li><li>g) Implement nationwide approach to emergency department ‘Fit 2 Sit’ (Welsh Government: Chief Medical Officer and Chief Nursing Officer) - paused.<br/><b>Health boards have previously been required to develop handover reduction action plans, which are monitored at their Integrated Quality, Planning &amp; Delivery (IQPD) meetings by Welsh Government. Handover is also discussed at the Integrated Commissioning Action Plan (ICAP) meetings (currently paused as commissioning arrangements transition into the new Joint Commissioning Committee) which are held monthly between the CASC, the Trust and each Health Board.</b></li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                      |                                                                                                                                                                   |  |                                                                                |                                                                                                                                                                                                                            |          |                                                  |                                                                                     |             |
| CONTROLS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                      |                                                                                                                                                                   |  |                                                                                | ASSURANCES                                                                                                                                                                                                                 |          |                                                  |                                                                                     |             |
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| 1. WAST Serious Clinical Incident Forum (SCIF) is in place to discuss patient safety incidents, learning and improvement actions to prevent future harm, working in collaboration with Health Boards / NHS Wales Executive Delivery Unit under the Joint Investigation Framework which was formalised in the National Patient Safety Policy in May 2023. Sharing of potential case of serious avoidable harm/death with Health Boards for investigation when response delay associated with system congestion is the primary cause. CNO and CMO plus peer group and COOs regularly updated on patient safety incidents.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                      |                                                                                                                                                                   |  |                                                                                | 1. Patient safety reporting and escalation through the Serious Clinical Incident Panel (SCIF), Patient Safety Highlight Reports, Health Board specific reports in place with escalation through WAST governance framework. |          |                                                  |                                                                                     |             |

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| Risk ID<br>224                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Significant Handover of Care Delays Outside Accident and Emergency Departments Impacts on Access to Definitive Care Being Delayed and Affects the Trust’s Ability to Provide a Safe & Effective Service for Patients |                                                                                                                                                                   | Date of Review:      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 14/04/2024 |          | TREND      | 25<br>(5x5) |       |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                      |                                                                                                                                                                   | Date of Next Review: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 14/05/2024 |          | ➡          |             |       |
| IF patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                      | THEN there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised |                      | RESULTING IN patients coming to significant harm and a poor patient experience                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |          | Likelihood | Consequence | Score |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                      |                                                                                                                                                                   |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | Inherent | 5          | 5           | 25    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                      |                                                                                                                                                                   |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | Current  | 5          | 5           | 25    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                      |                                                                                                                                                                   |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | Target   | 3          | 2           | 6     |
| 2. WAST membership of the working group (Executive Director of Quality & Nursing) to reform the Framework for the Investigation of Patient Safety Serious Incidents (SIs) national investigation framework with system partners. Chaired by the Deputy Chief Ambulance Commissioner and commenced in August 2022.                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                      |                                                                                                                                                                   |                      | 2. Workshop with system partners in place with executive directors of nursing attendance and to date is working well with good engagement from health board colleagues. Following the last meeting on 25.01.2023 it was agreed that sub-groups would be formed to meet more frequently to gather themes / evaluation / develop more consistency which would include aligning the outputs / outcomes with the ‘Six Goals for Urgent and Emergency Care’ work. <b>An event reviewing the effectiveness of the joint Investigation Framework is currently being scoped nationally.</b>                                     |            |          |            |             |       |
| 3. WAST and system compliance with National Standards - 15-minute handover (NHS Wales Hospital Handover Guidance v2 (May 2016))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                      |                                                                                                                                                                   |                      | 3. Monthly Integrated Quality and Performance Report, Health Informatics reports, APP dashboard on app use by Consultant Connect and shared at local and corporate meetings regarding patient safety and handover of care position across NHS Wales and NHS England.                                                                                                                                                                                                                                                                                                                                                    |            |          |            |             |       |
| 4. WAST Clinical Notice in place - Escalating a clinical concern with a deteriorating patient outside the Emergency Department (11.02.2021). National Early Warning Score (NEWS) trigger of 5 or above for escalation to hospital clinicians. NEWS data available via EPCR (electronic patient care record).                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                      |                                                                                                                                                                   |                      | 4. NEWS data now available via ePCR and escalation system in place via local managers and the Operational Delivery Unit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |          |            |             |       |
| 5. Workstreams put in place to meet requirements of <i>Right care, right place, first time Six Goals for Urgent and Emergency Care A policy handbook 2021–2026</i> . Goal 4 incorporates the reduction of handover of care delays through collective system partnership. WAST membership at system workshops supported by Commissioners looking at handover of care delays which includes the implementation of the Fit2Sit programme and handover of care checklist pan NHS Wales. Learning from NWS shared that indicates up to 20% of ambulance arrivals may be suitable for Fit 2 Sit Additionally, the Emergency Ambulance Services Committee (EASC) have stated that no delay should exceed 4 hours. |                                                                                                                                                                                                                      |                                                                                                                                                                   |                      | 5. Monthly Integrated Quality and Performance Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |          |            |             |       |
| 6. Hospital Ambulance Liaison Officer (HALO) (Some Health Boards).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                      |                                                                                                                                                                   |                      | 6.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |          |            |             |       |
| 7. Regional Escalation Protocol and Resource Escalation Action Plan (REAP). Proactive and forward-looking weekly review of predicted capacity and forecast demand. Deployment of predetermined actions dependant on assessed level of pressure. Consideration of any bespoke response/actions plans in the light of what is expected in the coming week. WAST has updated the REAP in advance of winter, including revised triggers (higher) for handover lost hours.                                                                                                                                                                                                                                      |                                                                                                                                                                                                                      |                                                                                                                                                                   |                      | 7. The Senior Leadership Team convenes every Tuesday as the Weekly Performance Meeting to review performance and demand data, and review/assign REAP Levels as appropriate. Dynamic escalation is via the Strategic Command structure. REAP has undergone an annual review with v4.1 released in November 2023.                                                                                                                                                                                                                                                                                                         |            |          |            |             |       |
| 8. Staff from WAST, Health Boards and third sector organisations assisting to meet patient’s Fundamentals of Care as best they can in the circumstances.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                      |                                                                                                                                                                   |                      | 8. Confirmed through Healthcare Inspectorate Wales (HIW) workshops and Health & Care Standards self-assessment process and Putting Things Right Quarterly Reports to Clinical Quality Governance Group and QuEST                                                                                                                                                                                                                                                                                                                                                                                                        |            |          |            |             |       |
| 9. 24/7 operational oversight by ODU with dynamic Clinical Safety Plan review and system escalation as required. Realtime management and escalation of risks and harm with system partners. Triggering and escalation levels within CSP to best manage patient safety in the context of prevailing demand and available response capacity. Monitoring, escalation and reporting of extreme response or handover delays.                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                      |                                                                                                                                                                   |                      | 9. Shift reports from ODU & ODU Dashboard received by Executive Management Team (EMT), Senior Operations Team (SOT) and On-Call Team at start/end. Realtime management and escalation of risks and harm with system partners. Triggering and escalation levels within CSP to best manage patient safety in the context of prevailing demand and available response capacity. Monitoring, escalation and reporting of extreme response or handover delays. In December 2023, Version 2.21 of the Clinical Safety Plan was released. The reduction in the demand is the assurance which is dynamically monitored via ODU. |            |          |            |             |       |
| 10. Gold/Strategic, Silver/Tactical and Bronze/Operational 24 hour/ 7 day per week system to manage escalation plans.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                      |                                                                                                                                                                   |                      | 10. Shift reports from ODU & ODU Dashboard received by EMT, SOT and On-Call Team at start/end. On Call cover is reviewed weekly at SLT Performance Meetings.                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |          |            |             |       |
| 11. Escalation forums to discuss reducing and mitigating system pressures.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                      |                                                                                                                                                                   |                      | 11. Daily risk huddles are recorded, and documented actions are shared with stakeholders and progress monitored via the ODU.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |          |            |             |       |
| 12. WAST Education and training programmes include deteriorating patient (NEWSs), tissue viability and pressure damage prevention, dementia awareness, mental health.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                      |                                                                                                                                                                   |                      | 12. Monthly Integrated Quality and Performance Report (October 2023 overall 76% - Safeguarding and dementia awareness remains over 91%.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |          |            |             |       |
| 13. Clinical audit programme in place.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                      |                                                                                                                                                                   |                      | 13. Clinical audit programme in place (dynamic document) with oversight from the Clinical Quality Governance Group and QuEST.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |          |            |             |       |
| 14. Workshop set up by the Deputy Chief Ambulance Commissioner to respond to the findings in the Health Care Inspectorate Wales (HIW) Report <i>Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                      |                                                                                                                                                                   |                      | 14. Workshop set up by the Deputy Chief Ambulance Commissioner to respond to the findings in the Health Care Inspectorate Wales (HIW) Report Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in                                                                                                                                                                                                                                                                                                                                                                                                |            |          |            |             |       |

| Risk ID<br>224                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Significant Handover of Care Delays Outside Accident and Emergency Departments Impacts on Access to Definitive Care Being Delayed and Affects the Trust’s Ability to Provide a Safe & Effective Service for Patients |                                                                                                                                                                   |  | Date of Review:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 14/04/2024 |            | TREND       | 25<br>(5x5) |
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| IF patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                      | THEN there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised |  | RESULTING IN patients coming to significant harm and a poor patient experience                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |            | Likelihood | Consequence | Score       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                      |                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Inherent   | 5          | 5           | 25          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                      |                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Current    | 5          | 5           | 25          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                      |                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Target     | 3          | 2           | 6           |
| Ambulances during Delayed Handover (undertaken 2021). WAST has senior representation at this meeting. – assurance is that HIW approve and sign off WAST elements and Health Board elements of recommendations.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                      |                                                                                                                                                                   |  | Ambulances during Delayed Handover (undertaken 2021). WAST has senior representation at this meeting. A collective response from WAST and Health Boards is being overseen by EASC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |            |            |             |             |
| 15. Escalation of patient safety concerns by Trust Board: featured in provider reports to the Emergency Ambulance Committee (EASC); been the subject of Accountable Officer correspondence to the NHS Wales Chief Executive; numerous escalations to professional peer groups initiated by WAST Directors; and coverage at Joint Executive Meetings with Welsh Government.<br>Evidence submission to Senedd Health and Social Care Committee. Written evidence submitted during Q4 21/22 to the committee to assist their inquiry into Hospital Discharge and its impact on patient flow through hospitals.<br>Report published in June 2022 containing 25 recommendations with recommendation six specifically WAST related stating “The Welsh Government should explain how the targets outlined in the Minister for Health and Social Service’s statement of 19 May 2022 on urgent and emergency care and the Six Goals Programme to eradicate ambulance patient handover delays of more than four hours and reduce the average ambulance time lost per arrival by 25 per cent (from the October 2021 level) have been set. It should also confirm the target dates for the achievement of these targets.” |                                                                                                                                                                                                                      |                                                                                                                                                                   |  | 15. Monthly Integrated Quality and Performance Report, CEO Reports to Trust Board including ‘Actions to Mitigate Avoidable Patient Harm Report’ (last presented to Trust Board November 2023) and Board sub-committee oversight and escalation through ‘Alert, Advise and Assure’ reports.                                                                                                                                                                                                                                                                                                                                                                          |  |            |            |             |             |
| 16. Implementation of Duty of Quality, Duty of Candour, and new Quality Standards requirements in April 2023.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                      |                                                                                                                                                                   |  | 16. Welsh Government Road Map in place (soft launch) with milestones for organisations – baseline assessment and monthly updates (RAG ratings) in place with Trust Board oversight. The current internal assessment overall as of February 2024 is ‘Implementing and operationalising’. The Trust has representation on the All Wales Duty of Candour Implementation Group and is actively engaged in developing resources. From April 2024 the Trust will publish an annual quality report and compliance with Duty of Candour. Operational oversight occurs at the Quality Management Group and Executive oversight is via the Clinical Quality Governance Group. |  |            |            |             |             |
| 17. Clinical Support Desk First in place                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                      |                                                                                                                                                                   |  | 17.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |            |            |             |             |
| 18. Summer/Winter initiatives                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                      |                                                                                                                                                                   |  | 18. Monitoring through SLT and STB. Senior Planning Team (SPT) is now stood up for the duration of Winter 2023/24.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |            |            |             |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                      |                                                                                                                                                                   |  | External Sources of Assurance Management (1 <sup>st</sup> Line of Assurance)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |            |            |             |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                      |                                                                                                                                                                   |  | 1. Monitoring and oversight of the Ambulance Quality Indicators (AQIs) including handover of care timeliness and Commissioning Framework by the Chief Ambulance Services Commissioner (CASC), the Emergency Ambulance Services Committee (EASC) including the Integrated Commissioning Action Plans (ICAPS) and Joint Executive Team (JET) meetings with Welsh Government (I&E).                                                                                                                                                                                                                                                                                    |  |            |            |             |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                      |                                                                                                                                                                   |  | 2. Healthcare Inspectorate Wales (HIW) ‘Review of Patient Safety, Privacy, Dignity and Experience whilst waiting in Ambulances during Delayed Handover’ Report and system wide improvement plan with working group in place with WAST senior representation. Oversight by HIW and EASC                                                                                                                                                                                                                                                                                                                                                                              |  |            |            |             |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                      |                                                                                                                                                                   |  | 3. Duty of Quality and Duty of Candour readiness returns assessment by Welsh Government.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |            |            |             |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                      |                                                                                                                                                                   |  | 4. Internal Audit Report (April 2024) Serious Incidents: Joint Investigation Framework (WAST internal processes) provided ‘Reasonable Assurance’ with low to moderate impact on residual risk exposure until resolved. Improvement actions are monitored via the Audit Tracker.                                                                                                                                                                                                                                                                                                                                                                                     |  |            |            |             |             |
| GAPS IN CONTROLS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                      |                                                                                                                                                                   |  | GAPS IN ASSURANCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |            |            |             |             |
| 1. Lack of capacity in the Putting Things Right Team to deliver across the functions due to competing priorities resulting from sustained system pressures – recruitment in line with Organisational Change Process is progressing with full establishment expected by July 2024.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                      |                                                                                                                                                                   |  | 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |            |            |             |             |
| 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                      |                                                                                                                                                                   |  | 2. Implementation of the revised Joint Investigation process with good engagement seen by system partners. Several overdue patient safety investigations remain presenting a risk to patient safety across the system. The Trust has 56 overdue nationally reportable incident (NRI) investigations, with 63 NRIs open in total. Shared                                                                                                                                                                                                                                                                                                                             |  |            |            |             |             |

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| Risk ID<br>224                                                                                                                                                                                                                                                                                                                                  | Significant Handover of Care Delays Outside Accident and Emergency Departments Impacts on Access to Definitive Care Being Delayed and Affects the Trust’s Ability to Provide a Safe & Effective Service for Patients |                                                                                                                                                                   |                                                                                                                                                                                                                                                 | Date of Review:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 14/04/2024 |             | TREND | 25<br>(5x5) |
|                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                      |                                                                                                                                                                   |                                                                                                                                                                                                                                                 | Date of Next Review:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 14/05/2024 |             | ➡     |             |
| IF patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments                                                                                                                                                                                                                                       |                                                                                                                                                                                                                      | THEN there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised | RESULTING IN patients coming to significant harm and a poor patient experience                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Likelihood | Consequence | Score |             |
|                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                      |                                                                                                                                                                   |                                                                                                                                                                                                                                                 | Inherent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 5          | 5           | 25    |             |
|                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                      |                                                                                                                                                                   |                                                                                                                                                                                                                                                 | Current                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 5          | 5           | 25    |             |
|                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                      |                                                                                                                                                                   |                                                                                                                                                                                                                                                 | Target                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 3          | 2           | 6     |             |
|                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                      |                                                                                                                                                                   | system learning from the Joint Investigation Framework is currently limited with no new learning identified to date.                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |             |       |             |
| 3. Lack of implementation and holding to account regarding the NHS Wales of the Handover Guidance v2 and recognition of the patient safety risks pan NHS Wales.                                                                                                                                                                                 |                                                                                                                                                                                                                      |                                                                                                                                                                   | 3. 15-minute handover target is not being achieved pan-Wales consistently and has led to a substantial growth in emergency ambulance handover lost hours. In October 2023, 23,232 hours were lost with 1,888 +4 hour delayed patient handovers. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |             |       |             |
| 4. Variation in responsiveness at Emergency Departments to the escalating concerns regarding patients’ NEWS.                                                                                                                                                                                                                                    |                                                                                                                                                                                                                      |                                                                                                                                                                   | 4. Strengthening of patient safety reports and audit processes as e PCR system embeds.                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |             |       |             |
| 5. Variation pan Wales / England as position not implemented across all emergency departments.                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                      |                                                                                                                                                                   | 5. New Quality Management System in development which will include monitoring of the new Quality Standards & Enablers and underpinning governance structure.                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |             |       |             |
| 6. National steer required to confirm the accountability arrangements regarding patients in ambulances outside of the emergency departments. The seven Local Health Boards (LHBs) in Wales are responsible for planning and securing delivery of primary, community, secondary care services, and also the specialist services for their areas. |                                                                                                                                                                                                                      |                                                                                                                                                                   | 6. HIW approve and sign off WAST elements of recommendations.                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |             |       |             |
|                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                      |                                                                                                                                                                   | External Gaps in Assurance<br>1. Lack of escalation and response to AQIs by the wider urgent care system and regulators                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |             |       |             |
| Actions to reduce risk score or address gaps in controls and assurances                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                      | Action Owner                                                                                                                                                      | By When/Milestone                                                                                                                                                                                                                               | Progress Notes:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |             |       |             |
| 1. Handover checklist implementation – Nationally WAST Quality Improvement (QI) Project                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                      | WAST QI Team (QSPE)                                                                                                                                               | TBC – Paused                                                                                                                                                                                                                                    | • Timeframes awaited via Emergency Department Quality & Delivery Framework (EDQDF).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |             |       |             |
| 2. Implement patient safety dashboards (live and look back data) triangulating quality metrics / KPIs and performance data sourcing health informatics resource.                                                                                                                                                                                |                                                                                                                                                                                                                      | Assistant Director of Quality & Nursing                                                                                                                           | Q3 2024/25                                                                                                                                                                                                                                      | • Incremental improvements to quality and safety data and information to enable triangulation / collective intelligence at Trust and system level.<br>• Access to ePCR data (NEWS) now available and access for the Patient safety Team is being explored. Work on-going with Health Informatics regarding patient safety and health board dashboards capacity in Health Informatics impacting and dates revised.<br>• Local dashboards have been developed but requiring manual data extraction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |             |       |             |
| 3. Continued Health Board interactions – my next patient (boarding), patient safety team dialogue – proactive conversations with Health Board Directors of Quality & Nursing.                                                                                                                                                                   |                                                                                                                                                                                                                      | Executive Director of Quality & Nursing                                                                                                                           | Monthly and as required.                                                                                                                                                                                                                        | • Monthly meetings continue to be held and networking through EDoNS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |             |       |             |
| 4. Recruit and train more Advanced Paramedic Practitioners.                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                      | Director of Paramedicine                                                                                                                                          | Q4 2024/25                                                                                                                                                                                                                                      | • Whilst no additional funding has been secured, ELT has agreed to offer places to all APPs completing their education, funded from a reduction in technician posts (1/2s) i.e. internal movement.<br>• The net uplift to the APP establishment (after filling vacancies) is 15.7 FTEs. The Trust expects to see the APP establishment increase to over 100 FTEs in 2024/25. The current staff in post to establishment is 86.5 FTEs / 88.7 FTEs.<br>• The Trust is currently undertaken the next strategic EMS demand & capacity review, which includes a future service model and expansion of APPs. The review should be available in Jan-23 (being reported to ELT 31 January 2024, with final report to March EASC).<br>• The Trust engaged with HEIW and commissioners in Dec-23 as part of developing the future education requirements for EMS and is aiming to have a draft strategic workforce plan, subject to final approval, by 31 Mar-2024. An internal workshop on APPs workforce planning is arranged for 29 January 2024 (complete).<br>• An APP Utilisation task & finish group now being established.<br>• The 2024/25 budget (and IMTP) includes a further uplift in the APP establishment. |            |             |       |             |
| 5. Overnight falls service extension and future modelling                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                      | Executive Director of Quality & Nursing                                                                                                                           | 31.09.2024                                                                                                                                                                                                                                      | • Night Car Scheme extension agreed to 31 September 2024 (2 regional resources)<br>• Utilisation rates continue to be monitored:<br>• Nighttime utilisation: -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |             |       |             |

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| Risk ID<br>224                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Significant Handover of Care Delays Outside Accident and Emergency Departments Impacts on Access to Definitive Care Being Delayed and Affects the Trust's Ability to Provide a Safe & Effective Service for Patients |                                         |                                                                                | Date of Review:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 14/04/2024 | TREND       | 25<br>(5x5) |
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| IF patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | THEN there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised                                                    |                                         | RESULTING IN patients coming to significant harm and a poor patient experience |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Likelihood | Consequence | Score       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                      |                                         |                                                                                | Inherent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 5          | 5           | 25          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                      |                                         |                                                                                | Current                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 5          | 5           | 25          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                      |                                         |                                                                                | Target                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 3          | 2           | 6           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                      |                                         |                                                                                | <ul style="list-style-type: none"> <li>- Q2 65%</li> <li>- Q3 64%</li> <li>- Q4 to date 64%</li> <li>• Daytime utilisation: - <ul style="list-style-type: none"> <li>- Q2 57%</li> <li>- Q3 56%</li> <li>- Q4 to date 58%</li> </ul> </li> <li>• Combined day and night Q2-Q3 58%</li> <li>• Combined day and night Q4 to date 59%</li> <li>• The EMS Demand &amp; Capacity Review has completed its modelling of falls level 1 and level 2 resources. This will now need to be considered further by the Trust, commissioners, and health boards.</li> <li>• There is an immediate focus on the contract beyond September 2024.</li> </ul>                                                                                 |            |             |             |
| 6. Duty of Quality, Duty of Candour and new Quality Standards implementation from April 2023 with development of a Quality Monitoring System supporting monitoring and oversight systems in place and embedded. Quality Report development underway – mandatory requirement to publish 2024/25 (no fixed date for publication nationally).                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                      | Executive Director of Quality & Nursing | Q4 2024/25                                                                     | <ul style="list-style-type: none"> <li>• Monthly updates to progress against actions following the baseline assessment and readiness returns continued.</li> <li>• RL Datix Dashboards and KPIs under development nationally by National Quality &amp; Safety Group.</li> <li>• Key policies updated and approved further updates following release of revised Putting Things Right Regulations <b>which is delayed now expected release by Welsh Government in Autumn 2024 therefore timescale amended.</b></li> <li>• Participation in the All Wales Duty of Candour implementation group by Patient Safety Team – monthly.</li> </ul>                                                                                    |            |             |             |
| 7. Connected Support Cymru is initially designed to utilise NHS and voluntary-sector resources and responders to enable patients to be supported in their own home whilst waiting for an urgent healthcare need to be managed. The service will employ digital health technologies to connect patients, communities and clinicals to achieve better health outcomes. The initiative will improve patient experience and safety, while supporting the healthcare system in directing patients to the right pathway at an appropriate time for their care need. It is expected this will help reduce unnecessary demand upon Emergency Departments. |                                                                                                                                                                                                                      | Executive Director of Quality & Nursing | Q1 2024/25                                                                     | <ul style="list-style-type: none"> <li>• Awaiting feedback on business case <b>from Welsh Government</b></li> <li>• Executive Director Strategy, Planning &amp; Performance presenting to Six Goals Programme in January on Trust's offer to the system, which will include CSC.</li> <li>• Preliminary end date for the community welfare responders (CWR) pilot identified as 8 February 2023.</li> <li>• This eyes on support to CSD clinicians, by volunteers, is producing positive results, with early data continuing to suggest a 35% consult &amp; close rate for the cohort of patients responded to.</li> <li>• PDSA cycles being undertaken on Luscii (remote diagnostic technology).</li> </ul>                |            |             |             |
| 8. Organisational change process (OCP) of Putting Things Right Team (PTR) to enable increased capacity across all functions to manage increasing complexity and demands.                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                      | Executive Director of Quality & Nursing | Q2 2024/25                                                                     | <ul style="list-style-type: none"> <li>• OCP commenced 25.09.2023 and the consultation period has concluded with the final new structure confirmed. Next steps are to recruit to vacant positions which has commenced. It is anticipated that all positions will be filled by May 2024 (taking notice periods into account). Recruitment is progressing well with multiple applications for each post and some internal promotion opportunities.</li> <li>• <b>Final posts due to be recruited to and in place by July 2024.</b></li> </ul>                                                                                                                                                                                 |            |             |             |
| 9. Connect with All Wales Tissue Viability Network to explore strengthening the current investigations into harm from pressure damage across the whole patient pathway.                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                      | Assistant Director Quality & Nursing    | Q4 2023/24                                                                     | <ul style="list-style-type: none"> <li>• Positive meeting held in August 2023 with the Chair of the TVN network. Next steps are for the Patient Safety Team to attend a TVN leads meeting to discuss opportunities for collaborative working and data / information sharing. Date to be confirmed and there has been good engagement from Health Board Tissue Viability Nurses.</li> <li>• Meeting held with Tissue Viability Nurses from each Health Board on 17.01.2024 and colleagues encouraged to contact WAST for data / information for Pressure Damage Panels to detect harm caused in the prehospital environment. The Patient Safety Team are also engaging with Welsh Wound Innovation Centre (WWIC).</li> </ul> |            |             |             |

