

Bundle Trust Board (Open Session) 25 November 2021

Agenda attachments

Item 0 OPEN Trust Board Agenda 25 November 2021.docx

Item 0 Welsh version Agenda I015687-st140911_C000571_D12112021_I015687.docx

- 0 OPENING ITEMS
- 1 09:30 - Chair Welcome, and apologies for absence and confirmation of quorum
- 2 09:33 - Declarations of Interest
Members are reminded that they should declare any personal or business interests which they have in any matter or item to be considered at the meeting which may influence, or may be perceived to influence their judgement, including interests relating to the receipt of any gifts or hospitality received. Declarations should include as a minimum, personal direct and indirect financial interests, and normally also include such interests in the case of close family members. Any declaration must be made before the matter is considered or as soon as the Member becomes aware that a declaration is required.
The board noted the standing declarations of interest in respect of: (If in attendance)
Mr Emrys Davies, Retired Member of UNITE
Professor Kevin Davies, Trustee of St John Cymru
Ceri Jackson, Trustee of the Stroke Association
Claire Vaughan, Independent Member of Aberystwyth University
- 3 09:34 - Procedural Business
ITEM 3 Procedural Matters.docx
- 3.1 09:35 - Minutes of Previous Meeting
ITEM 3.1 Trust Board Minutes Open 30 September MW.DOCX
- 4 09:37 - Matters arising and action log
ITEM 4 Action Log.docx
- 5 09:40 - Chair's report and Chair's Actions
ITEM 5 Chair's Actions Since Last Trust Board - Public Board.docx
- 6 09:50 - Chief Executive Update
ITEM 6 CEO REPORT TO TRUST BOARD 25 NOVEMBER 2021 FINAL.pdf
- 7 10:05 - Questions from Members of the Public
- 8 10:15 - STAFF EXPERIENCE - Bethan Williams, 111 Nurse
- 8.1 ITEMS FOR APPROVAL, ASSURANCE AND DISCUSSION
- 9 10:35 - Healthcare Inspectorate Wales Review of Patient Experience and Handover Delays - Bethan Evans
ITEM 9 Healthcare Inspectorate Wales Review of Patient Experience and Handover Delays - Trust Response.docx
ITEM 9a 43257 WAST Local Review (E) WEB -1.pdf
- 10 10:50 - Association of Ambulance Chief Executives Handover Harms Report - Claire Roche
ITEM 10 Executive Summary AACE Review of handover and harm.docx
ITEM 10a Appendix 1 EMBARGOED to 0700 15-11-21 AACE Delayed hospital handovers - Impact assessment of patient harm FINAL Nov 2021 low res.pdf
ITEM 10b Appendix 2 AACE Delayed hospital handovers - Impact assessment of patient harm V17 DEVOLVED WALES V4 HP.pdf
- 11 11:05 - Monthly Integrated Quality and Performance Report - Rachel Marsh
ITEM 11 MIQPR SBAR October 2021 TB.docx
ITEM 11a Annex 1 MIQPR October 2021 (Updated).pptx
ITEM 11b Top indicators MIQPR Dashboard October 2021 (Updated).xlsx
- 12 11:20 - Integrated Medium Term Plan update - Rachel Marsh
ITEM 12 Executive Summary - IMTP 2021-22 Delivery Tracker _Board 181121.docx
ITEM 12a Appendix 1 _IMTP Delivery Programmes Assurance Report_6th September 2021.pdf
ITEM 12b Appendix 2 - IMTP Deliverables 2021 _22.pdf
- 12.1 11:30 - COMFORT BREAK
- 13 11:50 - Board Assurance Framework and Corporate Risk Register - Trish Mills

ITEM 13 Executive Summary Risk Management Report Trust Board 251121.docx

14 12:00 - Financial Performance Month 7 - Chris Turley

ITEM 14 Finance Report Month 7 - TB.docx

15 12:15 - Charitable Funds Committee Report - Professor Kevin Davies

ITEM 15 Charitable Funds Escalation and Assurance Report.docx

16 12:25 - Quality and Patient Experience and Safety Committee Report - Bethan Evans

ITEM 16 Executive Summary from Quality Patient Experience and Safety Committee 16.11.21 including Bethan's comments.docx

17 12:35 - Finance and Performance Committee Report - TO FOLLOW - Emrys Davies

18 12:45 - Board Development - Trish Mills

To consider any other business to the agenda items listed above.

ITEM 18 Board 251121 Board Development Paper.docx

ITEM 18a Board 251121 Board Development Paper - annex 2 - calendar.docx

19.1 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

20 13:00 - Safeguarding Annual Report (following review at QuEST)

ITEM 20 Safeguarding Annual Report 20-2021.pdf

21 13:05 - Information Governance Annual Report (following review at QuEST)

ITEM 21 IGDP Annual Report 202021 draft v2.docx

22 Minutes of Committees

ITEM 22 Minutes of Committees.docx

ITEM 22a AUGUST MINUTES CFC.docx

ITEM 22b QUEST OPEN MINUTES 9 September 2021 V3.doc

ITEM 22c OPEN F and P Minutes 23 September 2021 (1).doc

23 EASC Minutes

ITEM 23 Confirmedminutes_EASC_7Sept2021.doc

24 13:10 - Any other business

25 Date and time of next meeting: 27 January 2022 at 09:30

26 Exclusion of the press and members of the public To invite the Press and Public to leave the meeting because of the confidential nature of the business about to be transacted (pursuant to Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960).



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**Welsh Ambulance Services
NHS Trust**

AGENDA

MEETING OF THE TRUST BOARD

Held in public on Thursday 25 November 2021 from 9.30am to 13.10pm
Meeting held at International Convention Centre and Via Zoom

#	Agenda Item	Purpose	Lead	Format	Time
OPENING ITEMS					
1.	Chair's welcome; apologies and confirmation of quorum	Information	Martin Woodford	Verbal	9.30
2.	Declarations of interest	Information	Martin Woodford	Verbal	
3.	Minutes of last meeting	Approval	Martin Woodford	Paper	
4.	Matters arising and action log	Review	Martin Woodford	Paper	
5.	Chair's report	Information	Martin Woodford	Paper	9.40
6.	Chief Executive's report	Information	Jason Killens	Paper	9.50
7.	Questions from the public	Discussion	Estelle Hitchon	Verbal	10.05
STAFF EXPERIENCE					
8.	Bethan Williams, 111 Nurse	Information Discussion	Claire Roche	Verbal	10.15
ITEMS FOR APPROVAL, ASSURANCE AND DISCUSSION					
9.	Healthcare Inspectorate Wales Review of Patient Experience and Handover Delays	Discussion	Bethan Evans	Paper	10.35
10.	Association of Ambulance Chief Executives Handover Harms Report	Discussion	Claire Roche	Paper	10.50
11.	Monthly Integrated Quality and Performance Report	Assurance	Rachel Marsh	Paper	11.05
12.	Integrated Medium Term Plan update	Assurance	Rachel Marsh	Paper	11.20
Comfort Break – 11.30 to 11.50					
13.	Board Assurance Framework and Corporate Risk Register	Assurance	Trish Mills	Paper	11.50
14.	Financial Performance Month 7	Assurance	Chris Turley	Paper	12.00
15.	Charitable Funds Committee Report	Assurance	Kevin Davies	Paper	12.15
16.	Quality and Patient Experience and Safety Committee Report	Assurance	Bethan Evans	Paper	12.25
17.	Finance and Performance Committee Report	Assurance	Emrys Davies	Paper	12.35
18.	Board Development Approach	Approval	Trish Mills	Paper	12.45
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					
19.	Safeguarding Annual Report (following review at QuEST)	Information	Claire Roche	Paper	13.00
20.	Information Governance Annual Report (following review at QuEST)	Information	Andy Haywood	Paper	
21.	Minutes of Committees	Information	Martin Woodford	Paper	

#	Agenda Item	Purpose	Lead	Format	Time
22.	EASC Minutes	Information	Martin Woodford	Paper	
CLOSING ITEMS					
23.	Any other business	Discussion	Martin Woodford	Verbal	13.05
24.	Date and time of next meeting: 27 January 2022 at 09:30	Information	Martin Woodford	Verbal	
25.	Exclusion of the press and members of the public To invite the Press and Public to leave the meeting because of the confidential nature of the business about to be transacted (pursuant to Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960).	Resolution	Martin Woodford	Verbal	

Lead Presenters

Name of Lead	Position of Lead
Mr Lee Brooks	Director of Operations
Mr Emrys Davies	Non-Executive Director, Chair of Finance and Performance Committee
Prof Kevin Davies	Vice Chair of Trust Board, Chair of Charitable Funds Committee and Academic Partnership Committee
Ms Bethan Evans	Non-Executive Director, Chair of Quality, Patient Experience and Safety Committee
Mr Andy Haywood	Director of Digital
Ms Estelle Hitchon	Director of Partnership and Engagement
Mr Paul Hollard	Non-Executive Director; Chair of People and Culture Committee
Mrs Ceri Jackson	Non-Executive Director
Mr Jason Killens	Chief Executive Officer
Dr Brendan Lloyd	Medical Director
Ms Rachel Marsh	Director of Strategy and Planning
Mrs Trish Mills	Board Secretary
Ms Claire Roche	Executive Director of Quality and Nursing
Mr Andy Swinburn	Associate Director of Paramedicine
Mr Chris Turley	Executive Director of Finance and Corporate Resources
Mr Martin Turner	Non-Executive Director; Chair of Audit Committee
Mr Joga Singh	Non-Executive Director
Mr Martin Woodford	Chair of Trust Board
Ms Claire Vaughan	Director of Workforce and Organisational Development