| Risk ID<br>224                                                                                                                                                                                                          | Significant Handover of Care Delays Outside Accident and Emergency Departments Impacts on Access to Definitive Care Being Delayed and Affects the Trust’s Ability to Provide a Safe & Effective Service for Patients |                                                                                                                                                                   |              | Date of Review:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                         | 14/04/2024 |            | TREND       | 25<br>(5x5) |
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|                                                                                                                                                                                                                         |                                                                                                                                                                                                                      |                                                                                                                                                                   |              | Date of Next Review:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                         | 14/05/2024 |            | ➡           |             |
| IF patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments                                                                                                               |                                                                                                                                                                                                                      | THEN there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised |              | RESULTING IN patients coming to significant harm and a poor patient experience                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                         |            | Likelihood | Consequence | Score       |
|                                                                                                                                                                                                                         |                                                                                                                                                                                                                      |                                                                                                                                                                   |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                         | Inherent   | 5          | 5           | 25          |
|                                                                                                                                                                                                                         |                                                                                                                                                                                                                      |                                                                                                                                                                   |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                         | Current    | 5          | 5           | 25          |
|                                                                                                                                                                                                                         |                                                                                                                                                                                                                      |                                                                                                                                                                   |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                         | Target     | 3          | 2           | 6           |
|                                                                                                                                                                                                                         |                                                                                                                                                                                                                      |                                                                                                                                                                   |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | • Links to actions progressing in Action 16 and further engagement with the All Wales Tissue Viability Network – close. |            |            |             |             |
| 10. Audit Wales investigation of Urgent and Emergency Care System: Does NHS Wales and its partners have effective arrangements for unscheduled care to ensure patients have access to the right care at the right time? |                                                                                                                                                                                                                      | CEO                                                                                                                                                               | Q2 2024/25   | • Conducted in three phases Audit Wales will independently investigate and report on patient flow out of hospital: access to unscheduled care services and national arrangements (structure, governance, and support).<br>• WAST will proactively support this work and offer best practice examples from other jurisdictions that can support benchmarking and improvement activities. Expected outcomes in 2023/24.<br>• The audit is proceeding. Trust awaiting the outcome. AD Commissioning & Performance has requested an update from Audit Wales.<br>• Audit Wales have confirmed this has been reprofiled into 2024/25.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                         |            |            |             |             |
| 11. Internal Audit to undertake a review of Serious Adverse Incidents & Joint Investigation Framework                                                                                                                   |                                                                                                                                                                                                                      | Executive Director of Quality & Nursing                                                                                                                           | Closed       | • Internal audit completed.<br>• Completed – Reasonable Assurance reported in April 2024. Improvement actions included on the Audit Tracker.<br>• Close. Moved to external assurance.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                         |            |            |             |             |
| 12. Winter Ambulance Handover Improvement Plan Meetings                                                                                                                                                                 |                                                                                                                                                                                                                      | Executive Director of Operations                                                                                                                                  | Removed      | • Weekly meetings set up with Welsh Government, NHS Executive, CASC and the Health Board COOs. All parties (including WAST) to provide updates on actions being taken to alleviate and improve handover delays. WAST to update on C&C, CWR, red dispatch and local updates from EMS HOS on initiatives.<br>• May24 – Removed as no longer included on the Board action plan (recently reviewed) and the period has now passed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                         |            |            |             |             |
| 13. Integrated Commissioning Action Plans (ICAPs)                                                                                                                                                                       |                                                                                                                                                                                                                      | Executive Director of Strategy, Planning and Performance                                                                                                          | Paused       | • The ICAP meetings focus on ambulance response performance, handover delay performance and the development of actions to reduce handover delays and improve ambulance response times.<br>• NCCU have sought confirmation from health boards regarding the impact of financial savings plans on the delivery of actions aligned to the ICAP’s.<br>• Health boards have not identified any direct impact, but there may be a potential impact on health board’s abilities to flex some services due periods of increased demand.<br>• NCCU secured financial support from the Six Goals Program for additional ED discharge transport.<br>• Key initiatives being discussed across ICAPs:<br>o MDT Navigation Hubs.<br>o Falls & frailty pathways.<br>o System Escalation Processes<br>o SDEC<br>o System Flow (Continuous Flow Model & Effective Discharge)<br>• WAST’s ‘Menu of options’ are being updated and reviewed to include evidence to support initiatives and prioritisation in each health board.<br>• The 2024/25 ICAP structure is being reviewed by the NCCU to consider the planned changes with regards to the new Joint Commissioning Committee (JCC). |                                                                                                                         |            |            |             |             |
| 14. Patient handover actions.                                                                                                                                                                                           |                                                                                                                                                                                                                      | Executive Team                                                                                                                                                    | Under review | • Some English ambulance services operate a system whereby handovers are mandated or forced after a certain period of time e.g. WMAS and LAS. This will be reviewed by the Executive team.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                         |            |            |             |             |

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| Risk ID<br>224                                                                                                                                                                                                                                                                                                                                                                                                    | Significant Handover of Care Delays Outside Accident and Emergency Departments Impacts on Access to Definitive Care Being Delayed and Affects the Trust's Ability to Provide a Safe & Effective Service for Patients |                                                                                                                                                                   |                                         |                                                                                | Date of Review:                                                                                            |          | 14/04/2024 | TREND       | 25<br>(5x5) |
|                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                      |                                                                                                                                                                   |                                         |                                                                                | Date of Next Review:                                                                                       |          | 14/05/2024 | ➡           |             |
| IF patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                      | THEN there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised |                                         | RESULTING IN patients coming to significant harm and a poor patient experience |                                                                                                            |          | Likelihood | Consequence | Score       |
|                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                      |                                                                                                                                                                   |                                         |                                                                                |                                                                                                            | Inherent | 5          | 5           | 25          |
|                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                      |                                                                                                                                                                   |                                         |                                                                                |                                                                                                            | Current  | 5          | 5           | 25          |
|                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                      |                                                                                                                                                                   |                                         |                                                                                |                                                                                                            | Target   | 3          | 2           | 6           |
| 15. Work in progress to better define mitigations to safety risks and quality of care deriving from extended periods in an ambulance; these include the application of Mental Capacity Act and Deprivation of Liberty Safeguards and Fundamentals of Care including pressure area care, mobilisation and nutrition. One specific area of focus is the development of a prototype mattress for ambulance trolleys. |                                                                                                                                                                                                                      |                                                                                                                                                                   | Executive Director of Quality & Nursing | Q3 2024/25                                                                     | • Fundamentals of Care meeting, chaired by the Executive Director of Quality & Nursing held on 08.03.2024. |          |            |             |             |



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                |                                                                                                                                                                                                                                                |  |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                                 |             |             |
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| RISK ID<br>594                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | The Trust’s inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death |                                                                                                                                                                                                                                                |  | Date of Review:                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 15/04/2024 |                                 | TREND       | 20<br>(4x5) |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                |                                                                                                                                                                                                                                                |  | Date of Next Review:                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 15/05/2024 |                                 | ➡           |             |
| IF a major incident or mass casualty incident is declared                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                | THEN there is a risk that the Trust cannot provide its pre-determined attendance as set out in the Incident Response Plan and provide an effective, timely or safe response to patients due to vehicles not being released from hospital sites |  | RESULTING IN catastrophic harm (death) and a breach of the Trust’s legal obligation as a Category 1 responder under the Civil Contingency Act 2004 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            | Likelihood                      | Consequence | Score       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                |                                                                                                                                                                                                                                                |  |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Inherent   | 4                               | 5           | 20          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                |                                                                                                                                                                                                                                                |  |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Current    | 4                               | 5           | 20          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                |                                                                                                                                                                                                                                                |  |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Target     | 2                               | 5           | 10          |
| IMTP Deliverable Numbers: TBC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                |                                                                                                                                                                                                                                                |  |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                                 |             |             |
| EXECUTIVE OWNER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                | Director of Operations                                                                                                                                                                                                                         |  |                                                                                                                                                    | ASSURANCE COMMITTEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | Finance & Performance Committee |             |             |
| Risk Commentary Q4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                |                                                                                                                                                                                                                                                |  |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                                 |             |             |
| The challenges across the unscheduled care system. Handover lost hours in February and March 2024 were 23,896 (Feb) and 23,404 (March). There is a direct correlation with ambulance availability and high levels of resources unavailable due to protracted waits at hospital E.Ds. Several incidents declared have failed to provide sufficient on the ground assurance that vehicles would be released. Health Boards have declined to incorporate testing of vehicle release into a recent mass casualty exercise. Further, a recent workshop undertaken by the EPRR team as part of the Manchester Arena Inquiry assurance process which has tested our ability to fulfil the PDA in North and South Wales, both in and out of hours, has confirmed that we would only meet the PDA in one of these four mass casualty scenarios. |                                                                                                                                                                |                                                                                                                                                                                                                                                |  |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                                 |             |             |
| CONTROLS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                |                                                                                                                                                                                                                                                |  |                                                                                                                                                    | ASSURANCES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |                                 |             |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                |                                                                                                                                                                                                                                                |  |                                                                                                                                                    | Internal Management (1 <sup>st</sup> Line of Assurance)                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                                 |             |             |
| 1. Immediate release protocol                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                |                                                                                                                                                                                                                                                |  |                                                                                                                                                    | 1. The Immediate Release Protocol is a Nationally agreed NHS Wales protocol. Refusals by Health Boards are Datixed by WAST and compliance report provided weekly to the DG for Health & Social Services.                                                                                                                                                                                                                                                                                           |            |                                 |             |             |
| 2. Resource Escalation Action Plan (REAP)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                |                                                                                                                                                                                                                                                |  |                                                                                                                                                    | 2. The Senior Leadership Team convenes every Tuesday as the Weekly Performance Meeting to review performance and demand data, and review/assign REAP Levels as appropriate. Dynamic escalation via Strategic Command structure. REAP has undergone an annual review with v4.1 released in November 2023.                                                                                                                                                                                           |            |                                 |             |             |
| 3. Regional Escalation Protocol                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                |                                                                                                                                                                                                                                                |  |                                                                                                                                                    | 3. Daily conference calls to agree RES levels in conjunction with Health Boards                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                                 |             |             |
| 4. Incident Response Plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                |                                                                                                                                                                                                                                                |  |                                                                                                                                                    | 4. The Incident Response Plan has been ratified via EMT                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                                 |             |             |
| 5. Mutual Aid arrangement with NARU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                |                                                                                                                                                                                                                                                |  |                                                                                                                                                    | 5. AACE National Policy on mutual aid in place                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |                                 |             |             |
| 6. Clinical Safety Plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                |                                                                                                                                                                                                                                                |  |                                                                                                                                                    | 6. CSP adopted by EMT and operational; reviewed annually by SLT in December 2023, Version 2.21 of the Clinical Safety Plan was released. The reduction in the demand is the assurance which is dynamically monitored via ODU.                                                                                                                                                                                                                                                                      |            |                                 |             |             |
| 7. Operational Delivery Unit 24/7 cover                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                |                                                                                                                                                                                                                                                |  |                                                                                                                                                    | 7. Shift reports from ODU & ODU Dashboard received by Exec, SOT, and On-Call Team at start/end of shift and cover review at weekly performance meeting                                                                                                                                                                                                                                                                                                                                             |            |                                 |             |             |
| 8. In hours and Out of hours command cover                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                |                                                                                                                                                                                                                                                |  |                                                                                                                                                    | 8. Civil Contingency requirement as set out in the Command Policy and Incident Response Plan. Cover review at weekly performance meetings                                                                                                                                                                                                                                                                                                                                                          |            |                                 |             |             |
| 9. Notification and Escalation Procedure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                |                                                                                                                                                                                                                                                |  |                                                                                                                                                    | 9. Published procedure in operation, reviewed 3 yearly by SLT                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                                 |             |             |
| 10. Continued escalation of risk to partners and stakeholders                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                |                                                                                                                                                                                                                                                |  |                                                                                                                                                    | 10. Referenced by the Executive Director of Operations in correspondence sent to health board Chief Operating Officers dated 30 March 2023. It was further emphasised at the face-to-face COO Peer Group meeting on 14 April 2023.                                                                                                                                                                                                                                                                 |            |                                 |             |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                |                                                                                                                                                                                                                                                |  |                                                                                                                                                    | External Independent Assurance<br>N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                                 |             |             |
| 11. CEO letter to Health Boards dated 3 Jan 2023, and DOO letter to Chief Operating Officers dated 30 March 2023 to seek assurance on plans.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                |                                                                                                                                                                                                                                                |  |                                                                                                                                                    | 11. Acknowledgement and acceptance of risk by HBs and balancing the risk across the whole system. Improvement in handovers in C&VHB and ABUHB. This has been sustained form some months across C&V in a phased programme of improvement with no delays more than 2 hours. Programme of improvement underway in ABUHB commencing at 4-hour tolerance with a plan to reduce over time. In other HBs there remains little or no controls with variation in both handovers and risk levels across HBs. |            |                                 |             |             |
| 12. Health boards are asked to provide assurance of existing and tested plans to immediately reduce emergency ambulances on incident declaration.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                |                                                                                                                                                                                                                                                |  |                                                                                                                                                    | 12. All Health Boards responded with assurance of plans except BCU.                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                                 |             |             |
| 13. Multi Agency Exercise to be arranged.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                |                                                                                                                                                                                                                                                |  |                                                                                                                                                    | 13. This exercise has taken place although Health Boards declined to incorporate vehicle release plans                                                                                                                                                                                                                                                                                                                                                                                             |            |                                 |             |             |
| 14. Meeting with Welsh Government to outline this risk; WG agreed to write to HBs seeking assurance from EPRR leads in HBs on the ability to clear EDs and release vehicles. WG agreed to incorporate testing into the forthcoming mass casualty exercise, and a timeframe for vehicle release was proposed by WAST with 30% of vehicles released within 10 minutes of an incident declaration, 50% within 20 minutes and 100% within 40 minutes.                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                |                                                                                                                                                                                                                                                |  |                                                                                                                                                    | 14. WG have confirmed that they have written to HB EPRR leads. Health Board COOs approved the proposals for vehicle release as outlined.                                                                                                                                                                                                                                                                                                                                                           |            |                                 |             |             |

24

| RISK ID<br>594                                                                                                                                                                                                                                                 | The Trust’s inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                   | Date of Review:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |   | 15/04/2024  | TREND | 20    |
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| IF a major incident or mass casualty incident is declared                                                                                                                                                                                                      | THEN there is a risk that the Trust cannot provide its pre-determined attendance as set out in the Incident Response Plan and provide an effective, timely or safe response to patients due to vehicles not being released from hospital sites | RESULTING IN catastrophic harm (death) and a breach of the Trust’s legal obligation as a Category 1 responder under the Civil Contingency Act 2004                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   | Likelihood                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |   | Consequence | Score |       |
|                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Inherent          | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 5 | 20          |       |       |
|                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Current           | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 5 | 20          |       |       |
|                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Target            | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 5 | 10          |       |       |
| GAPS IN CONTROLS                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                | GAPS IN ASSURANCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |   |             |       |       |
| Despite the controls listed, the single most limiting factor in providing a pre-determined response in line with the Incident Response Plan is the lost capacity due to hospital handover delays. In this area, WAST has no control. – link to CRR 223 on CRR. |                                                                                                                                                                                                                                                | The Trust is not assured that Hospital sites have plans in place that are trained and tested to release ambulances effectively and immediately in the event of an incident declaration.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |   |             |       |       |
|                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                | Following two incidents (Pembroke Dock Ferry fire on 11 <sup>th</sup> February 2023 and the Swansea gas explosion on 13 March 2023), The Trust is not assured by the effectiveness of assurances given by Health Boards (responses provided following correspondence from WAST CEO – formal returns received from LHBs except BCU). Despite these two incidents being lower-level incident declarations where the pre-determined attendance was met, the experience does not add confidence to the ability to release all resources from hospitals which would support assurance. Further testing of the pre-determined attendance levels has been undertaken as part of the Manchester Arena Inquiry recommendations; This tested the Trust’s ability to fulfil the PDA in North Wales and South Wales in the event of a mass casualty scenario both in hours and out of hours. This simulation concluded that in three of these four scenarios, the Trust would be unable to fulfil the PDA. A further declared major incident at Treforest Industrial Estate in December 2023 following an explosion, failed to release resources from Morriston Hospital, Wales’s dedicated burns unit (formal debrief still to be conducted). |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |   |             |       |       |
| Actions to reduce risk score or address gaps in controls and assurances                                                                                                                                                                                        |                                                                                                                                                                                                                                                | Action Owner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | By When/Milestone | Progress Notes:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |   |             |       |       |
| 1. Review of Manchester Arena Inquiry                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                | Assistant Director of Operations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | July 2024         | This programme of work is underway, and a workshop has confirmed that the PDA would be unable to be met in three out of four simulated mass casualty scenarios. The financial case associated with MAI is planned to be familiarised with ELT and EASC during Jan and Feb 2024, with the final outline case to ELT in March 2024. A revised timeline for the governance process for the final MAI reports has been agreed, commencing in May 2024 and finalising at Trust Board the end of July 2024. |   |             |       |       |
| 2. Further correspondence to Welsh Government to seek assurance of testing plans following recent mass casualty exercise where Health Boards declined to incorporate vehicle release plans                                                                     |                                                                                                                                                                                                                                                | Assistant Director of Operations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | July 2024         | Correspondence with Welsh Government remains ongoing. 22/02/2024 - Risk 594 has also been referenced in the context of MAI presentation to Welsh Government (6 <sup>th</sup> Feb 2024). Further follow up will be provided as MAI progresses. Welsh Government has been and will continue to be kept up to date on the developing case, as have the JCC.                                                                                                                                              |   |             |       |       |
| 3. Request from COO network to share Action cards related to risk                                                                                                                                                                                              |                                                                                                                                                                                                                                                | Executive Director of Operations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Q1                | March 24 – This risk was discussed at both EASC management and in the COO meeting.                                                                                                                                                                                                                                                                                                                                                                                                                    |   |             |       |       |

| Risk ID<br>542                                                                                                                                                                                                  | Failure to deliver the Welsh Government NHS Wales Decarbonisation Strategic Delivery Action Plan |                                                                                                                               |  | Date of Review:                                                                                                                                                                                                                                                                                            |  | 04/05/2022                        | TREND      | 16<br>(4x4) |       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------|------------|-------------|-------|
|                                                                                                                                                                                                                 |                                                                                                  |                                                                                                                               |  | Date of Next Review:                                                                                                                                                                                                                                                                                       |  | 04/05/2024                        | ➡          |             |       |
| IF there is a lack of resources and available technology and infrastructure                                                                                                                                     |                                                                                                  | THEN there will be a failure to deliver the commitments outlined in the action plan and within the Welsh Government timelines |  | RESULTING IN negative environmental and social impacts causing and reputational damage                                                                                                                                                                                                                     |  |                                   | Likelihood | Consequence | Score |
|                                                                                                                                                                                                                 |                                                                                                  |                                                                                                                               |  |                                                                                                                                                                                                                                                                                                            |  | Inherent                          |            |             |       |
|                                                                                                                                                                                                                 |                                                                                                  |                                                                                                                               |  |                                                                                                                                                                                                                                                                                                            |  | Current                           | 3          | 4           | 12    |
|                                                                                                                                                                                                                 |                                                                                                  |                                                                                                                               |  |                                                                                                                                                                                                                                                                                                            |  | Target                            | 2          | 4           | 8     |
| IMTP Deliverable Numbers: TBC                                                                                                                                                                                   |                                                                                                  |                                                                                                                               |  |                                                                                                                                                                                                                                                                                                            |  |                                   |            |             |       |
| EXECUTIVE OWNER                                                                                                                                                                                                 |                                                                                                  | Executive Director of Finance and Corporate Resources                                                                         |  | ASSURANCE COMMITTEE                                                                                                                                                                                                                                                                                        |  | Finance and Performance Committee |            |             |       |
| Risk Commentary                                                                                                                                                                                                 |                                                                                                  |                                                                                                                               |  |                                                                                                                                                                                                                                                                                                            |  |                                   |            |             |       |
| CONTROLS                                                                                                                                                                                                        |                                                                                                  |                                                                                                                               |  | ASSURANCES                                                                                                                                                                                                                                                                                                 |  |                                   |            |             |       |
|                                                                                                                                                                                                                 |                                                                                                  |                                                                                                                               |  | Internal Management (1 <sup>st</sup> Line of Assurance)                                                                                                                                                                                                                                                    |  |                                   |            |             |       |
| 1. Oversight of implementation and delivery of Decarbonisation project and monitoring of action plan at Decarbonisation Programme Board and Capital Management Board                                            |                                                                                                  |                                                                                                                               |  | 1. Regular meetings of the Decarbonisation Programme Board quarterly. Requirements of the Decarbonisation project have been presented to the Trust Board & Finance and Performance Committee. Challenges of the project have also been highlighted. Report goes regularly to FPC and then onto Trust Board |  |                                   |            |             |       |
| 2. Capital and Estates directorate lead support – Director of Finance (DOF)                                                                                                                                     |                                                                                                  |                                                                                                                               |  | 2. Regular briefings to DOF                                                                                                                                                                                                                                                                                |  |                                   |            |             |       |
| 3. Partnership working via Communications/Stakeholder liaison group with NHS Wales, Welsh Government and other bodies to gain support and knowledge- with the anticipation of working in collaboration.         |                                                                                                  |                                                                                                                               |  | 3. Sharing of knowledge via partnership working through various forums is documented in minutes of meetings held. Requirements also form part of the action plan                                                                                                                                           |  |                                   |            |             |       |
| 4. Approach changed for heating/lighting/energy systems to become more energy efficient- replacing old inefficient plant with more sustainable technology such as natural gas boilers for air source heat pumps |                                                                                                  |                                                                                                                               |  | 4. (i) Estate Survey undertaken every 5 years. This is a 6-facet survey to understand where the back log is and the requirements for energy systems.<br>(ii) Approved Estates SOP<br>(iii) Estate Retrofit Guide and framework used to prepare schemes                                                     |  |                                   |            |             |       |
| 5. Changing procurement practices for fleet, Estates, equipment, supplies, and ICT to reduce emissions                                                                                                          |                                                                                                  |                                                                                                                               |  | 5. Fleet SOP shows move to ULEV vehicles. BJC 2024/25 details intention for move to EV for smaller and support vehicles                                                                                                                                                                                    |  |                                   |            |             |       |
| 6. Board Development sessions with respect to Decarbonisation to raise awareness of decarbonisation requirements, additional sessions will be required.                                                         |                                                                                                  |                                                                                                                               |  | 6. Board Development session occurred on 8th November 2021 – presentation slides are available.                                                                                                                                                                                                            |  |                                   |            |             |       |
| 7. Finance & Performance Committee has oversight of decarbonisation project, decarbonisation to become a standard agenda item.                                                                                  |                                                                                                  |                                                                                                                               |  | 7. (i) Routine updates at every other FPC meeting (3 times a year)<br>(ii) Annual report (which includes a Sustainability section) is approved by the Finance & Performance Committee                                                                                                                      |  |                                   |            |             |       |
| 8. KPIs with respect to energy transmissions are communicated to Estates team annually by sustainability manager                                                                                                |                                                                                                  |                                                                                                                               |  | 8. KPIs to Estates team includes energy use at all WAST managed buildings                                                                                                                                                                                                                                  |  |                                   |            |             |       |
| 9. ISO14001 accreditation in place                                                                                                                                                                              |                                                                                                  |                                                                                                                               |  | 9. ISO14001 – Annual audits are undertaken against the accreditation. Environmental Coordinators act as champions in the organisation.                                                                                                                                                                     |  |                                   |            |             |       |
| 10. Environment Strategy in place                                                                                                                                                                               |                                                                                                  |                                                                                                                               |  | 10. Environment strategy has been approved by the Trust Board. This covers the next 5 years                                                                                                                                                                                                                |  |                                   |            |             |       |
| 11. Programme Board Risk Register                                                                                                                                                                               |                                                                                                  |                                                                                                                               |  | 11. Programme Risk Register reviewed at every Decarbonisation Programme Board meeting                                                                                                                                                                                                                      |  |                                   |            |             |       |
| 12. Reporting to WG via DCR reporting, qualitative, and quantitative reports and emissions reporting                                                                                                            |                                                                                                  |                                                                                                                               |  | 12. Submissions to WG – quarterly DCR reporting. Annual qualitative and quantitative reporting                                                                                                                                                                                                             |  |                                   |            |             |       |
| 13. Membership of National Programme Board (WG), Transport Task and Finish Group and BERP Project Board                                                                                                         |                                                                                                  |                                                                                                                               |  | 13. Minutes and papers of meeting                                                                                                                                                                                                                                                                          |  |                                   |            |             |       |
|                                                                                                                                                                                                                 |                                                                                                  |                                                                                                                               |  | External - Independent Assurance:<br>• Sustainability section in Annual Report audited by Internal Audit. Annual audits by BSI on accreditation                                                                                                                                                            |  |                                   |            |             |       |
| GAPS IN CONTROLS                                                                                                                                                                                                |                                                                                                  |                                                                                                                               |  | GAPS IN ASSURANCE                                                                                                                                                                                                                                                                                          |  |                                   |            |             |       |
| 1. Establishment of further workstreams to address a Programme Plan to support strategy requirements                                                                                                            |                                                                                                  |                                                                                                                               |  |                                                                                                                                                                                                                                                                                                            |  |                                   |            |             |       |
| 2. Ability to deliver on EV infrastructure plan including electrical capacity issues for the purposes of electronic charging points for vehicles                                                                |                                                                                                  |                                                                                                                               |  |                                                                                                                                                                                                                                                                                                            |  |                                   |            |             |       |
| 3. Procurement of an electronic fleet of vehicles – this is not currently possible for anything other than a car/van (limited)                                                                                  |                                                                                                  |                                                                                                                               |  |                                                                                                                                                                                                                                                                                                            |  |                                   |            |             |       |
| 4. NED support ended April 2022                                                                                                                                                                                 |                                                                                                  |                                                                                                                               |  | 26                                                                                                                                                                                                                                                                                                         |  |                                   |            |             |       |