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AGENDA

CYFARFOD BWRDD YR YMDDIRIEDOLAETH

A gynhaliwyd yn gyhoeddus ddydd Iau 25 Tachwedd 2021 o 9.30am hyd at 13.10pm

Cynhaliwyd y cyfarfod yn y Ganolfan Confensiynau Rhyngwladol

#	Eitem Agenda	Pwrpas	Arweinydd	Fformat	Amser
EITEMAU AGORIADOL					
1.	Croeso gan y Cadeirydd; ymddiheuriadau a chadarnhau cworwm	Gwybodaeth	Martin Woodford	Ar lafar	9.30
2.	Datganiadau o ddiddordeb	Gwybodaeth	Martin Woodford	Ar lafar	
3.	Cofnodion y cyfarfod diwethaf	Cymeradwyo	Martin Woodford	Papur	
4.	Materion yn codi a chofnod o gamau gweithredu	Adolygu	Martin Woodford	Papur	
5.	Adroddiad y Cadeirydd	Gwybodaeth	Martin Woodford	Papur	9.40
6.	Adroddiad y Prif Weithredwr	Gwybodaeth	Jason Killens	Papur	9.50
7.	Cwestiynau gan y cyhoedd	Trafod	Estelle Hitchon	Ar lafar	10.05
PROFIAD STAFF					
8.	Bethan Williams, Nyrs 111	Gwybodaeth Trafod	Claire Roche	Ar lafar	10.15
EITEMAU AR GYFER CYMERADWYAETH, SICRWYDD A THRAFODAETH					
9.	Arolygiaeth Gofal Iechyd Cymru Adolygiad o Brofiad Cleifion ac Oedi wrth Drosglwyddo	Trafod	Claire Roche	Papur	10.35
10.	Adroddiad Niwed wrth Drosglwyddo Cymdeithas Prif Weithredwyr Ambiwylans	Trafod	Rachel Marsh	Papur	10.50
11.	Adroddiad Integredig Ansawdd a Pherfformiad Misol	Sicrwydd	Rachel Marsh	Papur	11.05
12.	Diweddariad ar y Cynllun Integredig yn y Tymor Canolig	Sicrwydd	Rachel Marsh	Papur	11.20
Egwyl - 11.30 tan 11.50					
13.	Fframwaith Sicrwydd y Bwrdd a Chofrestr Risg Gorfforaethol	Sicrwydd	Trish Mills	Papur	11.50
14.	Perfformiad Ariannol Mis 7	Sicrwydd	Chris Turley	Papur	12.00
15.	Adroddiad y Pwyllgor Cronfeydd Elusennol	Sicrwydd	Kevin Davies	Papur	12.15
16.	Adroddiad Pwyllgor Ansawdd a Phrofiad Cleifion a Diogelwch	Sicrwydd	Bethan Evans	Papur	12.25
17.	Adroddiad Pwyllgor Cyllid a Pherfformiad	Sicrwydd	Emrys Davies	Papur	12.35
18.	Ymagwedd Ddatblygu'r Bwrdd	Cymeradwyo	Trish Mills	Papur	12.45
EITEMAU AR GYFER CYDSYNIAD					
Mae'r eitemau sy'n dilyn er gwybodaeth yn unig. Os bydd aelod yn awyddus i drafod unrhyw rai o'r eitemau hyn, gofynnir iddo roi gwybod i'r Cadeirydd fel bod modd dyrannu amser i wneud hynny					
19.	Adroddiad Blynyddol Diogelu (yn dilyn cais yn QuEST)	Gwybodaeth	Claire Roche	Papur	13.00
20.	Adroddiad Blynyddol Llywodraethu Gwybodaeth (yn dilyn adolygiad yn QuEST)	Gwybodaeth	Andy Haywood	Papur	

#	Eitem Agenda	Pwrpas	Arweinydd	Fformat	Amser
21.	Cofnodion Pwyllgorau	Gwybodaeth	Martin Woodford	Papur	
22.	Cofnodion EASC	Gwybodaeth	Martin Woodford	Papur	
EITEMAU I GLOI					
23.	Unrhyw fater arall	Trafod	Martin Woodford	Ar lafar	13.05
24.	Dyddiad ac amser y cyfarfod nesaf: 27 Ionawr 2022 am 09:30	Gwybodaeth	Martin Woodford	Ar lafar	
25.	Gwahardd y wasg a'r cyhoedd Gwahodd y Wasg a'r Cyhoedd i adael y cyfarfod oherwydd natur gyfrinachol y busnes i'w drafod (yn unol ag Adran 1(2) Deddf Cyrff Cyhoeddus (Derbyn i Gyfarfodydd) 1960).	Penderfyniad	Martin Woodford	Ar lafar	

Cyflwynwyr Arweiniol

Enw'r Arweinydd	Swydd yr Arweinydd
Mr Lee Brooks	Cyfarwyddwr Gweithrediadau
Mr Emrys Davies	Cyfarwyddwr Anweithredol, Cadeirydd y Pwyllgor Cyllid a Pherfformiad
Yr Athro Kevin Davies	Is-gadeirydd Bwrdd yr Ymddiriedolaeth, Cadeirydd y Pwyllgor Cronfeydd Ariannol a'r Pwyllgor Partneriaethau Academaidd
Ms Bethan Evans	Cyfarwyddwr Anweithredol, Cadeirydd y Pwyllgor Ansawdd, Profiad Cleifion a Diogelwch
Mr Andy Haywood	Cyfarwyddwr Digidol
Ms Estelle Hitchon	Cyfarwyddwr Partneriaethau ac Ymgysylltu
Mr Paul Hollard	Cyfarwyddwr Anweithredol; Cadeirydd Pwyllgor Pobl a Diwylliant
Mrs Ceri Jackson	Cyfarwyddwr Anweithredol
Mr Jason Killens	Prif Swyddog Gweithredol
Dr Brendan Lloyd	Cyfarwyddwr Meddygol
Ms Rachel Marsh	Cyfarwyddwr Strategaeth a Chynllunio
Mrs Trish Mills	Ysgrifennydd y Bwrdd
Ms Claire Roche	Cyfarwyddwr Gweithredol Ansawdd a Nyrsio
Mr Andy Swinburn	Cyfarwyddwr Cysylltiol Parafeddygaeth
Mr Chris Turley	Cyfarwyddwr Gweithredol Cyllid ac Adnoddau Corfforaethol
Mr Martin Turner	Cyfarwyddwr Anweithredol; Chadeirydd y Pwyllgor Archwilio
Mr Joga Singh	Cyfarwyddwr Anweithredol
Mr Martin Woodford	Cadeirydd Bwrdd yr Ymddiriedolaeth
Ms Claire Vaughan	Cyfarwyddwr Gweithlu a Datblygiad Sefydliadol



AGENDA ITEM No	3
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	2

PROCEDURAL BUSINESS

MEETING	Trust Board
DATE	25 November 2021
EXECUTIVE	Board Secretary
AUTHOR	Steve Owen
CONTACT	Steven.owen2@wales.nhs.uk

EXECUTIVE SUMMARY

The report is to confirm as a correct record the Minutes of the Board meeting held on 30 September 2021 and other procedural matters as required shown below.

- a. **Minutes of the Board meeting** held on 30 September 2021.
- b. **Action Log.** To consider the Action Log (Attached)
- c. **Trust Seal.** Since the last Board meeting the Trust seal was applied as follows:
 1. (0225): License for alterations (Minor Works) relating to part of basement, ground floor and first floor in VPH, between Vantage Point Business Park and WAST
 2. (0226): Lease Hywel Dda and WAST. Old garage site to Ambulance Station at Aberaeron
 3. (0227): Lease – License for Alteration, part of Aberaeron site

RECOMMENDED: That

- (1) the Minutes of the Trust Board meetings held on 30 September 2021 be confirmed as a correct record;
- (2) the action log be considered; and
- (3) to acknowledge application of the Trust seal as described above.

KEY ISSUES/IMPLICATIONS
None

REPORT APPROVAL ROUTE
Not Applicable

REPORT APPENDICES
<ol style="list-style-type: none"> Minutes of Trust Board meeting 30 September 2021 Action Log

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

**UNCONFIRMED MINUTES OF THE OPEN MEETING OF THE WELSH AMBULANCE SERVICES NHS TRUST BOARD, HELD on THURSDAY 30 September 2021
Meeting Conducted via ZOOM**

PRESENT:

Members

Martin Woodford	Chair of the Board
Professor Kevin Davies	Non Executive Director and Vice Chair
Emrys Davies	Non Executive Director
Bethan Evans	Non Executive Director
Paul Hollard	Non Executive Director
Ceri Jackson	Non Executive Director
Martin Turner	Non Executive Director
Jason Killens	Chief Executive
Dr Brendan Lloyd	Executive Medical Director
Claire Roche	Executive Director of Quality and Nursing
Chris Turley	Director of Finance and Corporate Resources
Claire Vaughan	Director of Workforce & Organisational Development (left at 1pm)

In Attendance

Lee Brooks	Director of Operations
Craig Brown	Trade Union Partner
Andy Haywood	Director of Digital Services
Estelle Hitchon	Director of Strategy, Planning and Performance
Rachel Marsh	Director of Partnerships and Engagement
Trish Mills	Board Secretary
Hugh Parry	Trade Union Partner
Andy Swinburn	Associate Director of Paramedicine

Members of staff, public and press 21

Apologies

Joga Singh Non Executive Director

65/21 WELCOME AND APOLOGIES FOR ABSENCE

Welcome and apologies

The Chair welcomed all to the meeting in particular Trish Mills, Board Secretary to her first meeting adding that the meeting was being recorded for minute taking purposes. Apologies were received from Joga Singh, Non Executive Director.

Guidelines in terms of using the chat function and other administrative matters during the meeting were highlighted by the Chair.

Declarations of interest

The standing declarations of interest were formally recorded in respect of:

Professor Kevin Davies, Independent Trustee of St John Cymru, Emrys Davies, retired member of Unite, Ceri Jackson, a Trustee of the Stroke Association and Claire Vaughan as an Independent Member of Aberystwyth University.

RESOLVED: That the standing declarations and apologies as described above were formally recorded.

66/21 PROCEDURAL MATTERS

Minutes of the previous meeting. The Minutes of 29 July 2021 were approved subject to

- a. Page 7, bullet point nine, delete 'extraction' insert 'abstraction'
- b. Page 7, under comments, Delete point four and insert new paragraph; Was the Trust on target to recruit the additional 127 FTE's? Claire Vaughan confirmed the Trust was on target to deliver, adding that any risks within the Trust's control, had been mitigated particularly with regards to the C1 driving license requirement

Action Log:

The Board received the action log and noted the updated position statements as detailed below:

Action Number 45 - Feedback from Board Members. This had been discussed at a recent Board Development session. Action Closed.

Action Number 47 – Annual Reporting: Trish Mills advised that the 2022/2023 timetable for production of annual filings and the review by appropriate Board Committees prior to approval at Trust Board would be presented to the Audit Committee in December 2021. Action Closed.

Action Number 48 – MIPR; the numbers of cases being reported for complex case review be included within the MIPR. Claire Roche confirmed this would be illustrated in future reports. Action Closed.

67/21 CHAIR'S ACTIONS SINCE LAST MEETING

The Chair reported that the following Chair's actions had been undertaken since the last Board meeting and these were:

1. 9 August 2021, Interim Estates Solutions: Implementation of the Demand and Capacity Review. Approval was given to spend up to a maximum of £665k from the Trust's remaining 2021/22 discretionary capital.

2. 25 August 2021, St John's Ambulance Cymru Winter Support 2021/22. Approval was given to spend up to the value of £688k for additional St John UCS resources for the period October 2021 to March 2022 inclusive, provided funds were secured on a full cost recovery basis.

RESOLVED: That the Minutes of the Chair's Actions as described were ratified.

68/21 CHAIR'S UPDATE

1. The Chair, in giving his update, took time to reflect that the whole NHS was currently under extreme pressure which in turn was impacting on the Trust's ability to provide a timely response to patients.
2. The impact of Covid 19 had affected the way in which the Trust was able to conduct its business and it was hoped that face to face meetings would commence in the near future.
3. In terms of the Trust's role as the organisation emerged from current service pressures, this should be seen as a leadership role with a focus on clear plans for the future.
4. The Chair advised the Board of meetings he had attended since the last Board meeting and these included, externally: Collectively and individually with the Chairs of Health Boards across Wales. Held meetings with the Commissioner, the new Health Minister, North Wales Regional Leadership Board meetings and the Board of Community Health Councils. From an internal perspective he had met with Trade Union partners and staff across Wales.
5. Furthermore, the recent Board Development sessions had proven extremely valuable which allowed the Board, jointly, to understand its role going forward in these challenging times.

69/21 PATIENT EXPERIENCE – 'BLUE LIGHT HUB' APP FOR CHILDREN

1. Leanne Hawker outlined how the Trust engaged with children and in developing this further the Trust had recently launched a new App which was predominantly aimed at 7 – 12 year olds. The App, through a gaming platform, provided an awareness of how the Trust responded to calls through the use of games and quizzes.
2. The Board were shown a video in which Fiona Maclean explained that the Patient Experience and Community Involvement (PECI) team were unable to undertake face to face engagement at schools due to the Pandemic. This, and the Trust's desire to reach out and influence people using digital technology had been a key incentive in developing the App.
3. The content of the App had derived from working with DotC studios Ltd, staff colleagues from all directorates and also experts in clinical psychology and social development.

4. The bilingual App was able to illustrate to children how to understand the pressures the Trust was currently under, the roles within the Trust and what to do in a real emergency situation.
5. Initial feedback from users had been very encouraging with a wide range of useful comments and helpful ideas to develop the App going forward.

Comments:

1. A wide ranging discussion followed and Members enquired as to the general uptake of the App. Fiona Maclean gave an overview of the interest shown to date adding that counterparts in health boards across Wales have embraced the App.
2. A member asked whether the App, in the future, could be aimed at older children who may be considering the ambulance service as a career option. Leanne Hawker explained there was potential to develop the App further including that option.
3. Members recognised the positive comments from the public during the meeting.
4. The Board expressed their sincere thanks for the exemplary way in which the PEGI team had led this work and also recorded their thanks to the Digital Directorate for their input.

70/21

CHIEF EXECUTIVE UPDATE

Jason Killens, Chief Executive, presented his report and drew the Board's attention to the following key highlights:

1. During the last fortnight there had been significant media attention, particularly around the operational pressures being sustained by the Trust
2. Funding had been secured for an initial three year project that would see a small team of rotational paramedics split their working time 50/50 between the Trust and the Specialist Palliative Care Team in Swansea Bay University Health Board. This scheme would be able to offer patients much greater dignity.
3. It was very pleasing to report that funding had been approved to purchase around 500 Public Access Defibrillators. This would bring the total of approximately 6,000 defibrillators across Wales. Quick and easy access to defibrillators was paramount to improving the outcome of cardiac arrest patients
4. Estimated Time of Arrival (ETA). An ETA of an ambulance response was introduced as part of the call taker's script. This would give patients a better understanding of when the ambulance would arrive to them.

5. A new software package to support staff on the clinical support desk was being introduced. This would enhance the Trust's ability to provide clinical advice over the phone (Hear and Treat); subsequently avoiding, in some cases, the need for an ambulance response.
6. Non Emergency Patient Transfer Services (NEPTS) transfer of work. The imminent transfer of Cwm Taf Morgannwg University Health Board would see the final transfer of work to WAST; all NEPTS across Wales would now be operated by WAST, on behalf of the health boards.

Comments:

1. The Board expressed their thanks to all those involved in the transfer of work process.
2. Members were pleased to see confirmation of funding for mental health and dementia; this would allow for the recruitment of mental health practitioners in order to enhance the clinical support desk
3. Claire Vaughan referred to developments of driving instructors and asked that a note of thanks be recorded to the team who had recently completed their training (train the trainers) to a very high standard.

RESOLVED: That the Board noted the contents of the report.

71/21

OPERATIONAL SITUATION PRESENTATION AND MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT

Jason Killens gave an overview of the three main areas impacting on the Trust's operational performance and its ability to respond to patients in a timely manner:

1. There was increasing pressure on the workforce leading to higher than normal staff absences; due to sickness.
2. An increase in demand for the Trust's services had also impacted on the Trust. Jason Killens formally recorded a note of apology to all those patients who had waited for an ambulance longer than normally expected.
3. An overall increase in the demand for emergency care had led to longer than normal handover delays at hospitals.
4. An outline of the actions to improve the situation, within the Trust's gift, such as the request of military assistance was provided.

Lee Brooks gave a PowerPoint presentation and drew the Board's attention to the following areas:

1. In August 2021, the Trust escalated to REAP (Resource Escalation Action Plan) level four (extreme pressure) and had remained at that level since.
2. Another indicator of service pressure was the use of the Demand Management Plan (DMP). The DMP sought to ensure that at times when the demand

exceeded capacity, the Trust would respond to those patients of the highest acuity. The Trust was currently at DMP level six (the highest level was eight) and at this level there would be times when an ambulance may not be able to respond to a patient.