| Risk ID<br>542                                                                                                                                                                                                                                                                                                                                                                                                                                         | Failure to deliver the Welsh Government NHS Wales Decarbonisation Strategic Delivery Action Plan |                                                                                                                               |                                                                                        | Date of Review:      | 04/05/2022 | TREND       | 16<br>(4x4) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|----------------------|------------|-------------|-------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                  |                                                                                                                               |                                                                                        | Date of Next Review: | 04/05/2024 | ➡           |             |
| IF there is a lack of resources and available technology and infrastructure                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                  | THEN there will be a failure to deliver the commitments outlined in the action plan and within the Welsh Government timelines | RESULTING IN negative environmental and social impacts causing and reputational damage |                      | Likelihood | Consequence | Score       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                  |                                                                                                                               |                                                                                        | Inherent             |            |             |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                  |                                                                                                                               |                                                                                        | Current              | 3          | 4           | 12          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                  |                                                                                                                               |                                                                                        | Target               | 2          | 4           | 8           |
| 5. Resources to be able to deliver extent of DAP – work ongoing to establish actions required and potential cost impacts. Note detailed schemes are challenging to work up without appropriate resource which in turn allow for realistic financial estimates to be made about cost.                                                                                                                                                                   |                                                                                                  |                                                                                                                               |                                                                                        |                      |            |             |             |
| Actions to reduce risk score or address gaps in controls and assurances                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                  | Action Owner                                                                                                                  | By When/Milestone                                                                      | Progress Notes:      |            |             |             |
| 1. Establishment of further workstreams to address a Programme Plan to support strategy requirements: Consider further workstreams required in support of delivering DAP actions, including grouping of similar actions                                                                                                                                                                                                                                |                                                                                                  | Capital Development and Estates Team                                                                                          | 31.06.24                                                                               |                      |            |             |             |
| 2. Ability to deliver on EV infrastructure plan including electrical capacity issues for the purposes of electronic charging points for vehicles: develop an investment strategy/prioritised list of sites where further EV charging is required. Will need further investment.                                                                                                                                                                        |                                                                                                  | Decarbonisation Programme Board                                                                                               | March 2025 (in line with the IA recommendation action)                                 |                      |            |             |             |
| 3. Procurement of an electronic fleet of vehicles – this is not currently possible for anything other than a car/van (limited): development of specifications for vehicles considering achievable and safe ULEV options where possible. NOTE: will be dependent on confirmation of 2024/25 BJC funding                                                                                                                                                 |                                                                                                  | Fleet Team                                                                                                                    | March 2025                                                                             |                      |            |             |             |
| 4. NED support ended April 2022: A new NED will need to be nominated to champion this risk/project at Trust Board level                                                                                                                                                                                                                                                                                                                                |                                                                                                  | Director of Corporate Governance / Board Secretary                                                                            | 31.06.24                                                                               |                      |            |             |             |
| 5. Resources to be able to deliver extent of DAP – work ongoing to establish actions required and potential cost impacts. Note detailed schemes are challenging to work up without appropriate resource which in turn allow for realistic financial estimates to be made about cost: Development of an investment requirements schedule (also aligned to IA recommendations). Contribute resources to support the Decarbonisation Strategy action plan |                                                                                                  | Director of Finance & Corporate Resources                                                                                     | 31.03.25                                                                               |                      |            |             |             |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                             |                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                |            |             |       |             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------|-------|-------------|
| CLOSED<br>458                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | A confirmed commitment from EASC and/or Welsh Government is required in relation to funding of recurrent costs of commissioning services to deliver the IMTP and/or any additional services |                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                     | Date of Review:                                                                                                                                                                                                                                | 16/02/2024 |             | TREND | 16<br>(4x4) |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                             |                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                     | Date of Next Review:                                                                                                                                                                                                                           | 15/03/2024 |             | ➡     |             |
| IF sufficient recurrent funding is not forthcoming there is a risk that the Trust will be committed to additional expenditure through delivery of the IMTP and in year developments which are only recognised by commissioners on a cost recovery basis.                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                             | THEN there is a risk that the Trust may not be able to deliver services and there will be a lack of funding certainty when making recurrent cost commitments. Any potential ‘exit strategies’ from developed services could be challenging and harmful to patients. | RESULTING IN patients not receiving services, the Trust not achieving financial balance and a potential failure to meet statutory obligations causing reputational damage                                                                                           |                                                                                                                                                                                                                                                | Likelihood | Consequence | Score |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                             |                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                     | Inherent                                                                                                                                                                                                                                       | 3          | 4           | 12    |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                             |                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                     | Current                                                                                                                                                                                                                                        | 4          | 4           | 16    |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                             |                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                     | Target                                                                                                                                                                                                                                         | 2          | 4           | 8     |             |
| IMTP Deliverable Numbers:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                             |                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                |            |             |       |             |
| EXECUTIVE OWNER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                             | Director of Finance and Corporate Resources                                                                                                                                                                                                                         | ASSURANCE COMMITTEE                                                                                                                                                                                                                                                 | Finance and Performance Committee                                                                                                                                                                                                              |            |             |       |             |
| Risk Commentary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                             |                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                |            |             |       |             |
| Linked to risk 139, though funding has been sourced internally for the EMS staff, and non-recurrently from EASC, the score remains the same as clarity from Commissioners has still not been provided on any recurrent funding ask on this topic which could have a negative recurrent impact on the Trusts financial position. Other key item to note is funding for 111, WAST continues dialogue with commissioners of the service and any financial risk is mitigated by operating on a spend and cost recovery basis with commissioners. |                                                                                                                                                                                             |                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                |            |             |       |             |
| CONTROLS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                             |                                                                                                                                                                                                                                                                     | ASSURANCES                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                |            |             |       |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                             |                                                                                                                                                                                                                                                                     | Internal Management (1 <sup>st</sup> Line of Assurance)                                                                                                                                                                                                             |                                                                                                                                                                                                                                                |            |             |       |             |
| 1. Financial governance and reporting structures in place                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                             |                                                                                                                                                                                                                                                                     | 1. Risk is reviewed quarterly at FPC, and a report is submitted bimonthly to Trust Board                                                                                                                                                                            |                                                                                                                                                                                                                                                |            |             |       |             |
| 2. Financial policies and procedures in place                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                             |                                                                                                                                                                                                                                                                     | 2.                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                |            |             |       |             |
| 3. Setting and agreement of recurrent resources                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                             |                                                                                                                                                                                                                                                                     | 3.                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                |            |             |       |             |
| 4. Budget management meetings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                             |                                                                                                                                                                                                                                                                     | 4. Diarised dates for budget management meetings. If an area is in financial deficit, the meeting would be at least once a month. If the area is in balance or surplus, the meeting would be quarterly.                                                             |                                                                                                                                                                                                                                                |            |             |       |             |
| 5. Budget holder training                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                             |                                                                                                                                                                                                                                                                     | 5. Diarised dates for budget holder training                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                |            |             |       |             |
| 6. Annual Financial Plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                             |                                                                                                                                                                                                                                                                     | 6. Submission to Trust Board in March annually                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                |            |             |       |             |
| 7. Regular financial reporting to EFG & FPC in place                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                             |                                                                                                                                                                                                                                                                     | 7. Diarised dates for EFG and FPC with full financial reports                                                                                                                                                                                                       |                                                                                                                                                                                                                                                |            |             |       |             |
| 8. Regular engagement with commissioners of Trust’s services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                             |                                                                                                                                                                                                                                                                     | External Management (1 <sup>st</sup> Line of Assurance)<br>1. Accountability Officer letter to Welsh Government<br>3 and 8 EASC management meetings. Monthly meetings with EASC and DAG meetings for NEPTS. Meetings are diarised.<br>9. Monthly monitoring returns |                                                                                                                                                                                                                                                |            |             |       |             |
| 9. Welsh Government reporting monthly                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                             |                                                                                                                                                                                                                                                                     | Independent Assurance (3 <sup>rd</sup> Line of Assurance)<br>2. Internal Audit reviews of financial policies & procedures as part of their audit plan                                                                                                               |                                                                                                                                                                                                                                                |            |             |       |             |
| GAPS IN CONTROLS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                             |                                                                                                                                                                                                                                                                     | GAPS IN ASSURANCE                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                |            |             |       |             |
| • Lack of clarity regarding EASC/Welsh Government commitments with respect to recurrent funding                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                             |                                                                                                                                                                                                                                                                     | 1. Dialogue with EASC and DAG does not always result in recurrent arrangements (outside of WAST control)                                                                                                                                                            |                                                                                                                                                                                                                                                |            |             |       |             |
| Actions to reduce risk score or address gaps in controls and assurances                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                             | Action Owner                                                                                                                                                                                                                                                        | By When/Milestone                                                                                                                                                                                                                                                   | Progress Notes:                                                                                                                                                                                                                                |            |             |       |             |
| 1. A formal approach to service change to be developed providing secure recurrent funding with commissioners.                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                             | Executive Leadership Team                                                                                                                                                                                                                                           | 31.3.24                                                                                                                                                                                                                                                             | Update: 23/24 Recurrent funding remains an issue for the 100 WTE £6m funding from commissioners. In addition, discussions continue with commissioners to ensure WAST continue to obtain funds in relation to 111 on a spend and recover basis. |            |             |       |             |
| 2. Develop a Value Based Healthcare system approach with commissioners. This would mean that funding would flow more seamlessly between organisations and would go some way to mitigating the risk of not receiving recurrent funding.                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                             | Deputy Director of Finance                                                                                                                                                                                                                                          | 31.3.24                                                                                                                                                                                                                                                             | Update: Work to identify the PROMS & PREMS evaluation criteria for Emergency based services via the Value-Based Healthcare working group continues.                                                                                            |            |             |       |             |



| Risk ID<br>260                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Significant and Sustained Cyber Attack on WAST, NHS Wales and interdependent networks<br>resulting in denial of service and loss of critical systems |                                                                     | Date of Review:                                                                                                                                                                                                                                                                                                                                                                                              |          | 16/04/2024                        |             | TREND | 15<br>(3x5) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------------------------|-------------|-------|-------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                      |                                                                     | Date of Next Review:                                                                                                                                                                                                                                                                                                                                                                                         |          | 16/05/2024                        |             | ➡     |             |
| IF there is a large-scale cyber-attack on WAST, NHS Wales and interdependent networks which shuts down the IT network and there are insufficient information security arrangements in place                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                      | THEN there is a risk of a significant information security incident | RESULTING IN a partial or total interruption in WAST’s ability to deliver essential services, loss or theft of personal/patient data and patient harm or loss of life                                                                                                                                                                                                                                        |          | Likelihood                        | Consequence | Score |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                      |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                              | Inherent | 4                                 | 5           | 20    |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                      |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                              | Current  | 3                                 | 5           | 15    |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                      |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                              | Target   | 2                                 | 5           | 10    |             |
| IMTP Deliverable Numbers:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                      |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                              |          |                                   |             |       |             |
| EXECUTIVE OWNER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                      | Director of Digital Services                                        | ASSURANCE COMMITTEE                                                                                                                                                                                                                                                                                                                                                                                          |          | Finance and Performance Committee |             |       |             |
| Risk Commentary<br>The latest National Cyber Security Centre (NCSC) assessment indicates that the threat of Cyber-attacks remains unchanged with activities of state actors and criminal gangs still high. Whilst the Trust and wider NHS Wales organisations have in place several layers of technology to protect the Trust and its information systems, there is still a risk that users will be fooled by phishing emails which are becoming ever more sophisticated. To raise user awareness of cyber threats the Trust ICT department run regular phishing exercises as well as short security training packages, reporting the results and uptake through IGSG and into FPC. Risk has been fully reviewed in the cycle and the score remains static. |                                                                                                                                                      |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                              |          |                                   |             |       |             |
| CONTROLS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                      |                                                                     | ASSURANCES                                                                                                                                                                                                                                                                                                                                                                                                   |          |                                   |             |       |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                      |                                                                     | Internal Management (1 <sup>st</sup> Line of Assurance)                                                                                                                                                                                                                                                                                                                                                      |          |                                   |             |       |             |
| 1. Appropriate policy and procedures in place for Information/Cyber Security                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                      |                                                                     | 1. Information Security Policy reviewed every 3 years (currently due for renewal). Incident Policy and Procedure put in place in February 2022 – renewed annually.                                                                                                                                                                                                                                           |          |                                   |             |       |             |
| 2. Trust Business Continuity Procedure and Incident Response Plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                      |                                                                     | 2. Debrief from significant business continuity incidents captured within organisational learning spreadsheet. Governance with respect to this goes through SOTs. Full review of Incident Response plan every 3 years - currently undergoing a partial review. BCPs and BIAs should be reviewed annually by their owners. Annual schedule of testing                                                         |          |                                   |             |       |             |
| 3. IT Disaster Recovery Plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                      |                                                                     | 3. Organisation-wide tabletop exercise undertaken in March 2022 with all BC leads and Digital teams.                                                                                                                                                                                                                                                                                                         |          |                                   |             |       |             |
| 4. Relevant expertise in Trust with respect to information security                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                      |                                                                     | 4. Staff undertake relevant training courses e.g., CISSP to increase knowledge and expertise                                                                                                                                                                                                                                                                                                                 |          |                                   |             |       |             |
| 5. Data Protection Officer in post                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                      |                                                                     | 5. In job description of Head of ICT                                                                                                                                                                                                                                                                                                                                                                         |          |                                   |             |       |             |
| 6. Cyber and information security training and awareness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                      |                                                                     | 6. Training statistics are available on ESR and from Phish threat module                                                                                                                                                                                                                                                                                                                                     |          |                                   |             |       |             |
| 7. Mandatory Information Governance training which includes GDPR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                      |                                                                     | 7. Training statistics reported on by Information Governance department                                                                                                                                                                                                                                                                                                                                      |          |                                   |             |       |             |
| 8. ICT tests and monitoring on networks & servers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                      |                                                                     | 8. Any issues would be identified and flagged and actioned                                                                                                                                                                                                                                                                                                                                                   |          |                                   |             |       |             |
| 9. Information Governance framework                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                      |                                                                     | 9. WAST self-assesses its Information Governance Framework against the Welsh Information Governance toolkit.                                                                                                                                                                                                                                                                                                 |          |                                   |             |       |             |
| 10. Internal and NHS Wales governance reporting structures in place                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                      |                                                                     | 10. Internal WAST Information Governance Steering Group & All Wales Information Governance Management Advisory Group (IGMAG) meets quarterly, National Ambulance Information Governance Group (NIAG) meets every 2 weeks, Operational Security and Service Management Board (OSSMB) (national) – daily/weekly meetings and minuted meetings every 2 months. Minutes and actions logs available for meetings. |          |                                   |             |       |             |
| 11. Checks undertaken on inactive user accounts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                      |                                                                     | 11. Software in place to run check on inactive accounts as and when                                                                                                                                                                                                                                                                                                                                          |          |                                   |             |       |             |
| 12. Business Continuity exercises                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                      |                                                                     | 12. Annual schedule of testing                                                                                                                                                                                                                                                                                                                                                                               |          |                                   |             |       |             |
| 13. Operational ICT controls e.g., penetration testing, firewalls, patching                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                      |                                                                     | 13. Monthly scans on infrastructure. Penetration testing has occurred for different systems. 2 physical firewalls on networks to monitor traffic. Monthly patching occurs or as and when. 04/08/23 – Exploring procurement of additional penetration tests with the aim of annual testing of all critical systems.                                                                                           |          |                                   |             |       |             |
| 14. Security alerts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                      |                                                                     | 14. Daily alerts are received. Anti-virus alerts received as and when threat discovered                                                                                                                                                                                                                                                                                                                      |          |                                   |             |       |             |
| 15. Cyber/Info Security KPI are reported to senior management and committees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                      |                                                                     | 15. Monthly KPI reports now being generated routinely and fed into the Digital Leadership Group, ELT, IGSG and FPC                                                                                                                                                                                                                                                                                           |          |                                   |             |       |             |
| 16. Regular cyber awareness campaigns are conducted                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                      |                                                                     | 16. Cyber training is provided to staff and regular phishing campaigns are conducted. These are reported as part of the KPI reports                                                                                                                                                                                                                                                                          |          |                                   |             |       |             |
| 17 IT recovery Plan does include a cyber response                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                      |                                                                     | 17. Cyber response incorporated into IT Disaster Recovery Plan                                                                                                                                                                                                                                                                                                                                               |          |                                   |             |       |             |
| 18.Information Security Policy refreshed and approved                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                      |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                              |          |                                   |             |       |             |



| Risk ID<br>260                                                                                                                                                                                                      | Significant and Sustained Cyber Attack on WAST, NHS Wales and interdependent networks<br>resulting in denial of service and loss of critical systems |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                  | Date of Review:                                                                 | 16/04/2024 |             | TREND                                                                               | 15    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------|-------------|-------------------------------------------------------------------------------------|-------|
|                                                                                                                                                                                                                     |                                                                                                                                                      |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                  | Date of Next Review:                                                            | 16/05/2024 |             |  | (3x5) |
| IF there is a large-scale cyber-attack on WAST, NHS Wales and interdependent networks which shuts down the IT network and there are insufficient information security arrangements in place                         |                                                                                                                                                      | THEN there is a risk of a significant information security incident | RESULTING IN a partial or total interruption in WAST’s ability to deliver essential services, loss or theft of personal/patient data and patient harm or loss of life                                                                                                                                                                                                                            |                                                                                 | Likelihood | Consequence | Score                                                                               |       |
|                                                                                                                                                                                                                     |                                                                                                                                                      |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                  | Inherent                                                                        | 4          | 5           | 20                                                                                  |       |
|                                                                                                                                                                                                                     |                                                                                                                                                      |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                  | Current                                                                         | 3          | 5           | 15                                                                                  |       |
|                                                                                                                                                                                                                     |                                                                                                                                                      |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                  | Target                                                                          | 2          | 5           | 10                                                                                  |       |
|                                                                                                                                                                                                                     |                                                                                                                                                      |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                 |            |             |                                                                                     |       |
| 19. Suite of business continuity exercises that departments can undertake to test their plans are available via EPRR.                                                                                               |                                                                                                                                                      |                                                                     | 19.                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                 |            |             |                                                                                     |       |
| 20. The cyber risk is reviewed and monitored                                                                                                                                                                        |                                                                                                                                                      |                                                                     | 20. The ongoing cyber threat to the organisation is continually monitored using daily comms feeds and automated alerts from various external sources via ICT security team and reported to AD of Digital and DPO. The corporate cyber risk assessment will be reviewed monthly at the Digital Leadership Group informed by the threat and intelligence monitoring and national strategic trends. |                                                                                 |            |             |                                                                                     |       |
|                                                                                                                                                                                                                     |                                                                                                                                                      |                                                                     | External Independent Assurance<br>NHS Wales Cyber Response Unit independent view of Network and Information Systems (NIS) Directive compliance within last 4 – 5 months (covering controls 1 -,3 – 11, 13 – 14                                                                                                                                                                                   |                                                                                 |            |             |                                                                                     |       |
| GAPS IN CONTROLS                                                                                                                                                                                                    |                                                                                                                                                      |                                                                     | GAPS IN ASSURANCE                                                                                                                                                                                                                                                                                                                                                                                |                                                                                 |            |             |                                                                                     |       |
| 1. Lack of understanding and compliance with policy and procedures by all staff members                                                                                                                             |                                                                                                                                                      |                                                                     | 1.                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                 |            |             |                                                                                     |       |
| 2. No organisational information security management system in place                                                                                                                                                |                                                                                                                                                      |                                                                     | 2. SIRO in place and ISMS evolving in line with refresh of Trust information Security Policy                                                                                                                                                                                                                                                                                                     |                                                                                 |            |             |                                                                                     |       |
| 3.                                                                                                                                                                                                                  |                                                                                                                                                      |                                                                     | 3.                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                 |            |             |                                                                                     |       |
| 4. Departments do not communicate in a timely manner with Digital Services around putting in new processes, new projects, and procurement and this has a cyber security, information governance and resource impact |                                                                                                                                                      |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                 |            |             |                                                                                     |       |
| Actions to reduce risk score or address gaps in controls and assurances                                                                                                                                             |                                                                                                                                                      | Action Owner                                                        | By When/Milestone                                                                                                                                                                                                                                                                                                                                                                                | Progress Notes:                                                                 |            |             |                                                                                     |       |
| 1. Development of a Cyber Improvement Plan                                                                                                                                                                          |                                                                                                                                                      | Senior ICT Security Specialist                                      | Next checkpoint date 25.06.2024                                                                                                                                                                                                                                                                                                                                                                  | Implementation of Cyber Improvement Plan actions ongoing and reported into IGSG |            |             |                                                                                     |       |