3. In terms of 999 calls the volume had begun to increase and times to answer the call had slightly deteriorated. This situation was consistent with all other ambulance services in the UK.
4. In terms of verified incidents and the responses to them the performance in this area was decreasing.
5. Red performance, the trend for red demand had shown an increase throughout the year and this had affected the Trust's performance to respond to red calls within eight minutes.
6. In terms of amber one response, waiting times had progressively increased with the median time over the year exceeding two hours.
7. Staff absences; there has been an increase in staff sickness with rates in the Control Room environment up to 18%. In respect of EMS, this was around 12%. In terms of Covid related absences, this accounted for 6% of the workforce.
8. The hours lost due to extended time at hospital handing patients over, had a significant impact on the Trust's ability to respond to patients in the Community. Some of these waits had been over 10 hours.
9. Covid 19 – confirmed cases were on the increase; around 18% of the Trust's daily activity related to the pandemic.
10. NHS 111 Wales call demand had increased significantly. Patients waiting for calls to be answered varied with the maximum wait time was up to 35 minutes. As the Trust moved in to the winter period further resources would be made available.
11. The Board were given details of all the plans and actions in train which had been designed to mitigate the significant increase in demand and the resulting impact on the Trust's ability to deliver.

Comments:

1. The Board recognised the increase in overall demand, an increase in staff sickness, a downward trend in the ability to use overtime, a set back with the production of hours to meet demand and the delays in handing over patients at hospitals.
2. Jason Killens explained that under the current circumstances, the Trust was seeking ways to ease the overall pressure. Part of this was to maximise the number of ambulances on the road. It was important to note that this measure was not a quick fix. In all likelihood there would be more ambulances queuing outside hospitals. This was not the long term permanent solution; it was much

more complex and involved a wide range of factors across the whole NHS system.

3. The Board expressed concern with the high levels of staff sickness. Claire Vaughan explained that pre-pandemic sickness levels were higher than other UK ambulance services. As a result of this the Trust developed a strategy to reduce this level. Several initiatives were ongoing which included the recruitment of additional resources and improving the mental health wellbeing in the workplace. Jason Killens advised the Board that a deep dive on the reasons for staff sickness would be reported to the Board meeting on 27 January 2022 by Claire Vaughan.
4. Members discussed sickness levels further and stressed the importance of the issue being discussed at Committees. It was also recognised that the impact of Covid had been a significant source in the sickness levels.
5. In terms of handover delays, were there any lessons to be learned from other UK nations? Jason Killens explained that the demand pressures were identical with the other UK services. He added that lessons were being learnt and that the Trust continued to consider and identify different approaches. He reminded the Board that hand over delays were not in the Trust's control.
6. Craig Brown, TU Partner, outlined the current issues, frustrations and challenges being faced by all frontline staff; adding that staff welfare must be a priority for the Board. Assurances were sought that everything possible was being done to address hospital delays, every possible action was taken to address the escalating levels of aggression towards staff and comprehensive risk assessments were undertaken when accommodating additional colleagues including the Military. Further assurance was sought that every possible action was being taken to protect colleagues from the effects and transmission from Covid and other winter diseases.
7. Concern was expressed that the long waits on ambulances outside the Emergency Departments were also having a detrimental effect on the overall well-being of patients. Claire Roche assured the Board that these concerns were being addressed with health boards, adding that patients received regular nurse assessments.
8. Jason Killens confirmed that he and the Chair continued to work with health board colleagues, Commissioners and patients and where possible influenced the easing of demand pressures.

RESOLVED: That the update was noted.

72/21

INTEGRATED MEDIUM TERM PLAN (IMTP) 2021 – 2024 PROGRESS REPORT

1. Rachel Marsh explained that the report illustrated the progress and achievements made to date in relation to the actions within the plan for this year.
2. Good progress was being made in quarter two with only one action being

classed as red and this was in relation to the development of a level two falls service business case in respect of funding.

3. As a result of the ongoing services pressures it was noted that some of the objectives set within the plan may have to be paused; the Board would be kept informed of progress going forward.

Comments:

1. Members acknowledged that the report had been discussed in depth at the recent Finance and Performance Committee meeting.
2. In terms of the level two falls work, how could the Board influence the issue with funding? Claire Roche commented that the existing falls framework and response model was currently being reviewed and would be progressed through the Clinical Transformation Board.

RESOLVED: That the Board:

- (1) Noted the current IMTP delivery status as an interim position ahead of the end of quarter 2;**
- (2) Noted that delivery in quarters 3 and 4 were anticipated to be impacted by current pressure and the return to a Monitor Position of the pandemic plan;**
- (3) Noted the current activity in relation to Health Board strategic service changes; and**
- (4) Noted the process for preparation of the next iteration of the Trust's IMTP for 2022-25.**

73/21

EMERGENCY SERVICES MOBILE COMMUNICATIONS PROGRAMME, MOBILE DATA VEHICLE SOLUTION – FULL BUSINESS CASE

Keith Williams gave a PowerPoint presentation and drew the Board's attention to the following highlights:

1. The Mobile Data Vehicle Solution was due to replace Airwave as the critical communications system used by the Trust and all other emergency services. Airwave acted as the primary critical communications system using a combination of Mobile Data Terminals (MDT) and Voice Radios.
2. The business case sought to disaggregate the procurements with phase 1 replacing the Mobile Data Terminals and associated software, whilst also providing installation and support services.
3. It was recognised that the Department of Health and Social Care Investment Committee approved the Ambulance Radio Programme funding requirement of £437.5m, and identified a Total WAST requirement of approximately £32.8m. The WAST element would be funded by Welsh Government.

4. The in scope investment required £8.5m (capital) and £14.4m (revenue) (excluding vat and depreciation) over the 10yrs project life cycle.

Comments:

1. Chris Turley, Director of Finance and Corporate Resources assured the Board that the risk of not receiving the funding was relatively low.
2. The Board were content to approve recommendations as detailed.

RESOLVED: That

- (1) the disaggregated approach and assumptions within the MDVS Full Business case as mitigation to ESMCP delay was noted;**
- (2) submission of the MDVS FBC to Welsh Government was approved; and**
- (3) the entire projected ARP MDVS costs (a), the total end-to-end WAST funding requirement (b) and the specific in-scope funding requirement (c) for this element of the FBC, which was assumed would be fully funded by the Welsh Government was noted:**
 - a) the National UK total MDVS costs of £437.5m (ex VAT and deprecation costs).**
 - b) the total WAST MDVS funding requirement in Wales was approximately £32.832m (ex VAT and depreciation).**
 - c) the total WAST MDVS – in-scope funding requirement of £8.5m (Capital) and £14.4m (Revenue) (ex VAT and depreciation costs) would be required for the initial proposed investment.**

74/21

VOLUNTEER STRATEGY

Lee Brooks, prior to delivery of a PowerPoint presentation by Judith Bryce, acknowledged the tremendous work of all the volunteers within WAST.

Members' attention was drawn to the following points:

1. There were three key priorities in the strategy: (1) Building awareness and embedding a culture of volunteering, (2) enhanced training, support, communication and involvement of volunteers and (3) increasing volunteer contribution and diversity
2. The Board were given details on the actions to deliver these key strategic priorities which were detailed within the report.
3. The strategy had sought extensive feedback from a variety of stakeholders and had been endorsed by the Executive Management Team and the People and Culture Committee.

Members heard from two Community First Responders, Rhodri Jones and Simon Webb, who gave an overview in terms of how and what they had contributed to the

development of the volunteer strategy. One of the main successful developments was delivery of Community First Responders uniform.

Comments:

1. The Board thanked Rhodri and Simon for their contribution and comments and fully supported approval of the strategy. The Board also thanked Julie Stokes for her involvement in the early development of the strategy.
2. The Chair of the People and Culture Committee reported that the Committee had fully supported the volunteer strategy and recognised that the objectives to realise successful development of it would be monitored through the Committee going forward.
3. Lee Brooks and his team were thanked for the update to Non Executive Directors in August which had focussed on the initial development of the volunteer strategy.

RESOLVED: That the Volunteer Strategy was approved.

75/21

UNIVERSITY TRUST STATUS: DRAFT SUBMISSION

Estelle Hitchon in giving an overview of the report asked the Board to recognise the work undertaken by Jo Kelso in the Trust's ambition to become a University Trust. The main points of note for the Board were highlighted below:

1. Attaining University Trust status reflected the recognition of the organisation's commitment of being a learning organisation through innovation and research across all directorates.
2. There had been strong support from Welsh Government in terms of guiding the Trust through the application process.
3. Members noted that the application for University Trust status was due to be submitted to Welsh Government on 1 November and would be subjected to strict scrutiny.
4. The Chair of the Academic Partnership Committee, Professor Kevin Davies, added that on 1 November, if approved, was the starting point to enable the process to be developed further.
5. Estelle Hitchon asked that if any further changes to the submission document were required, that the Board give authority to make the appropriate amendments.

Comments:

Members noted that, following an affirmative decision on 1 November the structure of the Academic Partnership Committee would require review. Professor Kevin Davies advised the Board that this level of detail was being considered at its next meeting.