| Risk ID<br>623                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Failure to comply with Data Protection Legislation |                                                                                                                                                         | Date of Review:                                                                                                                                                                                                                                                                                                                                          |          | 14/03/2024                      |             | TREND | 15    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------------------------|-------------|-------|-------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    |                                                                                                                                                         | Date of Next Review:                                                                                                                                                                                                                                                                                                                                     |          | 14/04/2024                      |             | NEW   | (3x5) |
| IF the Trust fails to comply with and demonstrate it is meeting the accountability requirements under the Data Protection Act, the UK General Data Protection Regulation (GDPR) and the Common Law Duty of Confidentiality                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                    | THEN the Trust will breach its legal obligations and potentially cause the personal or sensitive data to be compromised, lost, or inappropriately used. | RESULTING IN unauthorised data breaches/loss, financial or compensatory penalties, an increased regulatory scrutiny or enforcement as well as stakeholder mistrust and reputational damage                                                                                                                                                               |          | Likelihood                      | Consequence | Score |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    |                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                          | Inherent | 4                               | 5           | 20    |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    |                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                          | Current  | 3                               | 5           | 15    |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    |                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                          | Target   | 2                               | 5           | 10    |       |
| IMTP Deliverable Numbers:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                    |                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                          |          |                                 |             |       |       |
| EXECUTIVE OWNER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    | Director of Digital Services                                                                                                                            | ASSURANCE COMMITTEE                                                                                                                                                                                                                                                                                                                                      |          | Finance & Performance Committee |             |       |       |
| Risk Commentary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    |                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                          |          |                                 |             |       |       |
| The consequences of this risk depend on the worst-case scenario which crosses of a number Domains on the Risk Scoring Matrix e.g. Loss of, or access to mass clinical data, the reputational damage this would cause, subsequent high-level involvement of ICO, Regulatory Body and Government involvement the subsequent fall out, fines and reduction in the level of clinical care. The likelihood would be small NB Just like pandemics. However, there are lower consequences of failure of statutory compliance which would warrant a higher level of likelihood even daily but in this case like near misses they indicate the need for change/improvement to demonstrate managing the risks. Therefore, the consequences will always be 5 but improvements are needed to lower the risk, and should we demonstrate meeting Statutory Requirements even if a serious incident/event/failure arises evidence provided would reduce / mitigate against the consequences. |                                                    |                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                          |          |                                 |             |       |       |
| CONTROLS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                    |                                                                                                                                                         | ASSURANCES                                                                                                                                                                                                                                                                                                                                               |          |                                 |             |       |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    |                                                                                                                                                         | Internal Management (1 <sup>st</sup> Line of Assurance)                                                                                                                                                                                                                                                                                                  |          |                                 |             |       |       |
| 1. Data Protection Expertise: 1 FTE Data Protection and Compliance Manager (DPCM); 1 FTE Information Governance Officer, 1 FTE Cyber Security Officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                    |                                                                                                                                                         | 1. Two Data Protection and Compliance Managers have been employed on a consultancy basis to provide cover and support backlog clearance (E).                                                                                                                                                                                                             |          |                                 |             |       |       |
| 2. Temporary Data Protection Officer position held by Head of ICT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                    |                                                                                                                                                         | 2. Temporary Data Protection Officer                                                                                                                                                                                                                                                                                                                     |          |                                 |             |       |       |
| 3. Data Protection and Information Governance Policies and Procedures (Incl. DPIAs and Cloud Assessments)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                    |                                                                                                                                                         | 3. Monthly Information Governance Steering Group which includes progress DPC, DSA and DPIA reviews (I)<br>IG Training<br>IG Toolkit (System for providing a level of assurance of compliance (I)<br>Incident Reporting<br>Accountability to ELT<br>Development of reporting (dashboard) which supports IGSG, ELT and QUEST Board Committee for scrutiny. |          |                                 |             |       |       |
| 4. Contracts and agreements: Data processing, Data Sharing and Employment & Consultancy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    |                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                          |          |                                 |             |       |       |
| 5. Register of information assets and data flows (outdated)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                    |                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                          |          |                                 |             |       |       |
| 6. Staff training on updated training module (Apr 2023)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    |                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                          |          |                                 |             |       |       |
| 7. Incident Reporting and management (DATIX)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                    |                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                          |          |                                 |             |       |       |
| 8. NIIAS?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                    |                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                          |          |                                 |             |       |       |
| 9. Digital Notices / comms?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                    |                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                          |          |                                 |             |       |       |
| 10. Proactive engagement outbound (not inbound to team)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    |                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                          |          |                                 |             |       |       |
| GAPS IN CONTROLS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                    |                                                                                                                                                         | GAPS IN ASSURANCE                                                                                                                                                                                                                                                                                                                                        |          |                                 |             |       |       |
| 1. WAST has been carrying a DPCM vacancy since January 2023. There has been 1 unsuccessful attempt to fill the position which has led to capacity constraints. In Qtr. 4 2023/24 the Job Description will be reviewed and readvertised before the end of the financial year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                    |                                                                                                                                                         | 1. See 21. Further Actions (1)                                                                                                                                                                                                                                                                                                                           |          |                                 |             |       |       |

31

| Risk ID<br>623                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Failure to comply with Data Protection Legislation |                                                                                                                                                         | Date of Review:                                                                                                                                                                                                                                                                                                                                                    |                   | 14/03/2024                                                                                                                         |             | TREND | 15<br>(3x5) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------------------------------------------------------------------------------------------------------------------------|-------------|-------|-------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                                                                                                                                                         | Date of Next Review:                                                                                                                                                                                                                                                                                                                                               |                   | 14/04/2024                                                                                                                         |             | NEW   |             |
| IF the Trust fails to comply with and demonstrate it is meeting the accountability requirements under the Data Protection Act, the UK General Data Protection Regulation (GDPR) and the Common Law Duty of Confidentiality                                                                                                                                                                                                                                                 |                                                    | THEN the Trust will breach its legal obligations and potentially cause the personal or sensitive data to be compromised, lost, or inappropriately used. | RESULTING IN unauthorised data breaches/loss, financial or compensatory penalties, an increased regulatory scrutiny or enforcement as well as stakeholder mistrust and reputational damage                                                                                                                                                                         |                   | Likelihood                                                                                                                         | Consequence | Score |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                    | Inherent          | 4                                                                                                                                  | 5           | 20    |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                    | Current           | 3                                                                                                                                  | 5           | 15    |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                    | Target            | 2                                                                                                                                  | 5           | 10    |             |
| 2. Unfilled and unfunded position which is required to meet Article 39 UK GDPR 2018. The DPO must also be independent, an expert in data protection, adequately resourced, and report to the highest management level [DPA 2018].                                                                                                                                                                                                                                          |                                                    |                                                                                                                                                         | 2. This is a stop gap.                                                                                                                                                                                                                                                                                                                                             |                   |                                                                                                                                    |             |       |             |
| 3. Resource capacity constraints to update, implement or monitor the controls; and lack of engagement by management and staff which either bypass the requirements or stalled engagement.                                                                                                                                                                                                                                                                                  |                                                    |                                                                                                                                                         | 3. Even with increased capacity without engagement by managers and staff to meet their compliance requirements there will continue to be information reported to IGSG which will demonstrate low levels of assurance i.e. Reports on DPIA log, DSA log, Training Levels, IG Toolkit, and Implementation Plan                                                       |                   |                                                                                                                                    |             |       |             |
| 4. Personal identifiable information (PII) is being processed or shared with no data processing contracts (DPC) or data sharing agreements (DSA) when legally required; or incomplete DPC or DSA due to stalled engagement.                                                                                                                                                                                                                                                |                                                    |                                                                                                                                                         | 4. Lack of Data Protection pre procurement controls which form part of Data Protection by Design and Default means that Departments could purchase IT systems, hire document scanning companies, external data consultants and analytical firms and bypass WAST’s controls for appropriate due diligence or legislative required controls in managing these risks. |                   |                                                                                                                                    |             |       |             |
| 5. New data, or new data processes which have either bypassed the controls or there are no information asset owner and therefore doesn’t get on to the asset register or the dataflow is not mapped and creates a weakness in assurance (See 3)                                                                                                                                                                                                                            |                                                    |                                                                                                                                                         | 5. Data Protection and Compliance Risks not fully realised.                                                                                                                                                                                                                                                                                                        |                   |                                                                                                                                    |             |       |             |
| 6. Currently not meeting levels of IG staff training.                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                    |                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                    |                   |                                                                                                                                    |             |       |             |
| 7. Lack of Data Protection pre procurement controls which form part of Data Protection by Design and Default means that Departments could purchase IT systems.                                                                                                                                                                                                                                                                                                             |                                                    |                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                    |                   |                                                                                                                                    |             |       |             |
| Actions to reduce risk score or address gaps in controls and assurances                                                                                                                                                                                                                                                                                                                                                                                                    |                                                    |                                                                                                                                                         | Action Owner                                                                                                                                                                                                                                                                                                                                                       | By When/Milestone | Progress Notes:                                                                                                                    |             |       |             |
| 1. Recruitment of Data Protection and Compliance Manager(s) – funding agreed                                                                                                                                                                                                                                                                                                                                                                                               |                                                    |                                                                                                                                                         | Leanne Smith                                                                                                                                                                                                                                                                                                                                                       | Q2 2024/25        | Interviewing 01 May 2024 – in post Q2                                                                                              |             |       |             |
| 2. Seeking funding to recruit/upskill/resource DPO who will encourage engagement                                                                                                                                                                                                                                                                                                                                                                                           |                                                    |                                                                                                                                                         | Jonny Sammut                                                                                                                                                                                                                                                                                                                                                       | Q3 2024/25        | Recruitment and in post Q3                                                                                                         |             |       |             |
| 3. Ensure compliance with the appropriate IG level training across all Directorate and Departments <ul style="list-style-type: none"><li>a. Demonstrate a regular series of comms on IG and DP</li><li>b. Regular monitoring of training compliance through IGSG</li><li>c. Targeted training compliance reporting to line manager on individuals to ensure that 85% target is reached.</li><li>d. BAU on Siren training notices and specific guidance or advice</li></ul> |                                                    |                                                                                                                                                         | Leanne Smith                                                                                                                                                                                                                                                                                                                                                       | Q2 2024/25        | Lock screen issued 04/24 in relation to WhatsApp and training. This will be refreshed in 06/24. Siren notice drafted for ELT 05/24 |             |       |             |
| 4. Report on physical security to IGSG – working with fleet and estates team                                                                                                                                                                                                                                                                                                                                                                                               |                                                    |                                                                                                                                                         | Leanne Smith and Aled Williams                                                                                                                                                                                                                                                                                                                                     | Q2 2024/25        | Reporting to IGSG and FPC                                                                                                          |             |       |             |
| 5. Implementation of Data Protection by Design and Default which includes pre procurement of IT systems, hiring of document scanning companies, external data consultants and analytical firms and bypass WAST’s controls for appropriate due diligence or legislative required controls in managing these risks.                                                                                                                                                          |                                                    |                                                                                                                                                         | TBA                                                                                                                                                                                                                                                                                                                                                                | TBA               | IG colleagues are part of the Impact Assessments TFG Series of SMART actions will be developed to address this overarching action  |             |       |             |

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| Risk ID<br>100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Failure to persuade EASC/Health Boards about WAST’s ambitions and reach agreement on actions to deliver appropriate levels of patient safety and experience |                                                                           |                                                                                                                                                                                      | Date of Review:      | 16/04/2024 |                                   | TREND | 12    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                             |                                                                           |                                                                                                                                                                                      | Date of Next Review: | 16/07/2024 |                                   | ➡     | (3x4) |
| IF WAST fails to persuade EASC/Health Boards about WAST ambitions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                             | THEN there is a risk of a delay or failure to receive funding and support | RESULTING IN a catastrophic impact on services to patients & staff and key outcomes in the IMTP not being delivered                                                                  |                      | Likelihood | Consequence                       | Score |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                             |                                                                           |                                                                                                                                                                                      | Inherent             | 4          | 4                                 | 16    |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                             |                                                                           |                                                                                                                                                                                      | Current              | 3          | 4                                 | 12    |       |
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| IMTP Deliverable Numbers:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                             |                                                                           |                                                                                                                                                                                      |                      |            |                                   |       |       |
| EXECUTIVE OWNER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                             | Director of Strategy, Planning & Performance                              |                                                                                                                                                                                      | ASSURANCE COMMITTEE  |            | Finance and Performance Committee |       |       |
| Risk Commentary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                             |                                                                           |                                                                                                                                                                                      |                      |            |                                   |       |       |
| <p>The ambition is appropriate levels of patient safety and good working conditions for our staff. Clearly neither of these are currently being achieved in the emergency ambulance care pathway as evidenced by the long waits, shift overruns and volume of concerns and reportable incidents. The Trust is currently commissioned on the assumption of 6,000 hours of handover lost hours, with current levels at 26,000 (Jan-24). EASC has an ambition to achieve 12,000 handover lost hours by the beginning of quarter four 2023/24, which has not been achieved, but even if it was achieved, it would still be double what the EMS rosters are predicated on. The Trust is not fully funded on these rosters either. The Trust is not fully funded for the CHARU roster lines, with an identified shortfall of -89.5 FTEs. The Trust has made the decision to transfer staff from emergency ambulance roster lines to CHARU roster lines, which is almost complete, but this is an internal movement of staff, not an increase in establishment. Similarly, the Trust has made the decision (delivered) to recruit another intake of APPs, an additional 16 FTEs, but this is also being funded through internal movements, with a planned temporary relief gap to fund these internal movements.</p> <p>The 2023 EMS Demand &amp; Capacity Review is live with an estimated completion date of <b>July 2023 Trust Board (draft results received by end of 23/24 and in time for IMTP)</b>. This strategic review will enable the Trust to articulate the type and level of resource that optimises response and conveyance to deliver appropriate levels of patient safety and good working conditions for our staff i.e., the ambition. If handover levels remain unchanged <b>and a traditional conveyance model is used to meet demand</b>, the review is indicating <b>an unacceptably high-level modelled staff requirement. The Review estimates a more reasonable figure of +300 FTEs, if handover can be reduced to 7,000 hours (handovers within one hour) supported by full triangle inversion.</b></p> <p>The Trust has some limited room for manoeuvre in its 2024/25 budget to put more resource into “shift left”/”invert the triangle”, but if further funding is not forthcoming, post the 2023 EMS Demand &amp; Capacity Review, the risk may need to be revised upwards.</p> <p>NEPTS is also commissioned via EASC (it is commissioned at NEPTS, not Ambulance Care), with agreement that in Q1 2024/25 there should be a joint collaborative workshop between the Trust, the Joint Commissioning Committee (JCC), which is the new organisation commissioning EMS and NEPTS, and health boards.</p> <p>From May 2023 111Wales has also become a commissioned service, with the 111 Board commissioning the front end of the 111Wales service from the Trust.</p> <p>From the 01 April 2024 111Wales will be commissioned by the JCC as well, bringing all three patient pathways operated by the Trust under a single commissioning umbrella. This is viewed as a positive development by the Trust, supporting the development of an organisational ambition.</p> |                                                                                                                                                             |                                                                           |                                                                                                                                                                                      |                      |            |                                   |       |       |
| CONTROLS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                             |                                                                           | ASSURANCES                                                                                                                                                                           |                      |            |                                   |       |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                             |                                                                           | Internal & External Management (1 <sup>st</sup> Line of Assurance)                                                                                                                   |                      |            |                                   |       |       |
| 1. EASC/WAST Forward Plan for EMS and NEPTS in place and monitored at EASC meetings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                             |                                                                           | 1. Minutes of meetings and a standard agenda item                                                                                                                                    |                      |            |                                   |       |       |
| 2. EASC and its 2 sub-committees established as a forum to discuss WAST’s strategy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                             |                                                                           | 2. Minutes of meetings and a standard agenda item                                                                                                                                    |                      |            |                                   |       |       |
| 3. Weekly catch up between CASC/CEO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                             |                                                                           | 3. Meetings are diarised every week                                                                                                                                                  |                      |            |                                   |       |       |
| 4. Collaboration between EASC and WAST on specific projects e.g. Amber Review, EMS Operational Transformation Programme, Ambulance Care Programme                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                             |                                                                           | 4. Representatives are co-opted onto meetings and frequency is between 3–6 weeks. Set agendas with NCCU reps co-opted.                                                               |                      |            |                                   |       |       |
| 5. Monthly CASC Quality and Delivery Meeting established                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                             |                                                                           | 5. Formal meeting with agendas, minutes, and action logs available.                                                                                                                  |                      |            |                                   |       |       |
| 6. Patient Safety information e.g. Appendix B incidents, weekly/monthly patient safety reports produced                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                             |                                                                           | 6. These reports supplied to Director of Quality and Nursing in Health Boards and other senior stakeholder’s fortnightly                                                             |                      |            |                                   |       |       |
| 7. Programme structure has been established for ‘inverting the triangles’ including EASC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                             |                                                                           | 7. This is now an established programme of work with the Trust making an offer to the system via the Six Goals Programme in January 2024.                                            |                      |            |                                   |       |       |
| 8. Commissioning intentions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                             |                                                                           | 8. In year progress reported each quarter to the relevant commissioning meeting and 24/25 commissioning intentions approved for 111Wales and expected to be approved by Mar-24 EASC. |                      |            |                                   |       |       |
| 9. Governance arrangements for 111 commissioning: 111 Board, 111 Commissioning Board + 111 DAG etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                             |                                                                           | 9. Minutes of meetings and a standard agenda item                                                                                                                                    |                      |            |                                   |       |       |
| 33                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                             |                                                                           |                                                                                                                                                                                      |                      |            |                                   |       |       |



| Risk ID<br>100                                                                                                                     | Failure to persuade EASC/Health Boards about WAST’s ambitions and reach agreement on actions to deliver appropriate levels of patient safety and experience |                                                                           | Date of Review:                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 16/04/2024 |          | TREND      | 12<br>(3x4) |       |
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|                                                                                                                                    |                                                                                                                                                             |                                                                           | Date of Next Review:                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 16/07/2024 |          | ➡          |             |       |
| IF WAST fails to persuade EASC/Health Boards about WAST ambitions                                                                  |                                                                                                                                                             | THEN there is a risk of a delay or failure to receive funding and support | RESULTING IN a catastrophic impact on services to patients & staff and key outcomes in the IMTP not being delivered                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |          | Likelihood | Consequence | Score |
|                                                                                                                                    |                                                                                                                                                             |                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            | Inherent | 4          | 4           | 16    |
|                                                                                                                                    |                                                                                                                                                             |                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            | Current  | 3          | 4           | 12    |
|                                                                                                                                    |                                                                                                                                                             |                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            | Target   | 2          | 4           | 8     |
|                                                                                                                                    |                                                                                                                                                             |                                                                           | External Management (1 <sup>st</sup> Line of Assurance)<br>1. Plans go to every bi-monthly meeting<br>2. Meet bi-monthly and agendas, minutes and action logs available                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |          |            |             |       |
| GAPS IN CONTROLS                                                                                                                   |                                                                                                                                                             |                                                                           | GAPS IN ASSURANCE                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |          |            |             |       |
| 1. EASC meetings focus largely on EMS and cursory note of NEPTS                                                                    |                                                                                                                                                             |                                                                           | 1. NEPTS is covered in the WAST Provider Report to EASC (assumption that provider reports will continue in the JCC)                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |          |            |             |       |
| 2. Governance coordination between NCCU (now JCC) and WAST to be improved.                                                         |                                                                                                                                                             |                                                                           | 2. Identified need for a governance meeting between NCCU and WAST to manage the overall commissioner/provider interface. Actioned, but has lapsed due to capacity and resourcing in NCCU team. The Trust is currently meeting every two weeks connected to the development the IMTP. This will be further reviewed as the JCC goes live in April-24 (period of transition likely to extend through Q1). |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |          |            |             |       |
| 3. WAST’s ability to influence hospital handover delays (this is outside of the Trust’s control and a Health Board responsibility) |                                                                                                                                                             |                                                                           | 3. Ministerial direction on handover reduction with significant pressure being applied to health boards through the NHS Leadership Board and NHS Executive accountability arrangements.                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |          |            |             |       |
| 4. Funding does not flow in a manner to balance demand with capacity (outside of WAST’s control)                                   |                                                                                                                                                             |                                                                           | 4. Strategic demand and capacity review being undertaken with output due to be reported to EASC in Mar-24, with initial findings already shared. On advice from the CASC, formally reporting the findings of the review has been re-programmed into Q1 2024/25, for the new JCC. JCC dates to be determined.                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |          |            |             |       |
| Actions to reduce risk score or address gaps in controls and assurances                                                            |                                                                                                                                                             | Action Owner                                                              | By When/Milestone                                                                                                                                                                                                                                                                                                                                                                                       | Progress Notes:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |          |            |             |       |
| 1. Agree and influence EASC/Health Boards that sufficient funding to be provided to WAST                                           |                                                                                                                                                             | CEO WAST                                                                  | 02/08/23<br>Checkpoint Date (this is almost a permanent action by the CEO, so not sure it has a by when date?)                                                                                                                                                                                                                                                                                          | 30.09.22 Additional £3m provided for +100 FTEs into Response by 23/01/23. 12/01/23 Recurrent funding for the +100 not secure. 02.05.23 Recurrent funding still not secure. 16.04.24 Recurrent funding for +100 FTEs now secured.<br>28.07.23 Funding secure for 23/24, but not recurring. 18.01.24 Offer being made to the system in January 2024 via the Six Goals Programme. The reception of the Trust’s offer was mixed. A key area of focus in the 2024/25 IMTP will be data linking that enables the Trust to better prove the value of investing in the Trust; (16/04/24) and the development of system metrics dashboard that enables the Trust to track its impact on the wider system                                                                          |            |          |            |             |       |
| 2. Agree and influence EASC/Health Board of the need for significant reduction in hospital handover hours                          |                                                                                                                                                             | CEO WAST                                                                  | 02/08/23<br>Checkpoint Date (this is almost a permanent action by the CEO, so not sure it has a by when date?)                                                                                                                                                                                                                                                                                          | 30.09.22 4-hour handover backstop agreed and -25% reduction in handover from October 2021 baseline. 12/01/23 There has been a significant worsening picture. 02.05.23 Continued worsening picture with almost 29,000 lost in March 2023.<br>28.07.23 There has been some reduction, but levels remain extreme. 18.01.24 NHS Leadership Board is increasing accountability and focus of health board handover reduction actions. The emerging 2023 EMS Demand & Capacity Review models the level of resource required with no handover reduction and the level of resource required if there is a handover reduction to 12,000 hours.<br>26/04/24 This modelling has been further supplemented by modelling the Ministerial target of no handovers of more than one hour. |            |          |            |             |       |
| 3. Increased understanding of NEPTS by EASC                                                                                        |                                                                                                                                                             | Executive Director of Strategy Planning and Performance                   | 02/08/23<br>30/06/24                                                                                                                                                                                                                                                                                                                                                                                    | 30.09.22 “Focus on” session in May 2022 EASC and NCCU represented on Ambulance Care Programme Board. 12/01/23 F&P Deep Dive made available to NCCU. 02.05.23 Continued attendance by NCCU at Ambulance Care Transformation Programme.<br>28.07.23 EASC want WAST to develop a LTS for NEPTS, which will increase the focus on it. 18.01.24 Ambulance Care strategy sessions held as part of the inverting the triangle programme and IMTP development held, which will now be taken forward into a collaborative workshop with commissioners in Q1 2024/25.<br>16/04/24 Workshop arranged for April 2024.                                                                                                                                                                |            |          |            |             |       |
| 4. Governance meeting between NCCU and WAST to manage the commissioner provider interface                                          |                                                                                                                                                             | Assistant Director Commissioning & Performance                            | 02/08/23<br>Checkpoint Date                                                                                                                                                                                                                                                                                                                                                                             | 30.09.22 Meeting in place and meeting regularly. 12/01/23 Meetings continue. 02.05.23 These have lapsed due to pressures and sickness absence in the NCCU. HB to reboot, subject to ability of NCCU to undertake. 28.07.23 Availability remains a challenge, but there is regular informal dialogue between WAST and NCCU. 18.01.24 This specific meeting remains lapsed, but the Trust is currently meeting every two weeks with the                                                                                                                                                                                                                                                                                                                                    |            |          |            |             |       |

| Risk ID<br>100                                                    | Failure to persuade EASC/Health Boards about WAST’s ambitions and reach agreement on actions to deliver appropriate levels of patient safety and experience |                                                                           |                  | Date of Review:                                                                                                                                                                                                                                                | 16/04/2024 |          | TREND      | 12          |       |
|-------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|------------|-------------|-------|
|                                                                   |                                                                                                                                                             |                                                                           |                  | Date of Next Review:                                                                                                                                                                                                                                           | 16/07/2024 |          | ➡          | (3x4)       |       |
| IF WAST fails to persuade EASC/Health Boards about WAST ambitions |                                                                                                                                                             | THEN there is a risk of a delay or failure to receive funding and support |                  | RESULTING IN a catastrophic impact on services to patients & staff and key outcomes in the IMTP not being delivered                                                                                                                                            |            |          | Likelihood | Consequence | Score |
|                                                                   |                                                                                                                                                             |                                                                           |                  |                                                                                                                                                                                                                                                                |            | Inherent | 4          | 4           | 16    |
|                                                                   |                                                                                                                                                             |                                                                           |                  |                                                                                                                                                                                                                                                                |            | Current  | 3          | 4           | 12    |
|                                                                   |                                                                                                                                                             |                                                                           |                  |                                                                                                                                                                                                                                                                |            | Target   | 2          | 4           | 8     |
|                                                                   |                                                                                                                                                             |                                                                           |                  | NCCU on the development of the IMTP. As the Trust moves into the new JCC from 01 April 2024 there will be a further opportunity to address this control.<br>16/04/24 The new commissioning arrangements are in transition and still quite fluid at the moment. |            |          |            |             |       |
| 5. Develop and roll out the Stakeholder Influencing Plan          |                                                                                                                                                             | Director of Partnerships & Engagement<br>AD Planning & Transformation     | Q2 24/25 onwards | 15/03/24 This action is captured in Risk 201 on the CRR. The reputation audit being repeated in Q1 will inform the development and roll out of this plan in Q2.<br>16/04/24 One for Estelle.                                                                   |            |          |            |             |       |



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                               |                                                                              |                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                                   |       |       |             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------------------|-------|-------|-------------|
| Risk ID<br>424                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Resource availability (revenue, capital, and staff capacity) to deliver the organisation’s Integrated Medium-Term Plan (IMTP) |                                                                              |                                                                                                                                                                                                                                                                      | Date of Review:                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            | 18/03/2023                        |       | TREND | 12<br>(3x4) |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                               |                                                                              |                                                                                                                                                                                                                                                                      | Date of Next Review:                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | 18/06/2024                        |       | ➡     |             |
| IF resources are not forthcoming within the funding envelope available to WAST (link to risk 139)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               | THEN there is a risk that there is insufficient capacity to deliver the IMTP | RESULTING IN delay or non-delivery of IMTP deliverables which will adversely impact on the Trust’s ability to deliver its strategic objectives and improvement in patient safety and staff wellbeing                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Likelihood | Consequence                       | Score |       |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                               |                                                                              |                                                                                                                                                                                                                                                                      | Inherent                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 4          | 4                                 | 16    |       |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                               |                                                                              |                                                                                                                                                                                                                                                                      | Current                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 3          | 4                                 | 12    |       |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                               |                                                                              |                                                                                                                                                                                                                                                                      | Target                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1          | 4                                 | 4     |       |             |
| IMTP Deliverable Numbers: All                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                               |                                                                              |                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                                   |       |       |             |
| EXECUTIVE OWNER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                               | Director of Strategy, Planning & Performance                                 |                                                                                                                                                                                                                                                                      | ASSURANCE COMMITTEE                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            | Finance and Performance Committee |       |       |             |
| <b>Risk Commentary</b><br>It is recommended that the risk score be reduced to 12 based on a reduction of likelihood score. There is funding allocated within the IMTP financial plan for support to deliver key areas of work that has been agreed with commissioners. The vacancies and gaps within the central Transformation team have been reduced so there are better levels of support for delivery of key workstreams and delivery of mitigations listed in this BAF. IMTP priorities have been set and are going to Trust Board on 28 <sup>th</sup> March 2024 covering the next three years, taking into account the external context in which the Trust is working. These priorities are considered realistic within the funding envelope, and this has been through rigorous prioritisation processes (revenue and capital).<br>In addition, the Project Path Framework has now been developed to replace the existing PPM, which will enable awareness, training, and a network of project resources across the Trust to develop consistency in delivery. This is due to be signed off at Integrated Strategic Planning Group (ISPG) on 22nd March 2024 (STB delegated authority to sign off at ISPG on 26th February 2024).<br>This risk will remain under review as we consider any put further controls in place but also taking account of the new commissioning landscape, financial context and our strategic developments. |                                                                                                                               |                                                                              |                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                                   |       |       |             |
| CONTROLS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                               |                                                                              | ASSURANCES                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                                   |       |       |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                               |                                                                              | Internal Management (1 <sup>st</sup> Line of Assurance)                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                                   |       |       |             |
| 1. Prioritisation of IMTP deliverables                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                               |                                                                              | 1. Prioritisation session held with ADLT/ELT on 14 <sup>th</sup> February 2024                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                                   |       |       |             |
| 2. Financial policy and procedures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                               |                                                                              | 2.                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                                   |       |       |             |
| 3. Governance and reporting structures e.g., Strategic Transformation Board (STB)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |                                                                              | 3. IMTP sets out delivery structures and meeting minutes are available for ISPG, TSAG and STB                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                                   |       |       |             |
| 4. Assurance meetings with Welsh Government and Commissioners                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                               |                                                                              | 4. Agendas, minutes, and slide decks available                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                                   |       |       |             |
| 5. Transformation Support Office (TSO) which supports the major delivery programmes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                               |                                                                              | 5. Paper on TSO to Strategic Transformation Board                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                                   |       |       |             |
| 6. Project Path Framework (PPF) - Project and Programme Management Framework to be replaced with Project Path Framework, with toolkits, training, and networks in place to support consistency of project delivery across the Trust                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                               |                                                                              | 6. PowerPoint pack detailing Project Path Framework                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                                   |       |       |             |
| 7. Regular engagement with key stakeholders                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                               |                                                                              | 7. Stakeholder Engagement Framework                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                                   |       |       |             |
| 8. Financial Sustainability Programme – savings and income work streams                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                               |                                                                              | 8. FSP programme highlight reports                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                                   |       |       |             |
| 9. Head of Transformation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                               |                                                                              | 9. Head of Transformation in Post                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                                   |       |       |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                               |                                                                              | Independent Assurance (3 <sup>rd</sup> Line of Assurance)<br>2. Subject to Internal Audit                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                                   |       |       |             |
| GAPS IN CONTROLS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                               |                                                                              | GAPS IN ASSURANCE                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                                   |       |       |             |
| 1. Project and programme management (PPM) framework to be reviewed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                               |                                                                              | 1. PPM needs to be reviewed and approved through STB                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                                   |       |       |             |
| 2. Lack of a commercial contractual relationship with Commissioners (link to risk 458)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                               |                                                                              | 2. Benefits have not been fully linked at programme level through to benefits realisation plan.                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                                   |       |       |             |
| Actions to reduce risk score or address gaps in controls and assurances                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                               | Action Owner                                                                 | By When/Milestone                                                                                                                                                                                                                                                    | Progress Notes:                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                                   |       |       |             |
| 1. Review the PPF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               | Head of Transformation                                                       | Extended from 31.03.23 – To 31.06.23 and then to 30.09.23 in line with milestone for delivery<br>Extend to 31.12.23 in line with timescales for sign off.<br>Extend to 31.01.24 in line with timescales for sign off.<br>Extend to end of Feb in line with next STB. | Currently (January 2023) working through delivery structures for 2023-26 which will inform the PPM review – changed checkpoint date to 31.06.23.<br>Workshop held in Q1 and Q2 to develop new Project Path Framework. Milestone for delivery in Q3.<br>Planning Framework approved by STB on 04.07.2023 which sets out the Project Path framework at a high level.<br>Project Path Framework presented at ISPG on 27.10.23 and is scheduled for approval at STB on 27.11.23. |            |                                   |       |       |             |

36

| Risk ID<br>424                                                                                                                  | Resource availability (revenue, capital, and staff capacity) to deliver the organisation’s<br>Integrated Medium-Term Plan (IMTP) |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Date of Review:                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 18/03/2023 | TREND      | 12          |       |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|-------------|-------|
|                                                                                                                                 |                                                                                                                                  |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Date of Next Review:                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 18/06/2024 | ➡          | (3x4)       |       |
| IF resources are not forthcoming within the funding envelope available to WAST (link to risk 139)                               |                                                                                                                                  | THEN there is a risk that there is insufficient capacity to deliver the IMTP   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | RESULTING IN delay or non-delivery of IMTP deliverables which will adversely impact on the Trust’s ability to deliver its strategic objectives and improvement in patient safety and staff wellbeing |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            | Likelihood | Consequence | Score |
|                                                                                                                                 |                                                                                                                                  |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Inherent   | 4          | 4           | 16    |
|                                                                                                                                 |                                                                                                                                  |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Current    | 3          | 4           | 12    |
|                                                                                                                                 |                                                                                                                                  |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Target     | 1          | 4           | 4     |
|                                                                                                                                 |                                                                                                                                  |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Extend to end March to allow for ISPG sign off (delegated from STB)                                                                                                                                  | STB reviewed the Project Path Framework and generally good feedback but some alterations to be made and brought back to STB in January 2024 for approval. Further finalisation required; approval deferred to STB meeting 26.02.24. STB delegated authority to ISPG to finalise and sign off the PPF at the end of March.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |            |             |       |
| 2. Develop Benefits Realisation plans in line with Quality and Performance Management framework                                 |                                                                                                                                  | Assistant Director of Planning/Assistant Director, Commissioning & Performance | Extended from 30.09.22 – to 31.03.23. Further extend to 31.06.23 and then to 30.09.23 in line with milestone for delivery Extend to 31.12.23 as priorities have taken precedence but there is work ongoing in this space. Extend to 29.02.24 as other priorities have taken precedence but there is work ongoing in this space. As above extend to end of Feb. Extend to 30.06.24 as further resources become available / return to enable this work to be done. |                                                                                                                                                                                                      | Reviewed action and extended checkpoint date further as approach being developed for next iteration of IMTP. Work ongoing. Workshop held in Q1 and Q2 to develop new Project Path Framework. Milestone for delivery in Q3 as part of Project Path Framework. Work continues with the Commissioning and Performance Team to align performance metrics with programme/IMTP deliverables. An evaluation methodology is being trialled with Swansea University to look at benefits realisation of small, agile projects and PDSA cycles. Work continues this but will be rolled out as part of the PPF. The PPF has a clear template for benefits realisation plans, and benefits maps will be developed in Q1 to enable programmes and directorates to develop their benefits realisation plans.                                                                                                                                                                                                   |            |            |             |       |
| 3. A formal approach to service change to be developed providing secure recurrent funding with commissioners (link to risk 458) |                                                                                                                                  | Director of Finance                                                            | 31.12.22 – checkpoint date 31.06.23 and then to 30.09.23 Extend to 31.12.23. As above extend to end of Feb. Extend to end March to allow for ISPG sign off PPF (delegated from STB)                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                      | Extend checkpoint date to 31.03.2023 on basis of new financial allocations for 2023 to be worked through with Commissioner. A business case panel process has been developed and trialled as part of the development of the project path framework and is factored into the IMTP planning cycle, to give finance colleagues a timelier view of potential developments into the next 3-year cycle. Extended in line with the roll out of PPF as the business case process is within that framework, however it has been utilised to review the recent CSC Business Case and was found to be helpful and supportive – albeit the model for developing business cases needs to be reviewed further to make the actual output more streamlined. At ADLT/ELT prioritisation (14.02.24) it was agreed that for areas that have been allocated funding a clear ‘spend plan’ in lieu of a business case would be needed to draw down funding so that it is clear what the benefits of funding would be. |            |            |             |       |

| Risk ID<br>139                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Failure to deliver our Statutory Financial Duties in accordance with Legislation |  | Date of Review:                                                                                                                                                                           |                                                                                                                                                  | 09/04/2024                                                                                                                                                                      |            | TREND                             | 8     |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                  |  | Date of Next Review:                                                                                                                                                                      |                                                                                                                                                  | 09/07/2024                                                                                                                                                                      |            |                                   | (2x4) |  |
| <b>IF</b> the Trust does:<br><ul style="list-style-type: none"><li>not achieve financial breakeven and/or</li><li>does not meet the planning framework requirements and/or</li><li>does not work within the EFL and/or</li><li>fails to meet the 95% PSPP target and/or</li><li>does not receive an agreement with commissioners on funding (linked to 458)</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                  |  | <b>THEN</b> there is a risk that the Trust will fail to achieve all its statutory financial obligations and the requirements as set out within the Standing Financial Instructions (SFIs) | <b>RESULTING IN</b><br>potential interventions by the regulators, qualified accounts, and impact on delivery of services and reputational damage |                                                                                                                                                                                 | Likelihood | Consequence                       | Score |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                  |  |                                                                                                                                                                                           |                                                                                                                                                  | Inherent                                                                                                                                                                        | 3          | 4                                 | 12    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                  |  |                                                                                                                                                                                           |                                                                                                                                                  | Current                                                                                                                                                                         | 2          | 4                                 | 8     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                  |  |                                                                                                                                                                                           |                                                                                                                                                  | Target                                                                                                                                                                          | 2          | 4                                 | 8     |  |
| IMTP Deliverable Numbers:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                  |  |                                                                                                                                                                                           |                                                                                                                                                  |                                                                                                                                                                                 |            |                                   |       |  |
| EXECUTIVE OWNER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                  |  | Executive Director of Finance and Corporate Resources                                                                                                                                     |                                                                                                                                                  | ASSURANCE COMMITTEE                                                                                                                                                             |            | Finance and Performance Committee |       |  |
| Risk Commentary Q4 2023/24<br>The risk has now been further reviewed in conjunction with the level of financial risk detailed in the Trust’s financial monitoring returns submitted to WG. The score has improved in year as a result, in part due to WAST being able to resource the remaining cost of the EMS staff increase itself in year, whilst further confirmation and assurance has been received from WG on any pay award funding due. In addition, a recent letter from WG confirmed that the Trust does not need to contribute anything further to the wider NHS Wales deficit reduction plan or will see any further reduction in its income to do so, providing further confidence that for this financial the risk has reduced. It must be noted that even though the risk has reduced for this year, in the current challenging financial climate for all public sector organisations the risk will remain elevated especially as focus turns towards financial planning for the new financial year e.g., recurrent funding will still need to be agreed with Commissioners for the new financial year for the 100 WTE EMS staff. |                                                                                  |  |                                                                                                                                                                                           |                                                                                                                                                  |                                                                                                                                                                                 |            |                                   |       |  |
| CONTROLS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                  |  |                                                                                                                                                                                           |                                                                                                                                                  | ASSURANCES                                                                                                                                                                      |            |                                   |       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                  |  |                                                                                                                                                                                           |                                                                                                                                                  | Internal Management (1st Line of Assurance)                                                                                                                                     |            |                                   |       |  |
| 1. Financial governance and reporting structures in place                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                  |  |                                                                                                                                                                                           |                                                                                                                                                  | 1. Risk is reviewed quarterly at FPC, and a report is submitted bi-monthly to Trust Board                                                                                       |            |                                   |       |  |
| 2. Financial policies and procedures in place                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                  |  |                                                                                                                                                                                           |                                                                                                                                                  |                                                                                                                                                                                 |            |                                   |       |  |
| 3. Budget management meetings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                  |  |                                                                                                                                                                                           |                                                                                                                                                  | 3. Diarised dates for budget management meetings                                                                                                                                |            |                                   |       |  |
| 4. Regular financial reporting to ADLT, EFG, ELT, FPC and Trust Board in place                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                  |  |                                                                                                                                                                                           |                                                                                                                                                  | 4. Diarised dates for EFG and FPC and monthly reports                                                                                                                           |            |                                   |       |  |
| 5. Welsh government reporting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                  |  |                                                                                                                                                                                           |                                                                                                                                                  |                                                                                                                                                                                 |            |                                   |       |  |
| 6. Monthly review of savings targets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                  |  |                                                                                                                                                                                           |                                                                                                                                                  | 6. ADLT monthly review                                                                                                                                                          |            |                                   |       |  |
| 7. Regular review monitoring and challenge via WAST and CASC quality and delivery meeting with commissioners.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                  |  |                                                                                                                                                                                           |                                                                                                                                                  |                                                                                                                                                                                 |            |                                   |       |  |
| 8. Monthly ICMB (Internal Capital Monitoring Board) meetings to monitor and review progress against capital programme and engagement with WG and capital leads.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                  |  |                                                                                                                                                                                           |                                                                                                                                                  | 8. Diarised dates for ICMB meetings with regular monthly report                                                                                                                 |            |                                   |       |  |
| 9. PSPP monthly reporting and regular engagement with P2P colleagues and periodic Trust Wide communications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                  |  |                                                                                                                                                                                           |                                                                                                                                                  | 9. Regular PSPP communications (Trust wide) on Siren                                                                                                                            |            |                                   |       |  |
| 10. Forecasting of revenue and capital budgets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                  |  |                                                                                                                                                                                           |                                                                                                                                                  | a) Monthly monitoring returns to ADLT, EFG, ELT and FPC<br>(b) Reliance on available intelligence to inform future forecasting.                                                 |            |                                   |       |  |
| 11. Business cases and benefits realisation (both revenue and capital)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                  |  |                                                                                                                                                                                           |                                                                                                                                                  | 11. Business cases – scrutiny and approval at senior management team which are submitted to ADLT, ELT, FPC prior to Trust Board for approval as appropriate according to value. |            |                                   |       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                  |  |                                                                                                                                                                                           |                                                                                                                                                  | External Assurances Management (1st Line of Assurance)                                                                                                                          |            |                                   |       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                  |  |                                                                                                                                                                                           |                                                                                                                                                  | 5. Monthly Monitoring Returns to Welsh Government                                                                                                                               |            |                                   |       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                  |  |                                                                                                                                                                                           |                                                                                                                                                  | 7. EASC management meetings. Monthly meetings with EASC and DAG for NEPTS.                                                                                                      |            |                                   |       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                  |  |                                                                                                                                                                                           |                                                                                                                                                  | 8. Bi-monthly Capital CRL meetings with Trust and WG capital leads                                                                                                              |            |                                   |       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                  |  |                                                                                                                                                                                           |                                                                                                                                                  | 9. Regular P2P meetings diarised (bi-monthly)                                                                                                                                   |            |                                   |       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                  |  |                                                                                                                                                                                           |                                                                                                                                                  | 10. Monthly monitoring returns into Welsh Government                                                                                                                            |            |                                   |       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                  |  |                                                                                                                                                                                           |                                                                                                                                                  | Independent Assurances (3rd Line of Assurance)                                                                                                                                  |            |                                   |       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                  |  |                                                                                                                                                                                           |                                                                                                                                                  | 1-10 Internal audit reviews covering                                                                                                                                            |            |                                   |       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                  |  |                                                                                                                                                                                           |                                                                                                                                                  | 1-10 External audit reviews                                                                                                                                                     |            |                                   |       |  |

| Risk ID<br>139                                                                                                                                                                                                                                                                                                                                                     | Failure to deliver our Statutory Financial Duties in accordance with Legislation |  | Date of Review:                                                                                                                                                                           |                                                                                                                                               | 09/04/2024           |            | TREND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 8     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
|                                                                                                                                                                                                                                                                                                                                                                    |                                                                                  |  | Date of Next Review:                                                                                                                                                                      |                                                                                                                                               | 09/07/2024           |            | ➡                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (2x4) |
| <b>IF</b> the Trust does: <ul style="list-style-type: none"><li>not achieve financial breakeven and/or</li><li>does not meet the planning framework requirements and/or</li><li>does not work within the EFL and/or</li><li>fails to meet the 95% PSPP target and/or</li><li>does not receive an agreement with commissioners on funding (linked to 458)</li></ul> |                                                                                  |  | <b>THEN</b> there is a risk that the Trust will fail to achieve all its statutory financial obligations and the requirements as set out within the Standing Financial Instructions (SFIs) | <b>RESULTING IN</b> potential interventions by the regulators, qualified accounts, and impact on delivery of services and reputational damage |                      | Likelihood | Consequence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Score |
|                                                                                                                                                                                                                                                                                                                                                                    |                                                                                  |  |                                                                                                                                                                                           |                                                                                                                                               | Inherent             | 3          | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 12    |
|                                                                                                                                                                                                                                                                                                                                                                    |                                                                                  |  |                                                                                                                                                                                           |                                                                                                                                               | Current              | 2          | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 8     |
|                                                                                                                                                                                                                                                                                                                                                                    |                                                                                  |  |                                                                                                                                                                                           |                                                                                                                                               | Target               | 2          | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 8     |
| GAPS IN CONTROLS                                                                                                                                                                                                                                                                                                                                                   |                                                                                  |  |                                                                                                                                                                                           | GAPS IN ASSURANCE                                                                                                                             |                      |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |       |
| • Lack of formalised service contracts between Commissioner and WAST as a commissioned body                                                                                                                                                                                                                                                                        |                                                                                  |  |                                                                                                                                                                                           | 10. None identified.                                                                                                                          |                      |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |       |
| Actions to reduce risk score or address gaps in controls and assurances                                                                                                                                                                                                                                                                                            |                                                                                  |  | Action Owner                                                                                                                                                                              |                                                                                                                                               | By When/Milestone    |            | Progress Notes:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |       |
| 1. Continuing negotiations with Commissioners                                                                                                                                                                                                                                                                                                                      |                                                                                  |  | Director of Finance and Corporate Resources/ Director of Strategy Planning and Performance                                                                                                |                                                                                                                                               | 31/03/24<br>31/03/25 |            | In line with the recent WAST financial position and monthly monitoring letter sent to WG, WAST can resource the cost of the EMS staff itself. In addition, discussions continue with commissioners to ensure WAST continue to obtain funds in relation to 111 on a spend and recover basis.                                                                                                                                                                                                       |       |
| 2. Embed a transformative savings plan and ensure organisational buy in                                                                                                                                                                                                                                                                                            |                                                                                  |  | ADLT and Savings subgroup                                                                                                                                                                 |                                                                                                                                               | 31/03/24<br>31/03/25 |            | The Financial Sustainability Program (FSP) continues to be a key vehicle for the Trust to fully identify its savings program. Over delivery was achieved for the 23/24 financial year and the point of strong delivery is further highlighted with the programs ability to fully identify the 24/25 £6.4m savings plan before the start of the financial year.                                                                                                                                    |       |
| 3. Embed value-based healthcare working through the organisation                                                                                                                                                                                                                                                                                                   |                                                                                  |  | Executive Leadership Team and Value Based Healthcare Group                                                                                                                                |                                                                                                                                               | 31/03/24<br>31/03/25 |            | Work to identify the PROMS & PREMS evaluation criteria for Emergency based services via the Value-Based Healthcare working group continues.                                                                                                                                                                                                                                                                                                                                                       |       |
| 4. Foundational economy, Decommissioning, and procurement to mitigate social and economic wellbeing of Wales                                                                                                                                                                                                                                                       |                                                                                  |  | Estates, Capital and Fleet Groups, NHS Wales Shared Services Partnership                                                                                                                  |                                                                                                                                               | 31/03/24<br>31/03/25 |            | The organisation utilises the NWSSP Shared Services Procurement framework to ensure contracts tendered provide best value for money while ensuring criteria within the tender docs ask bidders to highlight their ability to serve the aims of FE, Decommissioning, Decarbonisation and social as well as the economic wellbeing of Wales. Ad hoc reports are received from Shared Services on WAST’s progress in switching more expenditure to Welsh suppliers to keep the Welsh pound in Wales. |       |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                   |                                                                                                                                         |                                                                                               |                                                                                                                                                                                                                                     |            |                                   |       |       |       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------------------|-------|-------|-------|
| Risk ID<br>283                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | TO BE DE-ESCALATED TO DIRECTORATE RISK REGISTER                   |                                                                                                                                         |                                                                                               | Date of Review:                                                                                                                                                                                                                     |            | 29/02/2024                        |       | TREND | 8     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Failure to implement the EMS Operational Transformation Programme |                                                                                                                                         |                                                                                               | Date of Next Review:                                                                                                                                                                                                                |            | 28/05/2024                        |       | ➡     | (2x4) |
| IF there are issues and delays in the planning and organisation of the EMS Demand & Capacity Review Implementation Programme                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                   | THEN there is a risk that WAST will fail to implement the EMS Operational Transformation Programme to the agreed performance parameters | RESULTING IN potential patient harm, deterioration in staff wellbeing and reputational damage |                                                                                                                                                                                                                                     | Likelihood | Consequence                       | Score |       |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                   |                                                                                                                                         |                                                                                               | Inherent                                                                                                                                                                                                                            | 4          | 4                                 | 16    |       |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                   |                                                                                                                                         |                                                                                               | Current                                                                                                                                                                                                                             | 2          | 4                                 | 8     |       |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                   |                                                                                                                                         |                                                                                               | Target                                                                                                                                                                                                                              | 2          | 4                                 | 8     |       |       |
| IMTP Deliverable Numbers:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                   |                                                                                                                                         |                                                                                               |                                                                                                                                                                                                                                     |            |                                   |       |       |       |
| EXECUTIVE OWNER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                   | Director of Strategy Planning & Performance                                                                                             |                                                                                               | ASSURANCE COMMITTEE                                                                                                                                                                                                                 |            | Finance and Performance Committee |       |       |       |
| Risk Commentary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                   |                                                                                                                                         |                                                                                               |                                                                                                                                                                                                                                     |            |                                   |       |       |       |
| The EMS Operational Transformation Programme is the Trust’s strategic delivery response to the 2019 EMS Demand & Capacity Review. The programme has now largely been delivered e.g., closure of relief gap (recruitment of +300 staff), increase consult & close above the 10.2% benchmark, re-roster EMS, ensure that there was sufficient fleet and estate to support these changes and roll out the new CHARU resource. The main area outstanding is the reconfiguration of EMSC, which was initially delayed by the pandemic and then further delayed by the need to update the data used to ensure the recommended actions were still correct. This update has just been completed, so the focus is now on finishing the EMSC project within this programme. The full role out of the CHARU resource also remains an open action. The programme was subject to internal audit in 2022 and narrowly missed substantial assurance (quoracy to be reflected in PID and PID updated, both of which have been addressed). |                                                                   |                                                                                                                                         |                                                                                               |                                                                                                                                                                                                                                     |            |                                   |       |       |       |
| Whilst the programme has largely delivered on its agreed outputs, it has not delivered the required levels of patient safety and staff working conditions for two main reasons: extreme handover (+20,000 lost hours v the 6,000 that the programme was predicated on) and abstractions (34% v the 30% benchmark). Handover remains extreme, but abstractions are reducing.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   |                                                                                                                                         |                                                                                               |                                                                                                                                                                                                                                     |            |                                   |       |       |       |
| Subject to agreement with Strategic Transformation Board (STB), the Senior Responsible Owner for the programme, is expecting to close (and evaluate) the programme in March 2024. STB will then determine what programme arrangements are required in 2024/25 for the new actions arising out of the 2023 EMS Demand & Capacity Review.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                   |                                                                                                                                         |                                                                                               |                                                                                                                                                                                                                                     |            |                                   |       |       |       |
| CONTROLS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                   |                                                                                                                                         |                                                                                               | ASSURANCES                                                                                                                                                                                                                          |            |                                   |       |       |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                   |                                                                                                                                         |                                                                                               | Internal Management (1 <sup>st</sup> Line of Assurance)                                                                                                                                                                             |            |                                   |       |       |       |
| 1. Implementation Programme Board in place – meetings held every 3 weeks with the DASC and TU reps on the membership. Now every 6 weeks as the programme largely delivered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   |                                                                                                                                         |                                                                                               | 1. Minutes and papers of Implementation Programme Board.                                                                                                                                                                            |            |                                   |       |       |       |
| 2. Executive sponsor and Senior Responsible Owner (SRO) for programme in place.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                   |                                                                                                                                         |                                                                                               | 2. Project Initiation Document (PID) detailing structure and minutes of Implementation Programme Board. PID is up to date.                                                                                                          |            |                                   |       |       |       |
| 3. Programme Manager and Programme support office in place (for delivery of the programme).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   |                                                                                                                                         |                                                                                               | 3. Same as 2 above.                                                                                                                                                                                                                 |            |                                   |       |       |       |
| 4. Programme risk register.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   |                                                                                                                                         |                                                                                               | 4. Highlight reports showing key risks reported to STB every 6 weeks.                                                                                                                                                               |            |                                   |       |       |       |
| 5. Assurance meetings held with Strategic Transformation Board (STB) every 6 weeks and with CEO every 3 weeks.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                   |                                                                                                                                         |                                                                                               | 5. Highlight reports presented to STB every 6 weeks.                                                                                                                                                                                |            |                                   |       |       |       |
| 6. Programme budget in place.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                   |                                                                                                                                         |                                                                                               | 6. Programme budget monitoring report is provided to the Implementation Programme Board – every 6 weeks.                                                                                                                            |            |                                   |       |       |       |
| 7. Programme documentation and reporting is in place to Programme Board every 6 weeks and STB receives highlight report.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                   |                                                                                                                                         |                                                                                               | 7. PID and Programme Plan Summary kept up to date. PID is presented to the STB if there is a significant change in the programme deliverables. Programme Plan Summary reported to the Implementation Programme Board every 3 weeks. |            |                                   |       |       |       |
| 8. Regular engagement with the Commissioner and Trade Unions and representation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                   |                                                                                                                                         |                                                                                               | 8. Commissioner and TU participation at the Implementation Programme Board.                                                                                                                                                         |            |                                   |       |       |       |
| 9. Management of external stakeholder and political concerns                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                   |                                                                                                                                         |                                                                                               | 9. Communications and Engagement Plan sets out WAST’s arrangements for engagement with stakeholders.                                                                                                                                |            |                                   |       |       |       |
| 10. Secured specialist consultancy to support decision making                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                   |                                                                                                                                         |                                                                                               | 10. Reports and contractual compliance.                                                                                                                                                                                             |            |                                   |       |       |       |
| 11. Timetabled completion of programme closure and evaluation report.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                   |                                                                                                                                         |                                                                                               | 11. Agreed templates for these reports.                                                                                                                                                                                             |            |                                   |       |       |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                   |                                                                                                                                         |                                                                                               | External Management (1 <sup>st</sup> Line of Assurance)                                                                                                                                                                             |            |                                   |       |       |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                   |                                                                                                                                         |                                                                                               | a. Deputy Ambulance Services Commissioner sits on the Implementation Programme Board.                                                                                                                                               |            |                                   |       |       |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                   |                                                                                                                                         |                                                                                               | b. Emergency Ambulance Service Committee Management Group receives a highlight report every two months.                                                                                                                             |            |                                   |       |       |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                   |                                                                                                                                         |                                                                                               | c. EASC receives an update every 2 months on the programme as part of the WAST Provider Report.                                                                                                                                     |            |                                   |       |       |       |