RESOLVED: That

- (1) the Trust's submission to Welsh Government in respect of university trust status was supported; and**
- (2) authority to the Chair of the Academic Partnerships Committee and the lead Director to submit the final post-Board version of the document, in the event that further amendments were required following further feedback from stakeholders was remitted.**

76/21

RISK AND BOARD ASSURANCE FRAMEWORK (BAF)

Trish Mills, in presenting the report advised the Board of the following:

1. One new Risk had been included on the Corporate Risk Register (CRR), Risk ID 424, with a score of 12, Resource Availability (capital) to deliver the organisation's IMTP.
2. No risks had been de-escalated to the Directorate Register or escalated to the CRR since the last update.
3. Risks ID 223 and ID 224 remained at risk ratings of 25. There had been several focus sessions to consider these risks in more detail; this being reflected in the further detail on the controls in place and the actions to mitigate the risks on ID 223 in particular. This will be replicated with the other risks on the CRR, together with a focus on describing the risks in a way that fully illustrates their impact.
4. Board Committees reviewed risks relevant to their remit on a regular basis; the Audit Committee continued to review and monitor the full register.

Comments:

1. The Chair of the Audit Committee, Martin Turner, advised the Board that the Committee continued to review the BAF ensuring it was fit for purpose.
2. Members acknowledged that the impact on staff from risks ID 223 and ID 224 would be explicitly reflected in future iterations.
3. The Chair of the Quality, Patient Experience and Safety Committee, Bethan Evans, informed the Board that the Committee had reviewed risks ID 223 and ID 224 and were assured that they were being mitigated to the best of the Trust's ability.
4. Emrys Davies, Chair of the Finance and Performance Committee advised the Board that the Committee were assured the controls in place were more than adequate in reviewing the risks pertinent to them.

RESOLVED: That Members received assurances on the contents of the report; specifically relating to:

- a) The risk management activity since the last Trust Board in July 2021; and**

b) Received and commented on the BAF report.

77/21 FINANCIAL PERFORMANCE MONTH 5, 2021/22

1. Christ Turley, the Director of Finance and Corporate resources presented the paper which provided a briefing on the financial performance of the Trust as at August 2021 and also reflected the financial impact of the continuing response to the Covid-19 pandemic.
2. He referred to the risk in respect of settling the impact of voluntary overtime on holiday pay and confirmed that funding would be received from Welsh Government and was therefore no longer a risk.
3. In terms of the current pressures on the service the Board were updated on how that was translated into a cost impact.
4. A mid-year review of the budget to ensure the Trust continued to maintain financial balance was due to be conducted in the near future.
5. In respect of the funding of items through the commissioning process, particularly in-year developments, the financial planning process was underway for the next year to ensure these costs were recognised.

Comments:

Emrys Davies updated the Board on the discussion held at the recent Finance and Performance Committee which included consideration of both short and long term cost implications.

RESOLVED: That the Board noted and gained assurance in relation to the Month 5 revenue and capital financial position and performance of the Trust as at 31st August 2021, noting that the Finance & Performance Committee reviewed this in detail at its meeting on 23rd September 2021.

78/21 WELSH LANGUAGE STANDARDS ANNUAL REPORT 2020-21

Trish Mills presented the report which was bilingual and illustrated the significant strides in promoting Welsh Language throughout the Trust

In order to monitor compliance with the Welsh language standards across the Trust, a compliance assurance exercise was carried out during June and July 2021 via the Assistant Directors Leadership Team. The responses were included in a Welsh Language Standards Tracker Plan which was being monitored through the People and Culture Committee.

Comments:

The Board noted the significant progress being made and acknowledged the risks and challenges which were being monitored through the People and Culture Committee. The Board expressed its thanks to Melfyn Hughes, Welsh Language Officer, in the production of the report.

RESOLVED: That the Board noted and approved the Welsh language annual report.

79/21 HEALTH AND SAFETY ANNUAL REPORT

Claire Roche explained that the report provided an analysis of the level of health and safety performance throughout the Trust for the 2020-2021 financial year. The report had previously received full scrutiny at the Quest Committee.

The following points from the report were highlighted:

1. The report was reflective of the Covid-19 period.
2. There had been an increase in staff reporting episodes of violence and aggression against them and an increase in the number of prosecutions against the perpetrators.
3. Health and Safety transformational plan, this had now evolved into a working safely programme board which would focus on a rapid improvement in terms of H&S matters.
4. The Quality, Patient Experience and Safety Committee would now receive a quarterly Health and Safety report with an annual report being presented to the Board.

Comments:

Bethan Evans, Chair of Quality, Patient Experience and Safety Committee reported that the Committee fully supported the report recognising the challenging period the report covered. Whilst the Committee acknowledged the variation in performance in respect of some health and safety areas, assurance was given that this was recognised and being managed appropriately.

RESOLVED: That the Board noted and approved the report.

80/21 COMMITTEE HIGHLIGHT REPORTS

Committee highlight reports were presented by the Chairs of each Committee as described below with highlights as illustrated:

1. Professor Kevin Davies, Chair of the Charitable Funds Committee:
 - a. There was a discussion on the forward strategy for the Committee and its ambition to make best use of the funds available.
 - b. The Bursary panel had continued to undertake work, albeit slightly constrained.
2. Paul Hollard, Chair of the People and Culture Committee:
 - a. Overview of the risks relevant to the Committee.
 - b. Armed Forces covenant was considered and would be overseen by the Committee.

- c. The Behaviours refresh programme.
- d. Committee Effectiveness process.

3. Bethan Evans, Chair of the Quest Committee:

- a. Colleagues from Audit Wales and Health Inspectorate Wales were present at the last meeting.
- b. Quality strategy – update was received on the implementation plan and the impact of the strategy.
- c. Work was being undertaken to assess the impact of the patient engagement work.
- d. The Draft Annual report was received from Health Inspectorate Wales which detailed the findings from patients and their experience of waiting in ambulances outside Emergency Departments.

4. Martin Turner, Chair of Audit Committee:

- a. Fire Safety Limited assurance review; two major issues, the method of reporting fire safety matters to the Board and the management of hazardous substances at ambulance stations. Both of which were being addressed. Chris Turley explained that the review concerned Fire Safety management. He added that a detailed action plan had been developed in response to the recommendations adding that the vast majority would be closed by the next scheduled Audit Committee meeting.
- b. Audit Wales update; a review of unscheduled care was being undertaken and progress would be reported to the Board.

5. Emrys Davies, Chair of the Finance and Performance Committee: (verbal update)

- a. Risks ID 223 and ID 224 were discussed in detail.
- b. Progress on the IMTP.
- c. Mobile Vehicle Solution, business case had been recommended for approval.
- d. Decarbonisation, ISO 14001 accreditation was re-certified.
- e. Fire safety review audit.
- f. Grange University Hospital transport services.
- g. Value Based Healthcare, recommended time be spent at a Board Development session to discuss.
- h. Transfer of NEPTS work from Cwm Taf Morgannwg University Health Board was approved.
- i. A deep dive on 111 had been conducted.

RESOLVED: That the updates were noted.

81/21

QUESTIONS FROM MEMBERS OF THE PUBLIC AND STAFF

The Chair, Martin Woodford explained that going forward a revised process was being considered involving both a physical and virtual presence at Board meetings. The details of which were yet to be formalised.

Estelle Hitchon presented the following questions received from attendees.

1. When was the next newly qualified paramedic recruitment drive? Andrew Challenger explained there were regular intakes throughout the year and advised that the enquirer contact the Trust's HR hub for further information.
2. What were the plans for Ambulance provision in the Hywel Dda health board area? Jason Killens explained this was a complex issue and that following a demand and capacity review in 2019 a number of recommendations arose. An impact of one of these was to re-roster staff closer to areas where the majority of emergency calls were being received. Discussions were ongoing with several stakeholders to address and reconsider staff rosters.
3. What steps were being undertaken to quicken telephone triage time? Lee Brooks advised that recruitment was underway to increase the number of call handlers. Also a new software platform was being developed which would provide the opportunity to manage call demand more efficiently.
4. When will a patient be able to use a mobile phone app for 111 advice? Andy Haywood explained that this should be available in May 2022.
5. Had the Trust considered how it would align Value Based Healthcare in 111? Dr Brendan Lloyd advised that the Trust continued to monitor any evidence in this area going forward.
6. What percentage of the increase in red demand were for paediatric patients? Lee Brooks explained there had been a negligible increase.

RESOLVED: That the questions were noted.

82/21

MINUTES OF COMMITTEES

The Minutes of the following Committees were formally received and adopted.

1. 11 May, People and Culture Committee, open and closed
2. 7 May 2021, Quest Committee open
3. 3 June 2021, Audit Committee, open and closed
4. 22 July 2021, Finance and Performance Committee, open and closed
5. 3 June 2021, Charitable Funds Committee

RESOLVED: That the above Committee minutes were formally received and adopted.