| Risk ID<br>283                                                                                                               | TO BE DE-ESCALATED TO DIRECTORATE RISK REGISTER                   |                                                                                                                                         |                                                                                                                                                                                                                                                                                | Date of Review:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            | 29/02/2024  |       | TREND | 8     |
|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------|-------|-------|-------|
|                                                                                                                              | Failure to implement the EMS Operational Transformation Programme |                                                                                                                                         |                                                                                                                                                                                                                                                                                | Date of Next Review:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            | 28/05/2024  |       | ➡     | (2x4) |
| IF there are issues and delays in the planning and organisation of the EMS Demand & Capacity Review Implementation Programme |                                                                   | THEN there is a risk that WAST will fail to implement the EMS Operational Transformation Programme to the agreed performance parameters | RESULTING IN potential patient harm, deterioration in staff wellbeing and reputational damage                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Likelihood | Consequence | Score |       |       |
|                                                                                                                              |                                                                   |                                                                                                                                         |                                                                                                                                                                                                                                                                                | Inherent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 4          | 4           | 16    |       |       |
|                                                                                                                              |                                                                   |                                                                                                                                         |                                                                                                                                                                                                                                                                                | Current                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2          | 4           | 8     |       |       |
|                                                                                                                              |                                                                   |                                                                                                                                         |                                                                                                                                                                                                                                                                                | Target                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2          | 4           | 8     |       |       |
| GAPS IN CONTROLS                                                                                                             |                                                                   |                                                                                                                                         | GAPS IN ASSURANCE                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |             |       |       |       |
| 1. Current controls on workforce buy in are not sufficient due to changes in working practices                               |                                                                   |                                                                                                                                         | 1. Project Initiation Document (PID) needs to be updated to reflect 22/23 budget position. The PID has been updated for 2023/24 and reflects the budget, commissioning intentions and IMTP.                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |             |       |       |       |
| 2. System pressures – patient handover delays at hospitals (link to risks 223 & 224)                                         |                                                                   |                                                                                                                                         | 2. No prompts from STB for programme PID or risk register updates. The SRO continues to provide the HLR, but the PID needs to be signed off by the Executive Sponsors. This can be done outside of STB. This will be overtaken by the programme closure and evaluation report. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |             |       |       |       |
| Actions to reduce risk score or address gaps in controls and assurances                                                      |                                                                   | Action Owner                                                                                                                            | By When/Milestone                                                                                                                                                                                                                                                              | Progress Notes:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |             |       |       |       |
| 1. Increase in engagement on the specifics of change through facilitation mechanisms                                         |                                                                   | Assistant Director – Commissioning & Performance                                                                                        | 02.08.23 Checkpoint Date Engaged <b>has now largely concluded. Evaluation to next STB.</b>                                                                                                                                                                                     | 30.09.22 Significant engagement through roster review project. 12/01/23 Largely complete. 02.05.23 There remains some minor engagement as the project concludes. 18.01.24 The main o/s action here is engaging with the TU partners on the evaluation of the roster review. A draft evaluation has been written up and will be shared with TU partners this quarter (currently awaiting new roster keys from ORH to enable comparison with roster keys implemented – the 2023 EMS Demand & Capacity Review clearly identifies that the keys current keys are insufficient to meet demand).                                                                                                                                                                                                                                  |            |             |       |       |       |
| 2. More capacity requested (transition plan)                                                                                 |                                                                   | Assistant Director of Planning & Transformation                                                                                         | 02.08.23 <b>Closed and transferred to triangle inversion programme.</b>                                                                                                                                                                                                        | 30.09.22 Transition plan not funded, but +100 FTE agreed. 12/01/23 Recurrent funding not secure. 02.05.23 this has not been forthcoming, and handover lost hours are offsetting all of the gains that the Trust has made. 03.08.23 More capacity unlikely within current financial pressures, but Trust has recently started the next iteration of the strategic EMS Demand & Capacity Review. 18.01.24 Trust currently making an offer to the system via the Six Goals Programme. This offer received a mixed reception. A key area of focus for the Trust is data linking that enables the Trust to more clearly demonstrate the value of investing in inverting the triangle. <b>This will be taken forward through the triangle inversion programme. No further action for this programme.</b>                          |            |             |       |       |       |
| 3. Engage with key stakeholders to reduce handover delays                                                                    |                                                                   | CASC                                                                                                                                    | 02.08.23 <b>Closed and transferred to triangle inversion programme.</b>                                                                                                                                                                                                        | 30.09.22 Reduction commitments agreed, but trend is still upwards. 12/01/23 Extreme and upward trend. 02.05.23 handover hours remain extreme. 28.07.23 Increasing focus through ICAP meetings, with C&V showing notable progress and early signs of progress in some other health boards. 18.01.24 Significant increase in health board accountability and focus via the NHS Leadership Board. The 2023 EMS Demand & Capacity Review models <b>three</b> scenarios: handover at 25,000 hours and the required level of ambulance resource to cope with this; handover at 12,000 with the much lower level of ambulance resource growth to cope with this level of handover; <b>and handover at 7,000 hours (maximum weight one hour). The review will be taken forward through the triangle inversion programme. Closed</b> |            |             |       |       |       |
| 4. Reduce abstractions in particular sickness absence                                                                        |                                                                   | Deputy Director of Workforce & OD                                                                                                       | 02.08.23 <b>Closed. BAU to monitor abstractions and sickness absence.</b>                                                                                                                                                                                                      | 30.09.22 Sickness absence reducing, but abstractions high linked to sickness, but also training abstraction linked to the +100. 12/01/23 Abstractions have reduced, but still very high. Sickness is reducing and on trend to achieving the 10% Mar-23 target. High abstractions linked to internal movements caused by internal recruitment. 02.05.23 the Trust achieved 7.99% in Feb-23, but levels are higher in Operations. Continued focus into 2023/24 to reach 6% by 31/03/23. 28.07.23 Abstractions, which includes sickness now less than 35% with benchmark to 30%. 18.01.24 Abstractions were 31% in November 2023. They did increase in December but went below 30% in January 2024 for the first time since pre-pandemic.                                                                                      |            |             |       |       |       |



| Risk ID<br>283                                                                                                               | TO BE DE-ESCALATED TO DIRECTORATE RISK REGISTER<br>Failure to implement the EMS Operational Transformation Programme |                                                                                                                                         |  |                                                                                               | Date of Review:                                                                                                                                                                                                                                                                                                                                                                |          | 29/02/2024 |             | TREND | 8     |
|------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------|-------------|-------|-------|
|                                                                                                                              |                                                                                                                      |                                                                                                                                         |  |                                                                                               | Date of Next Review:                                                                                                                                                                                                                                                                                                                                                           |          | 28/05/2024 |             | ➡     | (2x4) |
| IF there are issues and delays in the planning and organisation of the EMS Demand & Capacity Review Implementation Programme |                                                                                                                      | THEN there is a risk that WAST will fail to implement the EMS Operational Transformation Programme to the agreed performance parameters |  | RESULTING IN potential patient harm, deterioration in staff wellbeing and reputational damage |                                                                                                                                                                                                                                                                                                                                                                                |          | Likelihood | Consequence | Score |       |
|                                                                                                                              |                                                                                                                      |                                                                                                                                         |  |                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                | Inherent | 4          | 4           | 16    |       |
|                                                                                                                              |                                                                                                                      |                                                                                                                                         |  |                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                | Current  | 2          | 4           | 8     |       |
|                                                                                                                              |                                                                                                                      |                                                                                                                                         |  |                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                | Target   | 2          | 4           | 8     |       |
| 5. Engage with Assistant Director of Planning and Transformation on process for PID updates                                  |                                                                                                                      | Assistant Director – Commissioning & Performance                                                                                        |  | 02.08.23<br>Closed. PID being used as part of closure and evaluation report.                  | 30.09.22 HoT recruited and now started. Initial contact made with HoT. PID is up to date.<br>12/01/23 PID has been further updated but requires sign off by the SRO and STB.<br>02.05.23 PID has been updated but needs to be signed off by Executive Sponsors.<br>28.07.23 PID updated and programme aligned to new arrangements required by HoT.<br>18.01.24 PID up to date. |          |            |             |       |       |



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## FINANCE AND PERFORMANCE COMMITTEE HIGHLIGHT REPORT TO BOARD

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

|                          |             |
|--------------------------|-------------|
| Trust Board Meeting Date | 30 May 2024 |
| Committee Meeting Date   | 14 May 2024 |
| Chair                    | Joga Singh  |

### KEY ESCALATION AND DISCUSSION POINTS

#### ALERT

(Alert the Board to areas of attention)

1. No alerts for the Board from this meeting.

#### ADVISE

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

1. The Committee received the **Digital Plan Refresh 2024-29** and considered options, approving an option which balances addressing essential resource gaps in our day-to-day digital services provision and advancing key digital transformation initiatives that support our IMTP and broader organisational strategy. There was good engagement of committee members ahead of the presentation. Building on the current digital strategy, the Digital Plan prioritises a comprehensive, forward looking approach aligned to the Trust's commitment to serve the people of Wales and is aligned to the Long Term Strategy Delivering Excellence 2030. Members acknowledged the necessary investment in the plan to ensure that digital, cybersecurity, and operational vulnerabilities and inefficiencies are addressed, and that the Trust's digital innovation aligns to our strategic ambitions in the IMTP and long term strategy to meet the advancements in healthcare and the evolving complexities delivery. The funding for this plan is included in the digital revenue allocation of £1.376m and was approved by the Executive Finance Group in the budget setting meeting and included in the financial plan and IMTP for 2024/25. The capital costs of £196k are captured in the capital programme for this financial year.
2. The plan sets out the digital transformation journey to date and how proactive utilisation of digital and technological advancements will enhance our service delivery, provide exceptional patient care, and maximise patient experience. Members discussed key areas including:
  - The rationale for the refresh which centres around three pivotal themes: compliance with regulatory and strategic frameworks, enhancement of patient outcomes, and the optimisation of



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resources.

- The key pillars that enable delivery of key work programmes.
  - The five digital tranches approach to track and supporting delivery of objectives and evolution over the next 5-10 years.
  - The Digital Transformation function and Chief Clinical Information Officer (CCIO) role which will be implemented to drive forward innovation and operational efficiency.
  - The four options for balancing operational integrity and digital growth, endorsing option two as the preferred option for the team.
  - The costs attached to approved option are included in the digital financial envelope for 2024/25.
  - The development of new KPIs to track progress, identify areas for improvement and accountability reporting through Board, FPC and internal forums as well as in the wider community.
  - The risks on adequate investment and the maturity and realistic timeliness of implementing the significant work programmes underpinning the plan at a balanced pace was discussed.
3. Members were updated on the Trust's **Information Governance Toolkit** undertaken to test the secure handling of patient data and compliance against legal and regulatory requirements. The preliminary report shows good compliance; however, there are 6 areas that require improvement to meet the minimum standards. An improvement plan is in development and will be reported to Committee in due course.
4. An update on the **Clinical Assessment Software** (CAS) replacement system went live on 30<sup>th</sup> April 2024 successfully. Call handling time has extended with peak activity on the Bank Holiday meaning some callers had had to wait longer than expected; however, this is returning to normal. Positive initial feedback from Health Boards on referral activity to GP OOH that is a byproduct of new algorithms. Chair expressed thanks and congratulations to the team in meeting the challenging deadlines of this project.
5. Members **Reflections** on the meeting included:
- The Chair thanked Executives and their teams for the effort in preparing well written papers supporting good opportunities for scrutiny, challenge, and support. Members felt it is easy to ask questions given the openness and transparency of the papers and agreed that the time went by quickly despite the lengthy Agenda. The hybrid meeting model will be given consideration after the success of this in other Committees. Thanks was given particularly for the time on the Cyber discussions and to the Chair for steering the meeting.

## ASSURE

(Detail here assurance items the Committee receives)

6. The Committee received the **Operations Quarterly update** and noted key areas including:
- The publication of the Manchester Arena Inquiry report in future closed sessions.
  - The AACE centre of excellence demonstrating a return to the required accreditation standards during April.
  - The relief planning pilot is underway on 6 weeks' notice period.
  - Call handling recruitment successful and a formal consultation on career plan is in development in



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EMSC.

- Reaping the benefit of overtime controls learning from last year.
  - Month 1 shows a favourable financial position for the directorate.
  - 111 demand is up; however, demand and capacity modelling required to understand required establishment needed.
7. The Committee received assurance on the draft yearend presentation on the **financial position for Month 12 2023/24**. The Board has a detailed paper on the financial position before it for its May meeting. The revenue position reports a small surplus of £85k and the capital expenditure of £22m being fully spent, all subject to audit. Gross savings of £6.546m have been achieved against a target of £6.000m and the Public Sector Payment Policy is on track with performance, against a target of 95%, of 96.4% for the number, and 98.5% of the value of non-NHS invoices paid within 30 days. Audited accounts will be presented to Audit Committee and Trust Board in July 2024 ahead of final submission to Welsh Government.
8. An update was provided on the draft **financial position for Month 1 2024/25** in advance of the submission to Welsh Government with the cumulative year to date (end of April 2024) revenue financial position against budget of a small surplus of £0.019m with capital planned expenditure of £21.672m forecast to be fully spent. This now includes the c£12.828m against the 2024/25 Fleet Business Justification Case, recently confirmed by WG. Savings are reported of £0.663m against the target of £0.569m. Public Sector Payment Policy is on track against the 95% target of 97.3% for non NHS invoices paid in 30 days.
9. An update was provided on the **Financial Sustainability Programme (FSP)** celebrating the overperformance of £546,000 against our planned total for the year. This accomplishment underscores our commitment to Achieving Efficiency and Income Generation, showcasing substantial progress in key schemes. Moreover, our targeted savings opportunities, earmarked at £6.4m, position us strongly for the future and keep this at the forefront of the agenda.
10. The **2023-24 IMTP year-end report** captured a positive summary despite continuing financial challenges in NHS Wales last year. Exceptions reported on the Ambulance Care Programme NET Centre re-roster for operational hours and relief and Consult and Close rates for the Gateway to Care Programme marked in red and the independent prescribing element of the Clinical Transformation Programme which is amber; all of which remain a priority for the 2024/25. The **Forward Assurance Plan for 2024/25** was noted and a key assurance was in relation to apprentices and the diminishing pool of talent, workforce planning and on the redesign of our Clinical Service Model which showcases our opportunities to manage large scale transformation and service wide improvements.
11. **The Digital KPIs** relating to data and analytics, ICT systems, service provision and projects within the IMTP for the period 1 April 2023 to 31 March 2024 were reviewed by exception. The Committee noted:
- The average turnaround for non-trivial data requests spiked at 37 days due to the “operational pause and improve” work to focus on the 111 CAS replacement.
  - A high level of records requests received show an increase of 45% on 2021/23 and 2022/23.
  - Full year system availability metrics will be available for the July meeting.
  - The 111 CAS system replacement went live successfully as planned on 30 April.
  - The Data Linkage project continues to progress focusing on the Out-of-Hospital Cardiac Arrest dataset. A join controller agreement is in development with DHCW and the Trust to meet the



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Information Governance requirements.

- The 111 Website project is underway with a strategy report supporting the development of a longer term business case for this service.
  - The QPMF reporting project has increased to a 100% compliance on 75% reported in the last period with version 1 of the MIQPR successfully delivered.
  - The Digital Experience and Digital Champions initiatives have not progressed at pace, yet supporting activities such as automation of processes, engagement with colleagues internally and digital suppliers are underway which will support the delivery of the People & Culture plan in the coming years.
  - The Mobile Data Vehicle Solutions installation project has been concluded and plans are in place for the project wrap up. The NEPTS installs have commenced and on target for June 2024 completion. Operational teams are engaging staff to complete training and the dashboard is on Siren.
12. Members received an update on the work undertaken in relation to **Environment, Decarbonisation and Sustainability** work programmes and noting specifically the continuing progress against that within the Trust's Decarbonisation Action Plan (DAP) in response to the Welsh Government NHS Wales Decarbonisation Strategic Delivery Plan (NHSW- DSDP) which is overseen by the Decarbonisation Programme Board. Members were assured that an escalation plan is in development to ensure the Trust is undertaking all possible actions against identified risks and wider environmental considerations. An application was submitted for an NHS Sustainability Awards early in May and will be shared with Committee as a summary of what has been achieved over the last two years.
13. The **Monthly Integrated Quality and Performance Report (MIQPR) for March and April 2024** was presented. The report is before the Trust Board in May 2024 along with a separate patient harm report. Key highlights included: Red performance at 48% in April acknowledging that red activity continues at rates higher than previous years with the highest red activity week of the year last week which is impacting capacity due to higher attendance rates, Amber one median was one hour and 8 minutes, Abandonment rate for 111 was 5.5%, Sickness rate was 7.67% in March, Abstraction rate was 32.5% in March, and Handover delays were 23,620 hours lost in April.
14. Committee were assured that the **commissioning intention arrangements for EMS and NEPTS** are built into the planning cycles, quarterly assurance cycles and support the work towards our strategic ambitions and transformational plans and monitoring of that will be included in the IMTP delivery reports.
15. A **suite of policies** was presented to Committee and approved. EqlAs had been undertaken for each policy and there were no issues to escalate to Members.
- Purchase Card Policy
  - Waste Management Policy
  - Data Quality Policy
16. The **Audit Tracker** was received, and the Committee noted the update with 60% of FPC related internal audit actions (which were due in quarter) closed in quarter, with 50% of external audit actions due closed this period.



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17. Members received the **Committee Cycle of Business (CoB)** updated following the effectiveness review conducted in Q4 along with the Q1 **Monitoring Report**. The CoB for 2024/25 was approved noting that there are areas that will be dynamically developed throughout the year in relation to Cyber and Commissioning reporting and the Annual Sustainability Report.
18. In **closed session** members received an update on Cyber Reporting and an alert, the initial Capital Programme for 2024/25, the GUH Transfer Service SLA, an updated Business Case for the new Dolgellau Ambulance Station and recommendations relating to the cyber security actions.

## RISKS

**Risks Discussed:** Whilst the report provides that there are no material changes to the eight principal risks within the remit of this Committee as at 7 February 2024, the Committee were assured that there are several changes foreshadowed to these risks in readiness for presentation to Trust Board in May 2024 including:

- a) Two new risks will be included on the Corporate Risk Register – **Risk 623** (Data Protection Legislation) scoring 15 (3x5) and **Risk 542** (Decarbonisation) at a score of 16 (4x4).
- b) **Risk 458** (A confirmed commitment from EASC and/or Welsh Government is required in relation to funding for recurrent costs of commissioning) will be closed from the CRR on the basis that this was specifically in relation to the 100wte and the overlap with **Risks 424** and **139**.
- c) Two risks will be de-escalated from the CRR to the Directorate Risk Registers as the actions have been completed and mitigated to target score. **Risk 283** (Failure to implement the EMS Operational Transformation Programmes) has reached target of 8 (2x4) from 12 (3x4) and **Risk 543** (major disruptive incident resulting in a loss of critical IT systems) has reached target of 10 (2x5) from 15 (3x5).
- d) **Risk 424** (prioritisation or availability of resources to deliver the Trust's IMTP) will reduce in score from 16 (4x4) to 12 (3x4) given the funding allocated within the IMTP financial plan to support key areas of work agreed with Commissioners.

Further, **Risk 594** (the Trust's inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death) remains static at 20 (4x5) reflecting continued challenges across the unscheduled care system.

**Risks 260** (a significant and sustained Cyber Attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems) remains at a score of 15 (3x5).

**Risks 100** (Failure to persuade EASC/Health Boards about WAST's ambitions and reach agreement on actions to deliver appropriate levels of patient safety and experience) and **Risk 139** (Failure to Deliver our Statutory Financial Duties in accordance with legislation) remain unchanged at this time.





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| COMMITTEE AGENDA FOR MEETING                    |                                                                                                                                                                   |                                                                    |
|-------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| Operations Quarterly Update                     | IMTP 2023-24 End of Year Position and Forward Assurance Plan for 2024/25                                                                                          | Digital Reporting                                                  |
| Digital Plan Refresh 2024-2029                  | Information Governance Toolkit                                                                                                                                    | Commissioning Intentions EMS and NEPTS                             |
| Clinical Assessment Software update             | Financial Position for Month 12                                                                                                                                   | Financial Position for Month 1 2024/25                             |
| Financial Sustainability Programme report       | Policies for approval: <ul style="list-style-type: none"> <li>• Purchase Card Policy</li> <li>• Waste Management Policy</li> <li>• Data Quality Policy</li> </ul> | Environment, Decarbonisation and Sustainability Update<br>May 2024 |
| MIQPR and review of metrics                     | Risk Management and BAF                                                                                                                                           | Audit Tracker                                                      |
| Cycle of Business 2024/25 and Monitoring Report |                                                                                                                                                                   |                                                                    |

| COMMITTEE ATTENDANCE |              |              |              |             |             |             |
|----------------------|--------------|--------------|--------------|-------------|-------------|-------------|
| Name                 | 14 MAY 2024  | 16 JULY 2024 | 17 SEPT 2024 | 19 NOV 2024 | 16 JAN 2025 | 18 MAR 2025 |
| Joga Singh           |              |              |              |             |             |             |
| Kevin Davies         |              |              |              |             |             |             |
| Bethan Evans         |              |              |              |             |             |             |
| Peter Curran         |              |              |              |             |             |             |
| Chris Turley         |              |              |              |             |             |             |
| Rachel Marsh         | Hugh Bennett |              |              |             |             |             |
| Lee Brooks           |              |              |              |             |             |             |
| Liam Williams        |              |              |              |             |             |             |
| Angie Lewis          |              |              |              |             |             |             |
| Jonny Sammut         |              |              |              |             |             |             |
| Trish Mills          | Julie Boalch |              |              |             |             |             |
| Hugh Parry           |              |              |              |             |             |             |
| Damon Turner         |              |              |              |             |             |             |

|  |                    |
|--|--------------------|
|  | Attended           |
|  | Deputy attended    |
|  | Apologies received |
|  | No longer member   |



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

## Committee Priorities and Cycle Monitoring Report

|                  |                                                                        |
|------------------|------------------------------------------------------------------------|
| <b>MEETING</b>   | Finance and Performance Committee                                      |
| <b>DATE</b>      | 16 July 2024                                                           |
| <b>EXECUTIVE</b> | Trish Mills, Director of Corporate Governance/Board Secretary          |
| <b>AUTHOR</b>    | Trish Mills, Director of Corporate Governance/Board Secretary          |
| <b>CONTACT</b>   | <a href="mailto:Trish.mills@wales.nhs.uk">Trish.mills@wales.nhs.uk</a> |

### EXECUTIVE SUMMARY

1. This report updates the Committee on progress against the priorities it set for 2024/25 and progress against the agreed cycle of business for the Committee. There is nothing to escalate on the cycle of business monitoring report; however, it is noted that Value Based Healthcare Report scheduled for the July 2024 meeting has been deferred to September.

### RECOMMENDATION

2. The Committee is asked to note the update.

### KEY ISSUES/IMPLICATIONS

No issues to raise.

### REPORT APPROVAL ROUTE

Not applicable.

### REPORT APPENDICES

Annex 1 – FPC Cycle of Business Monitoring Report



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

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

### SITUATION

3. This report updates the Committee on progress against the priorities it set for 2024/25 and progress against the agreed cycle of business for the Committee. There is nothing to escalate on the cycle of business monitoring report; however, it is noted that Value Based Healthcare Report scheduled for the July 2024 meeting has been deferred to September.

### BACKGROUND

4. During the course of the effectiveness reviews, it was agreed that it is good practice for Committees to set priorities for the forthcoming year. The Committee's priorities, which are set out below, were agreed by the Trust Board in May 2024 and will be tracked quarterly.
5. The Committee's cycle of business was approved by the Committee in May 2024. The agenda is set with reference to that cycle, together with the forward planner, action log and highest rated principal risks.
6. The monitoring report is at Annex 1. The 'pre-agenda setting' key indicates that items in green show where they are cycled for a particular meeting. Items in beige indicate they are a prompt at agenda setting as they may be ad hoc items such as business cases or external reports.
7. The 'post-agenda setting' key indicates that items in blue were either on the agenda as scheduled or is an *ad hoc* item which was discussed in agenda setting and scheduled. The orange indicates where an item was programmed for receipt but has been deferred to a future meeting.

### ASSESSMENT

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

| Priority                                                                                            | Progress                                                                                                                                                                                                                        |
|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>The development and approval of the Digital Plan.</li> </ul> | <p><u>2023/24 Progress</u></p> <ul style="list-style-type: none"> <li>A Digital Strategy Plan update was given to the Committee at its meeting on the 18 September 2023 by the Interim Director of Digital Services.</li> </ul> |



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This report gave a snapshot of the current position and relevant data from the period 01 April 2023 – 31 July 2023.

- At the September 2023 meeting the Committee also endorsed the related metrics as presented by the Interim Director of Digital Services. The metrics for digital systems infrastructure will be received (in line with the agreed reporting) on 13 November 2023.
- In September 2023 the Committee noted that the recent appointment of the new Director of Digital Services may affect the strategy implementation timeline.
- In November 2023 the Committee noted that an update on the progress against the Digital Strategy would likely be programmed for either the January or March 2024 meeting of the Committee.
- Receipt of an update on the implementation of the Digital Strategy *was* programmed for the March 2024 meeting of the Committee (a position confirmed with the Director of Digital Services early in 2024).

#### 2024/25 Progress

- At its meeting on in May 2024 the Committee received the Digital Plan Refresh 2024-29 and considered the options presented. The Committee noted that the funding for this Plan was included in the digital revenue allocation approved by the Executive Finance Group and included in the 2024/25 IMTP submission.
- At the July 2024 meeting the Committee will receive the final Digital Plan 2024-29 for endorsement, prior to its submission to Trust Board for approval

|                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Oversight of the potential commercialisation streams in the Financial Sustainability Programme.</li> </ul>                  | <ul style="list-style-type: none"> <li>• Receipt of a regular Financial Sustainability Programme report is included on the Cycle of Business for each meeting of the Committee. It is noted that no report has been programmed for the July 2024 meeting; a related update will be included in the Finance presentation.</li> </ul>                                                                                                                                                                                  |
| <ul style="list-style-type: none"> <li>• Focus on the new elements of its terms of reference relating to Information Governance and Information Security.</li> </ul> | <ul style="list-style-type: none"> <li>• Receipt of the Information Governance Toolkit and Information Governance (IG) Reports have been included on the Committee's Cycle of Business for 2024/25. The IG Report will be received at each meeting of the Committee in open session.</li> <li>• The Committee will receive a deep-dive item on cyber-security risks in closed session for its meeting in July 2024. It is noted that the wider cyber-security and resilience reporting is in development.</li> </ul> |

## RECOMMENDATION

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



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

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

#### Key: Pre-agenda setting

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

#### Key: Post-agenda setting

Presented as cycled  
Ah hoc / item considered - not programmed  
Item deferred  
Reporting developing

|                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Digital                                               | <p>IA raised need to be explicit and define intended timescales for delivery of digital strategy phases. Digital strategic outline case September 2022; focus on baseline and business usual in November 2022; SUP and resourcing September 2022 (in IMTP); digital governance</p> <p>Digital reporting presented to Sept 23 meeting and will be presented bi-monthly. Includes data and analytics status, ICT systems status, service provision and quality, summary of IMTP contributions, spotlight item, and people</p> <p>FPC = reporting on technology &amp; process related metrics i.e. where Digital Directorate is responsible</p> <p>oEg. Provision of training, provision of exercises / campaigns, infrastructure, physical barriers etc.</p> <p>oThis would include near misses related to software, suppliers, network, technology.</p> <p>VBH is part of the financial sustainability programme and deliverables for IMTP 23-26 set out. Includes PLICS, PROMS and PREMS. Could be part of IMTP reporting generally, but propose a bi-annual update.</p> <p>Review of commissioning standards is the commissioning intentions met as part of IMTP. AQIs published monthly to EASC. Key AQIs included in the 28 KPIs.</p> <p>FPC is primary Committee for review of performance across all four quadrants of the MIQPR.</p> <p>The Committee will commission deep dives or refer such deep dives to other Committees</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Emergency Preparedness                                | <p>The Trust is classed as a category one responder under the Civil Contingencies Act (2004) and as a result there is a legislative obligation for us to address 6 key responsibilities, which are</p> <ul style="list-style-type: none"><li>- Assess local risks and use this to inform emergency planning</li><li>- Put in place emergency plans</li><li>- Put in place Business Continuity Management arrangements</li><li>- Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency</li><li>- Share information with other local responders to enhance co-ordination</li><li>- Co-operate with other local responders to enhance co-ordination and efficiency</li></ul> <p>CCA Part one devolved to Wales.</p> <p>WAST is a category 1 responder under the Civil Contingencies Act (2004) and Regulations (2005). Category 1 responders are required to maintain plans for preventing emergencies; reducing, controlling or mitigating the effects of emergencies in both the response and recovery phases, and has a duty to ensure business continuity plans are in place. Trust is working towards ISO22301 accreditation.</p> <p>Internal Audit on Major Incidents – September 2022 AC – raised F&amp;P review of incident response plan when reviewed next.</p> <p>Incident Response Plan Report: WG report accompanied by assurance that Incident Response Plan (IRP) in place and approved by ELT. SBAR includes detail of staff training in place, compliance levels, and resourcing for assurance; list of plans that underpin IRP are in date and regularly reviewed. IRP provides guidance and support to commanders on a range of incidents. Moved from July to November as that is the date of review</p> <p>Business Continuity Annual Report: SBAR to include compliance with CCA 2004 if not included in WG annual report and compliance under policy; list of plans that underpin BCP are in date and regularly reviewed; staff training in place, compliance levels and resourcing for assurance if not included in IRP report above; exercises carried out and planned; learning from incidents/exercises/debriefs.</p>                                                                                                                                                                  |
| Demand and Capacity                                   | <p>May 2023 paper to FPC foreshadowed the development of a demand and capacity framework (as per EASC commissioning intentions) however there are current capacity issues</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Decarbonisation                                       | <p>WAST Decarbonisation Action Plan (DAP) supports delivery of the national NHS Wales Decarbonisation Strategic Delivery Plan. IMTP sets out DAP details. Every second year IMTP must include copy of DAP and update - next 24-27.</p> <p>Decarbonisation reporting to WG as follows, however the reporting to FPC will draw from these reports and may or may not append them:</p> <p>(a) WG Public Sector Carbon Report (annual quantitative report). Demonstrates progress against plans and targets through annual quantitative reporting. Deadline is first Monday of September. This is the Trust carbon emissions for the previous financial year - set guidance for completion and timelines for reporting. Reliant upon data from NWSSP. No requirement for this report to be 'approved' by FPC. Can be signed off by internal governance at discretion of WAST.</p> <p>(b) 2 x Qualitative reports. Narrative update – no data. The qualitative reporting submitted by NHS organisations provides the National Programme Board with assurance on the progress underway at organisational level. Usually compiled by Jo Williams who takes the report through FPC. Looks like there may be a move for an annual qualitative report for 23/24 aligned to IMTP timetables.</p> <p>(c) 4 x Decarbonisation Coordination Reporting (DCR). This is reporting on our decarbonisation action plan (DAP) this is a new requirement where we will need to report updates to our DAP via NWSSP who collate and send to WG as a whole of NHS update. This report is being agreed by the Decarbonisation project Board. There are discussions relating to the need of any further governance routes - this is new.</p> <p>(d) Sustainability Report contained in the Performance Report if the data is available. Amalgamation of quantitative and qualitative reports. Otherwise it is a separate report with a reference to the report being on the publication section of the website. This developed from the data provided in the Quantitative Report above.</p>                                                                                                                                                                                                                                                                                                                                                                                        |
| Fire safety reporting<br>Service or Directorate Plans | <p>Updated in January 2024 following compliance report to Committee. Report will be annual report from 24/25 (tiring) TBC with exception reporting outside of that where appropriate.</p> <p>Committee with related remit to gain assurance on alignment of specific plans to Delivering Excellence. FPC to maintain overall view of aligned strategies. Suggest this is by way of an organogram showing the various plans aligned to the long term strategy and their revision dates</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Information Governance                                | <p>Information Governance (IG) is a framework for managing information processes and procedures in accordance with the law and associated standards. It describes the approach within which accountability, standards, policies and procedures are developed, implemented and maintained to ensure that all types of information used in the Trust are sourced, stored and used appropriately, legally, and securely.</p> <p>The Information Governance Steering Group oversees the Information Governance and Security strategy, policies, systems, processes and practices across the Trust and provides assurance that the organisation is compliant, and managing any risk to compliance. The strategic management of Information Governance forms part of the Digital Directorate under the leadership of the Director of Digital Services who holds the position of Senior Information Risk Owner (SIRO). Includes FOI (targeted percentage); Subject Access Request and Access to Health Records Requests (targeted percentage); Police Requests (no regulatory target); Data security and protection incidents: must notify ICO of personal data breaches within 72 hours.</p> <p>WG notified of significant impact on continuity of essential services under the Network and Information Systems Regulations (NIS Regs). H&amp;C Standards x 3 related to IG and identified metrics against these (see annual report).</p> <p>The Welsh IG Toolkit for NHS is an assessment tool that allows organisations to measure their performance against agreed national information governance and data security standards and legislation. All organisations that have access to NHS patient data and systems must use the toolkit to demonstrate compliance with DPA 2018, expected data security standards for health and social care for processing personal data, and readiness to access secure health and digital methods of information sharing such as NHS Email, Welsh healthcare records and systems and local information sharing solutions and agreements. The Trust is required to demonstrate whether it complies with each of the 225 evidence items with each item weighted and a level of compliance generated (foundation stage; satisfactory stage; competent stage). IGSG monitors the toolkit improvement plan. Information Commissioner's Office (ICO) monitors compliance with key legislation (DPA 2018, UK GDPR and FOIA).</p> |



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

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

## **FINANCE AND PERFORMANCE COMMITTEE ANNUAL REPORT 2023/24**

### **INTRODUCTION**

1. The Trust's Standing Orders and Committee Terms of Reference require that Board Committees evaluate their effectiveness annually and present an annual report to the Trust Board.
2. As the factors underpinning effective governance can change, for example as people leave, organisations restructure, or strategy shifts, regular reviews of Board Committees ensure governance remains fit for purpose.
3. Standing Orders, Committee terms of reference, and Codes of Governance provide that Boards should routinely assess the effectiveness of their governance arrangements, of which the Board's Committees form an integral part.
4. The Committee met on 19 March 2024 and reviewed its terms of reference, responses to questionnaires completed by members and attendees, and its operating arrangements. Discussions were also held with the Committee Chair and Executive Leads ahead of that meeting. This Annual Report reflects on the effectiveness of the Committee in 2023/24 and proposes changes to terms of reference.

### **PURPOSE OF THE COMMITTEE**

5. The Committee is established to enable scrutiny and review of the Trust's arrangements in respect of the:
  - overall financial position (both capital and revenue) of the Trust and its compliance with statutory financial duties.

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

## **MEMBERSHIP AND ATTENDANCE**

6. The Committee met six times in private and in public as scheduled in 2023/24 and was quorate on each occasion.
7. The Committee is supported by the Chair and three Non-Executive Directors as members, and several prescribed attendees with good attendance.
8. The chart below illustrates attendance of members and prescribed attendees as listed in the terms of reference for 2023/24. The Committee welcomed non prescribed attendees at various meetings as well as external guests.
9. It is not intended to change the membership of the Committee other than the introduction of Peter Curran, Non-Executive Director, as a member. This was welcomed particularly as he has a strong finance background.

| COMMITTEE ATTENDANCE |                |                           |               |                 |             |                           |
|----------------------|----------------|---------------------------|---------------|-----------------|-------------|---------------------------|
| Name                 | 15 May 2023    | 17 July 2023              | 18 Sep 2023   | 13 Nov 2023     | 15 Jan 2024 | 19 Mar 2024               |
| Joga Singh           |                |                           |               |                 |             |                           |
| Kevin Davies         | Until 11.30am  | Chair                     |               |                 |             |                           |
| Bethan Evans         |                |                           |               |                 |             |                           |
| Ceri Jackson         |                |                           |               |                 |             |                           |
| Martin Turner        |                | Left at 11.30             | Left at 12.00 |                 |             |                           |
| Peter Curran         |                |                           |               |                 |             |                           |
| Chris Turley         |                | Navin Kalia               |               |                 |             |                           |
| Rachel Marsh         |                | Hugh Bennett              |               |                 | Left 11-12  | Hugh Bennett <sup>1</sup> |
| Lee Brooks           | Sonia Thompson | Judith Bryce <sup>2</sup> | Judith Bryce  |                 | Jon Edwards |                           |
| Liam Williams        | Wendy Herbert  |                           |               | J Turnbull-Ross |             | Left 11.30 <sup>3</sup>   |
| Angie Lewis          | Liz Rogers     |                           |               |                 |             | Left 11.30                |
| Jonny Sammut         |                |                           |               |                 |             |                           |
| Leanne Smith         |                |                           | Aled Williams |                 |             |                           |
| Hugh Parry           |                |                           |               |                 |             | From 10.00am              |
| Damon Turner         |                |                           |               |                 |             |                           |
| Trish Mills          |                |                           |               | Julie Boalch    |             |                           |

|  |                    |
|--|--------------------|
|  | Attended           |
|  | Deputy attended    |
|  | Apologies received |
|  | No longer member   |

## COMMITTEE'S VIEWS ON EFFECTIVENESS

10. The Committee's effectiveness was assessed through a review of its terms of reference, responses to a questionnaire, discussion with the Chair and Executive Leads, and at the 19 March Committee meeting.
11. The questionnaires provided an opportunity to gauge opinion on areas of good practice and areas that require improvement. Sixteen questionnaires were sent out with seven responses being returned (a 43.75% return rate which is better than 2022/23).
12. Respondents were asked 27 questions and were encouraged to provide free text answers to explain or expand on their choices. It is often difficult to pinpoint the exact issue or example in mind when reviewing the free text, however all responses were discussed with the Chair and Executive Leads. The responses were also reviewed by the Committee on 19 March against the same questions from last year and the majority of the scores were an improvement from 2022/23.
13. With respect to the remit and volume work of the Committee, whilst it was felt that the agenda could be challenging at times, the remit is appropriate, balanced, and achievable. With respect to Trade Union Partner contributions, a more focused discussion with Committee Chairs and Trade Union colleagues is planned to ensure that they are supported in these meetings. With respect to team working, there

was a view that there was not a strong holding to account for late papers. This was discussed with the Chair and Executive Leads, and it was acknowledged that the MIQPR is often a late addition to ensure timeliness of data, but that it was important to ensure discipline for the majority of papers to be available seven days before the meeting to enable members plenty of time to read and digest them, and to seek any clarifications from Executives. This was usually achieved throughout the year.

14. Clarity on the role of this Committee regarding oversight of the Monthly Integrated Quality and Performance Report (MIQPR) was sought as opposed to the oversight of the People and Culture Committee and Quest Committee. A refresher on the MIQPR will be provided for the Board in 2024/25 to provide this.
15. Bringing in the full remit of the information governance and security was sought, which has been done for 2024/25. Other areas of focus included the need to ensure that agenda items and actions are closed off and that there is more time to offer up reflections at the end of the meeting. There were some mixed views on the Committee leadership, however there was no elaboration where respondents disagreed, noting however that Committee Chair encouraged free-flowing debate without asserting too strong a personal view on members.
16. As with other Board Committees, the question related to visibility of Committee members scored poorly. Given that there is a Board visits Standard Operating Procedure in place which illustrates members visibility, it is anticipated that this question will be omitted from the 2024/25 survey. The rationale being that it is unlikely, no matter how visible a Non-Executive or Executive Director may be, that that will always resonate with each Committee.
17. Good practice drawn out in responses included:
  - The Chair allows free flowing debate and does not impose strong personal views.
  - Feedback to the Board reflects challenge and scrutiny by members.
  - Reports / information given to the Committee is of high quality.
  - Clear reporting and escalations to the Board via AAA report.
  - Strong focus on appropriate business, with balanced agenda and diverse topics.



18. Areas to strengthen include:

- Clarity on which areas of the MIQPR the Committee should be reviewing vs other Committees.
- Increase those with finance skills / experience within the membership.
- Holding the Executive to account for delays or missing assurances.
- Greater clarity on managing and closing off actions.
- Improving visibility – more visits / publication of visits to relevant stakeholders.
- Greater contributions from TU Partners

19. The Committee has a cycle of business that is aligned to its terms of reference. All matters scheduled for oversight and review have been brought to the Committee and in this respect, it has discharged its responsibilities in providing assurance to the Board. The Committee's business in 2023/24 included the following, full details of which are in the Committee's AAA reports and minutes provided to the Board:

- 19.1. **Operational updates** are received at each meeting and often generate a good deal of discussion, particularly related to system pressures.
- 19.2. The proposed **Board and Committee Level Key Performance Indicators for 2023/24** were presented to the Committee and endorsed at their July meeting. Additionally, the **MIQPR** is monitored at each meeting, with a particular focus on handover delays, lost hours and system pressures and the effect of this on performance. Notwithstanding this, good performance was noted throughout the year on ROSC (return of spontaneous circulation), Ambulance Care, and 111 performance.
- 19.3. **Financial performance** was monitored at each meeting, including budget position on revenue and capital. In addition to reviewing risk 139 (*the failure to deliver our statutory financial duties in accordance with legislation*) at each meeting and following its change in scores in the latter part of the financial year. There was a deep dive conducted on the risk in Month 1. The Board was alerted in September and November with respect to the clarity of funding sources for the additional 100 WTE appointed in 2022/23.
- 19.4. The Initial **2024/25 Revenue Budget** was received and endorsed by the Committee in February 2024.

- 19.5. The final 2022/23 **financial performance report for Month 12** was presented at the May 2023 meeting with a small revenue surplus reported of £62k, capital expenditure fully spent, and gross savings of £4.392m have been achieved against a target of £4.300m. In addition, the Public Sector Payment Policy was reported as on track with performance, against a target of 95%, of 97.4% for the number, and 97.8% of the value of non NHS invoices paid within 30 days. The Committee congratulated all directorates for achieving this end of year position.
- 19.6. The Committee received regular reporting on the **financial sustainability programme** and the identified initiatives including the support services review; service review; recruitment control panel; operations savings group; and income generation group.
- 19.7. The **Capital Assurance: Vehicle Replacement Programme Internal Audit** (reasonable assurance) was received at the March 2024 meeting.
- 19.8. The Committee received an update on the delivery of the **Integrated Medium Term Plan** (IMTP) 2023-26 at each meeting with issues of delivery escalated where necessary. In May 2023 it reviewed the end of year position with respect to the 2022-25 IMTP and congratulated the team for the significant amount of work that was achieved against the backdrop of a very difficult Winter in 2022/23 and prolonged industrial action. Updates on the development of the IMTP 2024-27 were received, as was the final version for endorsement to the Board in March 2024.
- 19.9. The **Strategy Development Internal Audit** (reasonable assurance) was received at the March 2024 meeting.
- 19.10. The **structure and governance for the Strategic Transformation Board** and its programmes was reviewed and the Committee was assured that these were appropriate and clear
- 19.11. The Committee received a number of reports on **Emergency Preparedness, Resilience and Response (EPRR)** and were assured as to EPRR arrangements and leadership. The **Welsh Government Annual Emergency Planning Report** was also reviewed regarding the Trust's compliance and readiness to meet its obligations under the Civil Contingencies Act 2004. Later in the year risk 594 (the Trust's inability to provide a civil contingency response in the event of a major incident and

maintain business continuity causing patient harm and death) increased in score from 15 to 20 and was escalated to the Board.