Date of next meeting: 25 November 2021

Trust Board Action Log following meeting on 30 September 2021

[illegible]

Chair's Actions October 2021
PUBLIC TRUST BOARD – 25 November 2021

1. The Trust's Standing Orders provides at paragraph 2.2.1 that *'There may, occasionally, be circumstances where decisions which would normally be made by the Board need to be taken between scheduled meetings and it is not practicable to call a meeting. In these circumstances, the Chair and the Chief Executive, supported by the Board Secretary as appropriate, may deal with the matter on behalf of the board - after first consulting with at least two other Independent Members. The Board Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Board for consideration and ratification'*.
2. Urgent action was required between the September and November 2021 scheduled Trust Board meetings. On 25th October 2021 Chair's action was requested for a temporary payment for staff voluntarily taking primary rest breaks at a designated location away from base when crews are delayed or clearing at hospital. Given the fact that the payment is outside the NHS Wales Agenda for Change Terms and Conditions, the matter was also reviewed by an extraordinary meeting of the Remuneration Committee on 22nd October 2021.

The request to the Remuneration Committee and for Chair's Action noted that the Trust is facing unprecedented challenges due to sustained record levels of demand (including a greater percentage of Red calls), sub-optimal levels of UHP driven by increased levels of sickness absence (COVID and non-COVID related), hospital handover delays above levels previously experienced, growing post production lost hours and as a consequence deteriorating Red and Amber performance and poor patient experience with an increasing number of concerns and SAls being reported. This is impacting our people with ambulance crews experiencing frequent late rest breaks and this has a material adverse impact on their health, wellbeing and morale.

Modelling for winter 2021/22 forecasts demand will continue to rise and peak during January 2022 above levels experienced during winter 2017/18, the most challenging on record, and higher than the first and second wave of the pandemic. The temporary payment to staff who voluntarily agree to take a primary rest break at a designated location away from base, would have the effect of staff having rest breaks sooner and reducing the post production lost hours accrued when staff travel back to their base station for primary breaks.

On 25th October 2021 the following was approved by way of Chair's Action:

- (a) Approval and seek confirmation from Welsh Government of the plan to deploy the payment for an initial four week period, subject to confirmation of additional funding for the cost impact being received via the CASC in advance of implementation.

- (b) That the decision whether to continue the payment beyond the initial four-week period, and up to the 31 March 2022 may then be taken at the discretion of the Executive Management Team with due consideration to the evaluation of any ongoing benefits versus risks of continuation.
3. The Trust Board is requested to ratify the decisions made by way of Chair's Action.



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

AGENDA ITEM No

OPEN or CLOSED

Open

No of ANNEXES ATTACHED

One

CHIEF EXECUTIVE REPORT: 25 NOVEMBER 2021

MEETING	TRUST BOARD
DATE	25 NOVEMBER 2021
EXECUTIVE	JASON KILLENS
AUTHOR	JASON KILLENS
CONTACT	Jason.Killens@wales.nhs.uk

EXECUTIVE SUMMARY

This report is presented to the Trust Board to provide awareness of the Chief Executive's activities and key service issues since the last Trust Board meeting held on 30th September 2021. It is intended that this report will provide a useful briefing on current issues and is structured by directorate function. The report style is now shorter and less detailed than previous reports reflecting feedback from the Board.

RECOMMENDATION

That Trust Board note the contents of this report.

KEY ISSUES/IMPLICATIONS

This report is for information only to ensure Trust Board are aware of the Chief Executive's activities and key service issues.

REPORT APPROVAL ROUTE

The Trust Board meeting held on 25th November 2021.

REPORT APPENDICES

An SBAR is attached.

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

SITUATION

1. This report provides an update to the Trust Board on recent key activities, matters of interest and material issues since my last report dated 30th September 2021.

BACKGROUND

2. This report is presented to the Trust Board to provide awareness of the Chief Executive's activities and key service issues. It is intended that this report will provide a useful briefing on current issues and is structured by directorate function.

ASSESSMENT

CHIEF EXECUTIVE

3. Since the last Trust Board meeting, examples of items of note include:

- Attending frequent meetings with key stakeholders such as NHS Wales CEOs, the Director General of NHS Wales, Blue Light Service Leaders, Trade Union Partners, AACE and EASC.
- Executive colleagues and I have undertaken a series of eight face to face staff engagement events across the whole country to share reflections on the actions taken as part of the Trust's pandemic response, achievements, modelling and mitigating actions for winter 2021/22 and the Trust's emerging long term strategy and operating model. The roadshows were attended by over 400 members of staff and volunteers and positive feedback has been received.
- The Trust's first Management and Leadership Symposium was held on Friday 22 September. Over 100 of the Trust's most senior leaders attended and contributed to positive discussions on our strategy ambitions, winter planning, WIIN and future plans for the reset of our culture and behaviours. I was also proud to present the first Chief Executive Award for Outstanding Leadership and Management to Jo Kelso for her exceptional work in leading the digital transformation of the EMT training programme and accelerated delivery of our staff COVID vaccination programme.
- I was delighted to attend the induction programme and welcome newly recruited 999 Call Handler colleagues to the Trust.
- I have held productive meetings with various local and national politicians to discuss the Trust's current performance standards, wider unscheduled care system pressures and actions being taken to maximise production through the winter period. Likewise, I have represented the Trust, NHS Wales and UK ambulance services in taking part in numerous Welsh and UK media requests.
- I continue to chair the NHS Wales Microsoft 365 implementation programme as part of my wider system leadership responsibilities.

FINANCE AND CORPORATE RESOURCES

Finance

4. The Finance Team continues to review its 2021/22 revenue and capital forecasts through the Welsh Government reporting mechanism and held their mid-year review

with colleagues from Welsh Government and the Finance Delivery Unit on 4th November 2021. Focus is also on the financial planning for 2022/23 which runs in parallel with the planning process. The Team continues to provide finance support to the winter/performance improvement plan as well as liaising with Emergency Ambulance Services Committee to ensure funding streams for agreed development opportunities are provided to the Trust. A further update on which will also be provided in the separate finance agenda item.

5. The team has also worked with key stakeholders to develop plans to utilise any potential national slippage in All Wales Capital monies, proposals against which were submitted to Welsh Government and the Trust awaits feedback. As part of the exercise the Finance Team underwent a detailed review of all approved capital schemes to ensure, given current supply chain issues, that all schemes could deliver in year. This has resulted in a revised Capital Expenditure Limit for 2021/22 being received by the Trust.

6. The draft Charitable Fund Accounts and Annual Report for 2020/21 were prepared and provided to the Audit Wales (AW) Team in September 2021. A full audit of the Charitable Fund accounts was planned to take place by AW during November/December 2021, however, during recent discussions with Audit Wales concerns have been expressed over their own capacity to undertake a full audit in time for the 31st January 2022 deadline. At the Charitable Funds Committee meeting on 4th November Audit Wales attended and further discussions arrived at a decision for the full audit process to be delayed until the 2021/22 accounts with the 2020/21 accounts due to receive an Independent Examination by Audit Wales during November/December 2021. The final examined accounts will be presented to the Charitable Funds Committee on 17th January 2022, before Trust Board for approval on 27th January 2022 prior to submission to the Charity Commission on 31st January 2022.

Capital & Estates

7. A brief update on the main Capital and Estates projects previously notified to Board are as follows:-

- Aberaeron Ambulance Station - Good progress continues and the project is still expected to be completed before the end of the financial year.
- Beacon House - Design development is progressing and a budget cost report prepared together with apportionment of costs to landlord and tenant. The programme of works should be completed by February 2022.
- Cardiff Area Ambulance Centre – Internal works are continuing but there is a risk of a small delay completing the exterior cladding system, however, it is expected that the site will be handed over to Trust in January 2022.
- The EMS Interim Solutions Programme and project planning is on-going for Denbigh, Rhyl, Cwmbwla, Glynneath, Gorseinon, Whitchurch, Newport and Bassaleg Stations.
- A meeting is being arranged with the North Wales Chief Fire Officer to discuss the viability of establishing a Social Deployment Point at Ruthin Fire Station.

- Vantage Point House (VPH) Reconfiguration started work on 15th November.
- Welsh Government have and invited business cases to be submitted to request funding to support the Estates Strategic Outline Programme Refresh.
- The following Welsh Government funded decarbonisation projects are underway. Flintshire AAC (Dobshell) - biodiversity works, installation of PV and air source heat pump due for completion in January 2022. It is hoped that this work will deliver our first carbon neutral site. Other decarbonisation works at Porthcawl, Lampeter and Bargoed are planned for completion by March 2022.

Fleet

8. A Welsh Government Assurance Hub Programme Assessment Review (PAR) for the Fleet Strategic Outline Programme (SOP) Refresh was undertaken in September with the agreed focus being on the impact of the decarbonisation strategy and the annual business case funding process on the delivery of subsequent vehicle procurement projects and delivery of the Fleet SOP.

9. The delivery of the Vehicle Replacement Project for 2021/22 continues. The 44 Emergency Ambulances are undergoing conversion with the first vehicle being on target for completion next week. The contract for the NEPTS vehicles conversions has been awarded. The HART All Terrain Vehicle (Polaris) is undergoing its total overall and upgrade. Three fully electric fleet workshop vans have been ordered as well as 1 Triage Van.

10. The Vehicle Replacement Programme Business 2022/23 Justification Case (BJC) has been endorsed by the Fleet SOP Delivery Group and will be submitted to Welsh Government to secure the required capital funding. Owing to the difficulties within the automotive supply chain this year a section of the 2022/23 BJC has been accelerated with 8 ambulances and 15 RRVs brought forward as well as the purchase of 15 defibrillators, to offset spend slippage in some elements of this year's programme, with the subsequent offsetting adjustments to then be made on confirmation of next year's funding. This has all been done with the support of Welsh Government.

STRATEGY, PLANNING AND PERFORMANCE DIRECTORATE

Commissioning and Performance

11. The Commissioning & Performance Team continues to provide key support to colleagues across the Trust. The Team has been providing EMT with the regular reports on the Performance Improvement Plan so that they can keep a clear tactical grip on all actions across the Trust that support our current response to system pressures and maximum escalation. The Team has undertaken related forecasting and modelling for the winter period and is tracking actual positions against the modelled position to aid decision making.

12. The overhaul of the Monthly Quality & Performance Report will be completed this month. The Quality & Performance Management Framework update is 80% complete, with a presentation provided to the Finance & Performance Committee earlier this month. The updated Q&PMF is a key part of the Trust's Board Assurance Framework.

13. The team is also working closely with both the Senior Operations Team and the CASC on a new ambulance forecast utilisation metric, which is enabling weekly operational changes to rosters that improve performance and patient safety. Tactical seasonal modelling continues and at a strategic level the Team continue to facilitate the programme management of the EMS Operational Transformation Programme, in particular, the closing of the relief gap and the EMS roster review. The review is temporarily paused to consider new modelling information and stakeholder feedback, but is expected to resume shortly. A key area of focus for the remainder of Q3 will be the development of a business case for an EMS Transition Plan 2022/24.

14. The Team is also supporting the Ambulance Care Transformation Programme, pre-work for a pan-Wales roster review (in 2022/23) and patient ready times (an identified efficiency) and continues to support the planning and implementation of the 111 First service pan-Wales, the stabilisation and expansion of 111 and to develop the Trust's ambitions for a national, integrated service through the Gateway to Care Programme Board.

Planning and Transformation

15. The Assistant Director of Strategy and Planning has taken over as chair of the Business Continuity and Recovery Team (BCRT) with a focus on supporting the current response phase, whilst maintaining a line of sight to further recovery following the current wave. Preparation of the next iteration of the Trust's IMTP has commenced with the IMTP due for submission to Welsh Government on 28th February 2022. The first phase of the IMTP preparation saw Strategic Transformation Board (STB) agree in year priorities in light of current pressures. This has allowed focus on those deliverables that are anticipated to have immediate impact, whilst balancing the need to continue transforming services for longer term improvement. Transformation Programmes and enabling workstream leads will be considering their priorities for next year's IMTP during November.

16. In support of wider planning across Wales, the Team is organising the Winter edition of the Planning Programme For Learning's Planning Learning Event which WAST is hosting this year. Around 120 planning, commissioning and associated disciplines across NHS Wales, social care and the third sector will be in attendance to discuss the challenges faced by health and care services in Wales, considering how we harness the learning from crisis to plan for a sustainable future.

17. The Director of Planning has convened the Strategic Delivery Group under STB and has developed a work programme to continue momentum on delivering the change required to achieve our strategic ambitions across our range of services, as well as to build on the feedback from staff in CEO Roadshows and the Behaviours refresh work to further develop the Trust's Purpose. In the coming weeks and months, this will include the EMS Transition Plan mentioned above, as well as a Process Mapping exercise to look at how current pathways could look differently in future and some tests of change including a "Perfect Week" initiative in the new year.

18. The team continues to keep apprised of Health Board recovery and service changes through established planning and operational relationships, and this reports into the Integrated Strategic Planning Group. There continues to be notable active engagement at a strategic level in; vascular centralisation in South Wales, thrombectomy transfer services commissioning, neonatal transfer service re-commissioning in South Wales, Hywel Dda strategic clinical services change, Cardiff

and Vale strategic clinical service change, regional cancer services developments, flows of South Powys patients into Welsh Health Boards and changes to stroke services in Hereford and Worcester. A readiness assessment is ongoing for vascular centralisation in South Wales and it is likely that this change will happen before the end of March 2022.

MEDICAL AND CLINICAL SERVICES DIRECTORATE

ePCR Programme

19. The Programme Team have achieved delivery and testing of a further six third-party interfaces into the ePCR solution. In October 2021, the TerraPACE Project released the EMS training package and the TerraPACE application. A positive response to the look and feel of the new product from EMS users was received. The team have collaborated with the WIIN Team to collate innovative ideas on further bespoke developments and benefits from the new solution. A successful readiness assessment has been undertaken with users on the live system in the Hywel Dda area, with an outcome that the TerraPACE product is ready to go. A network of ePCR Champions has been established to support roll out to EMS.

20. The team has identified 2,000 EMS users and a conservative estimate of 4,000 external users of the digital handover portal to go live. The current pressures within the NHS are impacting on the roll out to hospital sites which is taking longer than anticipated. To support this, further recruitment is underway to increase the delivery team's capacity in the short term, to support our partners and enable concurrent activities across regions to expedite the roll out of the digital handover solution to hospitals. The go-live is commencing in November, with Ysbyty Gwynedd being the first hospital site in the national roll out plan. Work has commenced on the Community First Responder element of the solution with remaining more complex third-party interfaces with GP Summary records on track to be delivered by March 2022.

Clinical Strategy

21. The Service Improvement Team and Business Administration Team held a Clinical Strategy workshop on 18th September to review the application of the strategy in a pandemic and post-pandemic environment and to begin mapping the activities that will guide the Directorate through the next 3-5 years. A reverse gap analysis highlighted key areas for consideration in the coming years including affirming our Primary Care offer and the work of the Care Closer to Home Programme, underpinned by Value Based Healthcare principles. Next steps include the development of the high-level clinical activity programme plan and mapping of the activities identified in the analysis to be started from next year.

Organisational Change Process

22. The organisational change process for the Senior Clinical Team restructure within the Directorate was circulated for stakeholder comments and the feedback shared with the Trust following a full consultation process. The new structure will see the new Director of Paramedicine post supported by the Associate Director of Paramedicine and the Assistant Director for Research, Audit and Service Improvement. The Medical Director post will be reduced to part time hours (with agreement with the current Medical Director), who will be supported by three part time Assistant Medical/Clinical Director roles specialising in Emergency Medical Care, Primary Care, and Integrated

Care (Consult and Close/Refer). Recruitment to the new roles will commence from November 2021 with the role of Director of Paramedicine currently out to advert.

Welsh Government funding for defibrillator consumables

23. Following the provision of £500,000 to increase the number of defibrillators in communities across Wales, Welsh Government have announced that they will provide the Trust with an additional £50,000 to support the maintenance of defibrillators across Wales. This funding will enable guardians who have registered their defibrillators on the 'Circuit' to access defibrillator pads and batteries for the upkeep of their community defibrillators.

OPERATIONS DIRECTORATE

Pandemic Response

24. The Senior Pandemic Team continues to meet twice per week to jointly manage our response to both the ongoing pandemic and seasonal pressures. A request for military support under the MACA arrangements was granted and 110 military personnel are contributing circa 12% of emergency ambulance hours per week until end November. We are now engaged to seek an extension of support. Staffing abstractions as a result of Covid are stabilising at 4-5% across the directorate.

25. Additional schemes to support winter pressures are in development and shall be deployed in the coming months:

- Redeployment of 36 paramedics to the Clinical Support Desk.
- 32.25 additional 999 call takers.
- 30 additional 111 call handlers.
- A rest break four-week voluntary pilot which commenced on 8th November with payment for break away from base.
- A range of staff wellbeing initiatives.
- NEPTS Transfer of Work.

26. In October 2021, NEPTS successfully completed the last Transfer of Work from Health Boards which means that the Trust is the provider and procurer of Non-Emergency Patient Transport throughout Wales. The team also managed the transition of several NHS colleagues via TUPE, implemented the transition of two call centres and purchased and implemented the Dynamic Purchasing Framework, 365 to support the management of the additional providers and improve Quality Assurance.

27. Several improvement initiatives to transform the current shape of the plurality model and create a stable, joined up, efficient and cost-effective platform are now underway.

Operations Directorate Management Structure

28. The Operations Directorate restructure has concluded the Organisational Change Policy aspect of the restructure, with several key posts appointed. These include the five Assistant Director posts, most of the Heads of Service and Service Managers in EMS all concluded and in post. Recruitment for the remaining senior positions and

posts reporting to these continues and is expected to conclude over the next few months.

QUALITY, SAFETY & PATIENT EXPERIENCE DIRECTORATE

Mental health

29. The Trust is recruiting 5 new Mental Health Practitioners for the Clinical Support Desk and it is hoped to have the service operating 7 days a week by the end of Quarter 4. The priority will then be to focus on the delivery of our Mental Health and Dementia Plan, including an emphasis on future education and training.