- 19.12. The Committee was assured that good progress was being made against the applicable actions for WAST from the **Manchester Arena Inquiry**. The Trust's **Incident Response Plan v.2.0** was presented in private session in November 2023. The updates to the plan include recommendations from the Manchester Arena Inquiry.
- 19.13. The **Business Continuity Annual Report** was received in November 2023 and also presented at Board. The Committee were assured that the necessary plans and business continuity arrangements are in place for the most significant risks. The Trust also holds plans for terror attacks, disruption of telecommunications, extremes of weather, flooding etc.
- 19.14. The Committee has the review of matters relating to **demand and capacity** plans in their remit and an update was received at this meeting. The EMS, NEPTS and 111 demand and capacity reviews were discussed as were current packages of work. Notwithstanding the absence of a formal framework, the Committee was reassured that the Trust's focus on forecasting and modelling, with both external and internal support, was strong and has led to significant transformation work programmes. At the March 2024 meeting a verbal update was received on the **strategic demand and capacity review**. A tactical **Winter forecasting and modelling report for 2023/24** was received in November 2023.
- 19.15. An update on the Decarbonisation Action Plan (DAP) was received by way of the **Environment, Decarbonisation and Sustainability Update** for April 2023, September 2023 and January 2024. The DAP has a range of actions which frame the Trust's decarbonisation response. Notwithstanding the very positive progress, the sheer volume of work, resource and capacity constraints remains of concern for WAST's delivery of the DAP – an issue which all NHS Wales organisations are experiencing, as set out in the limited assurance **internal audit on Decarbonisation**. The Committee noted that this review was conducted across all NHS Wales Health Bodies and that all have been given a limited assurance rated, therefore WAST is not an outlier. The significant work the Trust has been undertaking to address the requirements of the DAP were recognised in the report, however the overall rating reflects the complexity and range of risks associated with this area

which, along with the financial shortfalls, impacts on the Trust's ability to deliver on the wider decarbonisation agenda.

- 19.16. In September the Committee escalated to the Board the fact that the **Sustainability Report**, which they later approved, presented a headline value of a significant increase in WAST's carbon emissions between 2021/22 and 2022/23. This significant increase is predominantly due to a change in the data collection required by Welsh Government and the inclusion of aspects of emissions data which were previously not applicable. Some areas of good progress and reductions in emissions were also highlighted. The Committee was assured that, in line with other NHS Wales organisations, WAST has conducted a detailed independent inspection of all sites within scope, which details a nil return in relation to the presence of **Reinforced Autoclaved Aerated Concrete (RAAC)** in all buildings up to 2000.
- 19.17. In September 2023 and March 2024 updates were received on progress against the April 2022 limited assurance **Waste Management Internal Audit** with revised actions noted for the outstanding recommendations. One recommendation was for the presentation to this Committee of an **Annual Waste Report** which was received at the September meeting.
- 19.18. The annual **Fire Safety Compliance** report was received by the Committee in January 2024 with no issues to escalate to the Board. The limited assurance (All Wales) **Estates Condition Internal Audit Report** was received, and it was noted that this was limited across all NHS Wales Health Bodies, therefore WAST is not an outlier. The rating is based on the lack of a funded strategy to address the backlog of maintenance and the inconsistency of reporting across Wales.
- 19.19. The **Electronic Patient Care Record (ePCR) Benefits Realisation** report was received in May 2023 which had streamlined the benefits and included a five year plan to realize benefits for ePCR which will now be transitioned to business as usual, and owners identified to take these forward. Assurance on the decommissioning of the digital pen patient clinical report system following an extension to ensure patient information was also provided.
- 19.20. A Welsh Government gateway review of the WAST **Mobile Data Vehicle Solutions** was received in September 2023, with an overall delivery confidence assessment of Amber/Green, meaning successful delivery

appears probable, however constant attention will be needed to ensure risks do not materialise into major issues threatening delivery. Five recommendations were made to assist in ensuring a successful project outcome is achieved and these have been satisfactorily progressed. A third and final project assessment review will be planned for 12 months post project completion.

- 19.21. In September 2023 the Committee noted the recent **review of the national commissioning functions**. This included the Welsh Health Specialised Services Committee (WHSSC), the National Collaborative Commissioning Unit (NCCU) and the emerging 111 commissioning arrangements. The key outcome is that by the 1 April 2024 WHSSC, the NCCU and the 111 commissioning arrangements, will be merged into one national commissioning function. Benefits are potentially to be realised by combining 111 commissioning with EMS and NEPTS (non-emergency patient transport service) commissioning. The **111 Commissioning Advisory Report** from Internal Audit was received in January 2024 looking at 111 commissioning arrangements with the Committee noting that there are elements of that which are within the control of commissioners rather than WAST and that new national commissioning arrangements will be in place from 1 April 2024.
- 19.22. **Value based healthcare updates** were received in November 2023 and March 2024 which set out the progress of the key workstreams within its portfolio. The work programme includes the following seven workstreams – Patient Recorded Outcome Measures (PROMS), Patient Data Linkage, Patient Recorded Experience Measures (PREMS), Patient Level Information and Costing System (PLICS), Revenue Business Case Process, Evaluation Framework & Methodology, and Benchmarking. All workstreams are progressing well.
- 19.23. The Committee reviewed the reasonable assurance **IM&T Infrastructure Internal Audit Report** (reasonable assurance), the overall objective of which was to provide assurance over the management and operation of the WAST Information Management and Technology (IM&T) Infrastructure. The reasonable assurance **ICT Capital Management Internal Audit** (reasonable assurance) was received at the March 2024 meeting.
- 19.24. A priority of the Committee for 2023/24 was the oversight and monitoring of the **digital strategy**. The Committee reviewed progress on the plan in

September and approved key digital system and service metrics to support monitoring of this area. Progress against the four missions in the strategy of 'digital patient', 'digital workplace', 'intelligence through data', and 'digital foundations' since 2022 has been significant and ranges from implementation of ePCR and ECNS, to EMS CAD, telephony and network upgrades, and clinical intelligence data layers and dashboards. Notwithstanding this excellent work, gaps in the plan have been identified as were vacancies in the team.

19.25. The initial suite of **Digital KPIs** was received in September 2023 to provide assurance on the performance, work activities and contribution of the Digital Directorate to the Trust's Strategy and IMTP. These were monitored in subsequent meetings. In private session members were presented with the cyber highlight report for the period April to July 2023 and a detailed cyber activity report for July 2023.

19.26. The reasonable assurance **Cyber Security Internal Audit Report** was reviewed in private session due to confidentiality.

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

- Diversity of the agenda which was supported by a more structured cycle of business.
- Flexibility from the Chair and members in taking some items out of order to allow the free flowing of discussion was effective.
- Due to the lateness of papers for the May 2023 meeting (predominantly the open agenda) it was difficult to allocate time with predictability in the week prior and members sought to see improvements in this.
- It was noted that the completion of cycles of business for all Committees will provide predictability and that a paper will be presented to ELT on 7 June setting out meeting timelines.
- Good focus on the impact of the financial challenges on our patients and our people.
- The financial position of the Trust has a direct impact on the ability of the Trust to deliver a safe service and acknowledged the direct relationship between organisational performance and patient safety and outcomes. The Members were assured that all actions within the Trust's control were being taken to mitigate the risks and issues observed but expressed concern over the continued challenges exacerbated by wider system pressures.



- Challenge of balancing volume of papers and presentation time is one that will have particular focus at effectiveness reviews this year.
- Interaction with presenters who do not normally attend the meeting could be improved. Members felt that this was not in any way to indicate a lack of respect and thanked those presenters for the clarity of their papers and messages.
- Welcomed scrutiny, challenge, and support on the financial position.
- Internal Auditors and Audit Wales were present which was appreciated.
- The quality of papers was good which allows members to scrutinise and question, and responses from management were clear.
- From a financial perspective the papers were clear and transparent, and the answers were well made, so members were assured that the outturn for this year and next year's budget have been fully thought out.
- Good to see a pragmatic approach to closing down audit actions when nothing further can be advanced by the Trust.
- The focus on our people was welcomed as being considered alongside the financial and performance aspects.

19.28. The **backlog of policies** – particularly those relevant to this Committee - was reviewed and escalated to the Board as an alert. A priority order of policies for review in 2023/24 was endorsed.

19.29. The Committee **cycle of business** was approved.

19.30. In the February 2024 closed session members received an update on the **CAS replacement programme** with the Committee receiving assurance that the programme is on track for go live on 30<sup>th</sup> April 2024. The level of commitment demonstrated by the team working on this was recognised by the members and they were thanked for their intense focus.

19.31. **Risks** relevant to this Committee are reviewed at each meeting and the agenda is driven by these risks. The highest rated risks, 139 (failure to deliver our statutory financial duties in accordance with legislation) and 594 (the Trust's inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death), were the focus and drive agenda setting. Other risks related to cyber security, loss of critical IT systems, and recurrent funding from commissioners were reviewed regularly.

- 19.32. The **annual effectiveness review** was conducted in the March 2024 meeting.
- 19.33. The revised **Audit** tracker and process was reviewed, and good progress is being made to close management recommendations.
- 19.34. The **Committee's priorities for 2023/24** are reviewed at each meeting and a more detailed update appears later in this report. The Committee also reviews progress against its cycle of business at each meeting.
20. In private session the Committee took matters that were commercially sensitive and confidential. Most matters made their way to the Trust Board private session and where appropriate were reported in open session in accordance with the Standing Orders. Other matters taken in private session included the capital programme and prioritisation.
21. The Board received a highlight (AAA) report from this Committee by email circulation following each meeting which included alerts, advice, and areas of assurance. Where there was a shorter proximity of the meeting of this Committee and the Board meeting, that report was provided verbally by the Chair and captured in the Board's minutes.
22. The Committee is not serviced by any Sub-Committees or task and finish groups that this time.

## **PROPOSED CHANGES TO THE TERMS OF REFERENCE**

23. Extensive changes to the Terms of Reference for this Committee were made during the effectiveness reviews held in 2022. The changes this year include feedback from the Committee following the survey and the meeting on 19 March. The changes in the Terms of Reference are marked up in [Annex 1] and include:
- The information governance and information security remit has been transferred from the Quality, Patient Experience and Safety Committee. This will allow all areas of digital to be within the remit of this Committee, including IT infrastructure and strategy, information governance and information security, and cyber security. The Director of Digital who is the Senior Information Risk Officer (SIRO) and the Executive Director of Quality and Nursing who is the Caldicott Guardian are both members of this Committee.

- Paragraph 3.18 has been amended to provide that directorate specific plans aligned to the long term strategy 'Delivering Excellence' will be *received* by this Committee rather than *reviewed for alignment*. It is a matter for the Committees who have specific remit over a plan to ensure alignment, for example when the People and Culture Plan was reviewed by the People and Culture Committee they were assured as to alignment to the long term strategy. The amendment will require new 'plans' to be received and shown on an organogram of aligned plans to the long term strategy.
- Clarity that the Audit Committee will receive assurance on the *implementation* of the Quality and Performance Management Framework and that this Committee will receive assurance on its *effectiveness and the value of outcomes* the framework produces.
- A change in the narrative on assurance to provide clarity on approach.
- Changes in the narrative on risk and audit to streamline responsibilities.
- Specific chair's action provision inserted, particularly given the significant number of policies which are due for approval in 2024/25.

24. Changes in operating arrangements in 2024/25 to address issues raised in the survey will include:
- MIQPR orientation refresher: interpretation and triangulation – to be scheduled in 2024/25
  - Trade Union Partner and Committee Chair induction session to be held.

## COMMITTEE PRIORITIES

25. The Committee received an update on progress against its priorities at each meeting. The 2023/24 priorities were:

| Priority                                                         | Progress                                                                                                                                                                                                                                                                                                                                                                      |
|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Focused oversight on the implementation of the digital strategy. | <ul style="list-style-type: none"> <li>• A Digital Strategy Plan update was given to the Committee at its meeting on the 18 September 2023 by the Interim Director of Digital Services. This report gave a snapshot of the current position and relevant data from the period 01 April 2023 – 31 July 2023.</li> <li>• At the September meeting the Committee also</li> </ul> |

| Priority                                                                                                  | Progress                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                           | <p>endorsed the related metrics as presented by the Interim Director of Digital Services. The metrics for digital systems infrastructure will be received (in line with the agreed reporting) on 13 November 2023.</p> <ul style="list-style-type: none"> <li>• In September, the Committee noted that the recent appointment of the new Director of Digital Services may affect the strategy implementation timeline.</li> <li>• In November, the Committee noted that an update on the progress against the Digital Strategy would likely be programmed for either the January or March 2024 meeting of the Committee.</li> <li>• Receipt of an update on the implementation of the Digital Strategy will be programmed for the May 2024 meeting of the Committee.</li> </ul> |
| <p>Focused oversight on the implementation of the Quality and Performance Management Framework (QPMF)</p> | <p>As of September 2023, oversight of this has moved to the Audit Committee. The Committee's ToR require that it "review the effectiveness of the Trust's Quality and Performance Management Framework and receive assurance on the value of outcomes produced by the framework".</p> <p>As above, the Committee will remain responsible for reviewing of the effectiveness of the QPMF once the Framework has been implemented. The Committee Cycle of Business will be updated to reflect the change in oversight of implementation of the Framework to Audit Committee.</p>                                                                                                                                                                                                  |

26. It is good practice for Committees to set priorities for the forthcoming year when they review their effectiveness. Accordingly, the Committee has agreed the following priorities for 2024/25:
- (a) The development and approval of the Digital Plan.
  - (b) Oversight of the potential commercialisation streams in the Financial Sustainability Programme.
  - (c) Focus on the new elements of its terms of reference relating to Information Governance and Information Security.
27. Progress on priorities will be reported to the Committee quarterly and to the Board through its highlight report.

## **NEXT STEPS**

28. The next steps are to update the cycle of business with revised terms of reference

## **RECOMMENDATION**

29. The Trust Board is requested to
- (a) Receive and note the contents of the Committee Annual Report for 2023/24 and analysis of its effectiveness; and
  - (b) Approve the changes to the Terms of Reference and operating arrangements.

## FINANCE AND PERFORMANCE COMMITTEE

### TERMS OF REFERENCE AND OPERATING ARRANGEMENTS 2024/25

#### 1. INTRODUCTION

- 1.1. The Trust's Standing Orders provide that *"The Board may and, where directed by the Welsh Government must, appoint Committees of the Trust either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees"*.
- 1.2. In line with Standing Orders and the Trust's Scheme of Delegation, the Board shall nominate annually a committee to be known as the **Finance and Performance Committee**. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.
- 1.3. The Board Committees play an important role in supporting the Board in fulfilling its responsibilities by:
- providing advice on strategic development and performance within the terms of reference;
  - undertaking scrutiny and gaining assurance on key aspects of organisational performance, and supporting achievement of the Trust's strategic goals;
  - carrying out specific responsibilities on the Board's behalf; and
  - providing a forum where ideas can be explored in greater detail than Board meetings are able to allow, providing time and space to consider issues in greater depth.

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

#### 2. PURPOSE

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



- 2.1 overall financial position (both capital and revenue) of the Trust and its compliance with statutory financial duties;
- 2.2 ability of the Trust to deliver on its core objectives as set out in the Integrated Medium Term Plan (IMTP);
- 2.3 monitoring of the IMTP and ensuring achievement of key milestones;
- 2.4 robustness of any cost improvement measures and delivery of key strategies and plans;
- 2.5 ensure development of the long term strategy and delivery of the Trust's strategic aims in relation to value and efficiency, including an increased focus on benchmarking;
- 2.6 scrutinise business cases for capital and other investment;
- 2.7 oversight of the development and implementation of the digital, estates, fleet, and environmental strategies;
- 2.8 information governance and information security; and
- 2.9 business continuity including emergency preparedness, resilience and response, cyber security, and cyber resilience.
- 2.10 The committee shall, in carrying out its functions and responsibilities, consider how their decisions secure an improvement in the quality of health services (the duty of quality) as outlined in The Health and Social Care (Quality and Engagement) (Wales) Act 2020. This includes but is not limited to ensuring the provision of high-quality, safe, and effective healthcare services that meet the needs of patients, service users, and their families.
- 2.11 The committee shall demonstrate the duty of quality through its own operating arrangements, ensuring that its processes, procedures, and decision-making mechanisms uphold the highest standards of transparency, accountability, and governance. It shall regularly review and refine its operating procedures to align with best practices and legal requirements, fostering an environment of continuous improvement. Furthermore, the committee shall monitor, assess, and report on the implementation of Health and Care Quality Standards, outcomes, and performance indicators where relevant within their remit.

### 3. DELEGATED POWERS AND AUTHORITY

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

#### **Finance**

- 3.1 Oversee and contribute to the medium and long term financial strategy, in relation to both revenue and capital;
- 3.2 Monitor the Trust's in-year and forecast revenue financial position against budget and review and make appropriate recommendations for corrective action to address imbalances;
- 3.3 Review progress against the Trust's annual operating framework and make recommendations to the Board in relation to development of the annual financial plan and budget setting and long term financial strategy and financial sustainability programmes, efficiency review implementation and required savings targets;
- 3.4 Monitor progress against the Trust's capital programme, scrutinise, approve or recommend for approval (where appropriate) business cases for capital investment. This will include those then submitted to Welsh Government for approval via Trust Board;
- 3.5 Receive assurance that a business case post implementation review is in place and is effective; review post implementation reviews on specific business cases and capital investment schemes from time to time;
- 3.6 Receive, review and ensure mitigation of financial risks of delivery of plans;
- 3.7 Monitor progress against a range of key developments and capital schemes, either in development through the business case process or in implementation;
- 3.8 Review performance against the relevant Welsh Government financial requirements;

#### **Value Based Healthcare**

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

## Performance

- 3.10 Review performance against targets and standards set by Commissioners and/or Welsh Government for the Trust and, where appropriate, against national ambulance quality indicators;
- 3.11 Monitor and review progress against the Trust's Integrated Medium Term Plan and obtain assurance on the efficient management and delivery of corporate projects and those associated within the agreed strategic transformation programme and its associated work streams;
- 3.12 Review the effectiveness of the Trust's Quality and Performance Management Framework and receive assurance on the value of outcomes produced by the framework, noting that in 2024/25 the Audit Committee will receive assurance on the implementation of the framework;
- 3.13 Endorse and monitor progress against Trust wide key performance indicators and ensure the development of robust intelligent targets;
- 3.14 Monitor and review plans to recover areas of underperformance, reviewing where appropriate associated KPIs as part of any deep dives, and providing assurance to the Board and escalating as required;

## Planning

- 3.15 oversee and contribute to the development of the Trust's long term strategy '[Delivering Excellence: Our vision for 2030](#)', and make recommendations to the Board for its approval/amendment;
- 3.16 Oversee and contribute to the development of the Trust's Integrated Medium Term Plan (IMTP) and ensure alignment of that plan with Delivering Excellence: Our vision for 2030;
- 3.17 Monitor the effectiveness of commissioning arrangements with the Local Health Boards via the appropriate commissioning forums;
- 3.18 Hold a central overview of all service or directorate specific long term plans that align to the long term strategy. These plans will be reviewed for alignment by the relevant Committee first and their implementation will be guided by the IMTP or relevant local directorate plans;
- 3.19 Review and consider matters relating to demand and capacity including proposals for reviews in this area and recommendations arising from such reviews.

## **Estates and Fleet**

- 3.20 Oversee, contribute to, and receive assurance on the implementation of, the Estate Plan.
- 3.21 Oversee, contribute to, and receive assurance on the implementation of, the Fleet Plan.
- 3.22 Review proposals for acquisition, disposal, and change of use of land/buildings.

## **Environmental and Sustainability**

- 3.23 Oversee, contribute to, and receive assurance on the implementation of the Environmental Strategy
- 3.24 Receive assurance on compliance with environmental regulations and national targets

## **Digital Systems and Strategy**

- 3.25 Oversee, contribute to, and receive assurance on the implementation of, the Digital Plan;
- 3.26 Review projects and monitor implementation and delivery of benefits of major digital and information/reporting projects.

## **Business Continuity and Cyber**

- 3.27 Oversight and scrutiny of the Major Incident Plan and Business Continuity Plan and receive assurance that such plans are effective.
- 3.28 Oversight and scrutiny of cyber resilience including assurance on awareness and training of WAST staff and volunteers; maintenance of upgrades/updates of systems, and replacement of legacy/high-risk systems; and
- 3.29 Oversight and scrutiny of cyber security including assurance of regular monitoring of risks and threats, business continuity planning and engagement with national cyber centres and stakeholders.

## **Information Governance and Information Security**

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

- 3.31 Review progress of measures to improve information security and adherence to Caldicott principles against the Information Governance Toolkit, Network and Information Systems (NIS) Directive (2018), Data Protection Act (2018), and receive assurance on compliance with relevant standards, legislation and regulations.
- 3.32 Receive assurance on, and review effectiveness of the Trust's information security protocols.
- 3.33 Review performance of the Trust in relation to statutory and mandatory information requests and reporting requirements including but not limited to freedom of information requests, data breaches, police requests and subject access requests.

### **Policies**

- 3.34 Approval of policies within the remit of the Committee

### **Corporate Risks and Audit**

- 3.35 The Committee will monitor the principal risks relevant to its remit and consider the controls and mitigations of related risks and provide assurance to the Board that such risks are being effectively controlled and managed.
- 3.36 The Committee will receive and gain assurance from internal and external audits in their remit. It will also monitor management actions to address recommendations via the audit tracker and where appropriate scrutinise the impact of actions in response to audit recommendations.

### **Authority**

- 3.37 The Committee is authorised by the Trust Board to investigate, or have investigated, any activity within its terms of reference. In doing so, it will have the right to seek any information it requires from any employee or inspect any books, records, or documents relevant to its remit, ensuring patient/client and staff confidentiality as appropriate. All employees are directed to cooperate with any reasonable request made by the Committee.
- 3.38 The Committee is authorised by the Board to obtain outside legal advice or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Trust's procurement, budgetary and other requirements.

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

### Chair's Action

- 3.2 There may, occasionally, be circumstances where decisions which would normally be made by the Committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Committee. This is most likely, but not exclusively, to arise with respect to approval of policies particularly given the current backlog.
- 3.3 In these circumstances, the Chair, and the Lead Executive, supported by the Board Secretary as appropriate, may deal with the matter on behalf of the Committee after first consulting with at least two other Members (Non-Executive Directors).
- 3.4 The Board Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.

### Sub-Committees

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

## 4. MEMBERSHIP

### Members

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

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



## Prescribed Attendees

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

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

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

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

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

## Member Appointments

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

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

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

### **Secretariat and Support to Committee Members**

- 4.9 The Board Secretary, on behalf of the Committee Chair, shall:
- (a) arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
  - (b) ensure the provision of a programme of organisational development for committee members, as part of the Trust's overall board development programme developed by the Director of People and Culture.

## **5. COMMITTEE MEETINGS**

### **Quorum**

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

### **Frequency of Meetings**

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

### **Withdrawal of individuals in attendance**

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

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

- 6.1 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.
- 6.2 The Committee, through its Chair and members, shall work closely with the Board's other committees and groups to provide advice and assurance to the Board through the:
- joint planning and co-ordination of Board and Committee business; and
  - sharing of appropriate information;
- in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall assurance framework.
- 6.3 The Committee will consider the assurance provided through the work of the Board's other committees and sub-groups to meet its responsibilities for advising the Board on the adequacy of the Trust's overall framework of assurance.
- 6.4 The Committee shall embed the Trust's corporate standards, priorities, and requirements, e.g. equality and human rights through the conduct of its business.

## **7. REPORTING AND ASSURANCE ARRANGEMENTS**

- 7.1 The Committee Chair shall:
- (a) report formally, regularly and on a timely basis to the Board and the Chief Executive (Accountable Officer) on the Committee's activities. This includes verbal updates on activity, the submission of Committee minutes and written reports where appropriate throughout the year;
  - (b) bring to the Board and the Chief Executive (Accountable Officer's) specific attention any significant matter under consideration by the Committee; and

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

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

## **8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS**

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

- Quorum (as set out in section 5)

## **9. REVIEW**

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