30. I am delighted to inform the Trust Board that our Consultant Nurse for Mental Health, Stephen Clarke, won the RCN Year of the Nurse Award in the Mental Health and Learning Disabilities category. I am sure you will want to send your congratulations to Steve.

Health & Safety

31. The Working Safely Action Plan has been completed in partnership with all actions agreed by the Working Safely Dynamic Delivery Group. A paper was presented to the Executive Team earlier this month requesting approval for the priority Action Plan to be delivered before Quarter 1 of 2022/23.

CORPORATE GOVERNANCE

32. The Risk Management and Board Assurance Framework (BAF) improvement programme has been scoped and will be presented to the Audit Committee at their December meeting. The programme will progress the next evolution of the Risk Management Strategy, together with the development of policy, procedures, education and training. The immediate focus will be on further development of the operational risk registers, structures and reporting, together with the BAF drawing out further assurances for the Board.

33. Whilst the terms of reference for the Covid-19 Public Enquiry are not yet known, work has been ongoing and routine since the beginning of the pandemic to ensure that full records are retained, stored and backed up safely and securely. Board development in the New Year will hear the latest thinking around the enquiry and the Audit Committee will be appraised of Trust's preparedness at its December meeting.

WORKFORCE AND ORGANISATIONAL DEVELOPMENT DIRECTORATE

34. The flu vaccination programme began in September 2021 with vaccinations being prioritised for front line staff and delivered by peer vaccinators. The second phase roll out to CCC/111NHSDW staff commenced on 8th November. To dated, 62% of these staff have received their Covid19 Booster in first 7 weeks of the booster programme.

35. The first Wellbeing Roadshows commenced in October with information on Stoptober (Stop Smoking Campaign) and Breast Cancer Awareness taken to staff outside A&Es and at selected ambulance stations. A webinar 'Menopause and Bone Health' was delivered via Teams on World Menopause Day on 18 October 2021. Webinars by outside speakers on Sleep, Nutrition during Menopause and Endometriosis have been delivered to the Women's Health Group.

36. Following the resumption of the Paramedic Band 6 process in June 2021, approximately 260 Paramedics across the Trust have successfully completed the full three years of the education requirement. The process requires all paramedic staff to complete competencies inclusive of reflective practices (aligned to critical and clinical thinking), underpinning knowledge sessions (including CPD activities to develop learning) and face-to-face sessions. Unfortunately, the process was placed on hold between August and October 2021 due to the increased service demands. During this time, all Education Support Managers (ESMs) supported the Operations Directorate by resuming Paramedic duties on the frontline. ESMs have also continued supporting Newly Qualified Paramedics (currently 192 NQPs across Wales) with their Quals Direct Consolidation Process (inclusive of portfolio and practice issues).

37. During October the Education and Training Team delivered familiarisation training for 100 military personnel, in order to support Operational Directorate colleagues given current pressures. The Team has been approved as an assessment centre to deliver the Level 5 Diploma in Education and Training and selected the first cohort of learners to work towards this qualification.

38. The Trust has delivered the first two years of the 2019 Demand & Capacity Review recommendations, increasing the EMS establishment by 136 and 127 staff in years one and two respectively. This exercise was designed to result in closure of the Relief Gap. The second phase of the review (2022-2024) will commence following re-evaluation of the Trust's needs given the numerous system wide changes experienced during phase 1.

39. Initial indications suggest that an additional 329 FTEs will join EMS production from the end of year 2 i.e. May 2022. It is expected that recruitment and training of these additional staff will take up to 18 months. It is hoped that many of these new roles will be secured by staff seeking promotion which creates a need to replace them within the workforce. Therefore, the real numbers that will need to be recruited and trained could be closer to 900 personnel.

40. The 111 service continues to be rolled out across Wales. A continuous cycle of recruitment and training has ensured that Cardiff and Vale Health Board are ready to go live with their core 111 service and Contact First service in December 2021, completing the national roll out of the core 111 service across Wales. The Contact First element of the 111 service will continue to be rolled out to other health Boards in the coming months. EMS Coordination (CCC) have received funding to increase their establishment by 32.25 FTE to meet demand. The Clinical Support Desk has also received additional funding to increase their establishment by 36FTE paramedics. 10 paramedics have been successful in securing a post so far in CSD with further interviews taking place over the following weeks. 36 EMTs have been recruited to back fill these posts, 18 are due to commence their training in November and the remaining in December and January 2022.

DIGITAL DIRECTORATE

Electronic Patient Clinical Record (ePCR)

41. As of this Board, the Trust has passed the major milestone of operating our new ePCR live within NHS Wales. Whilst the main update for this programme is provided in the clinical section of this report, the Digital Directorate is heavily involved in

ensuring the new system rolls out as successfully as possible. This includes effort across the main programme team, technical and networks support and informatics. EPCR marks a shift in the Trust's digital maturity and the whole team is excited about what it will unlock.

111

42. The network and telecoms team have been heavily involved with colleagues in Operations to unlock the value from our new telephony platform. This has involved helping develop new call flows and functionality. In parallel, the web team that supports the national 111.wales website has published several releases of new functionality that are making the site easier to use, with additional functionality. This includes new symptom checkers that have been provided early by the joint NHS/Capita team delivering the new SALUS Integrated Information Solution (IIS). The IIS Programme is currently in the User Acceptance Testing (UAT) phase with rollout projected for mid-next year. Additionally, hundreds more sets of home working equipment are being delivered to support the fast growing 111 workforce.

Data and Analytics

43. Procurement is underway to modernise our data warehouse in line with the standards set out within the National Data Resource (NDR) programme. This will lead to a more performant, resilient system that is much better scaled to handle the increasing amount of data we generate and more importantly, better support the work to turn it into actionable insights.

Emergency Services Mobile Communications Programme (ESMCP) and Ambulance Radio Programme (ARP)

44. Following approval of the Full Business Case (FBC) at the last Trust Board, the Mobile Data Vehicle Solution (MDVS) is now with Welsh Government in the final stages of approval. MDVS will replace the Mobile Data Terminal in the front of our Ambulances, which alerts crews of new tasking. It also equips our vehicles with WIFI and enhanced connectivity.

45. Another key deliverable is the Control Room Solution (CRS) which replaces the system used by our dispatchers. This is now due to be implemented across our control rooms in early 2022.

PARTNERSHIPS AND ENGAGEMENT DIRECTORATE

46. The Directorate has once again had a busy couple of months working with stakeholders on a range of issues.

47. Significant media interest was generated following an announcement that the military would once again be supporting the Welsh Ambulance Service. To help tell the story about the broader pressures and why it was necessary to re-enlist the military, ride-outs were provided for Channel 4 and The Guardian and facilitated interviews with BBC Radio 2, BBC Radio 4 and BBC One's Politics Wales, ensuring the public had an insight into the systemic pressures.

48. Media interest in the current pressures, and future developments, remains high and relationships continue to be built at regional and national level as opportunities are identified to engage with the media to support WAST's strategic narrative.

49. October marked the annual Shoctober campaign, and the launch of the British Heart Foundation's campaign to educate more people about the new national register for defibrillators, The Circuit, was also supported.

50. The closed Facebook group for staff has now been disbanded and replaced with the Yammer platform, a social network built into the enterprise editions of Microsoft 365.

51. The Trust's sixth annual staff awards ceremony took place earlier in November. Hosted once again virtually, more than 230 nominations were made this year across a dozen categories.

52. The Director of Partnerships and Engagement has worked with the CEO on a number of political briefings in the wake of elevated political interest in the service, as part of the Trust's commitment to engaging productively with stakeholders.

53. The Executive Support Team has continued to support executives, including managing arrangements for the recent CEO Roadshows across Wales.

54. Dialogue has continued with local authority partners, particularly in the Aneurin Bevan Health Board area, on opportunities to work productively together with a conversation scheduled at the Gwent Adult Services Partnership (sub-committee of the Regional Partnership Board) in December.

RECOMMENDATION

55. That Trust Board note the contents of this report.



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

AGENDA ITEM No	9
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	1

HEALTHCARE INSPECTORATE WALES REVIEW OF PATIENT EXPERIENCE AND HANDOVER DELAYS: TRUST RESPONSE

MEETING	Trust Board
DATE	25 November 2021
EXECUTIVE	Director of Quality & Nursing
AUTHOR	Director of Quality & Nursing
CONTACT	Claire Roche Claire.Roche2@wales.nhs.uk 07870 382720

EXECUTIVE SUMMARY

The purpose of this report is to inform the Trust Board that Healthcare Inspectorate Wales (HIW) published the findings from its 'Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover' on 7 October 2021

The Quality, Patient Experience and Safety Committee (QuEst) received this report on 16 November 2021 and were content that the Trust's Action Plan will be brought to the Committee in due course once the process of system wide response (co-ordinated by the National Collaborative Commissioning Unit) has been completed.

RECOMMENDED: that Trust Board note the publication of the report and the current arrangements in place to respond to its recommendations.

KEY ISSUES/IMPLICATIONS

- All Health Boards, Welsh Government and the Welsh Ambulance Services NHS Trust have received recommendations from HIW relating to their findings of this review
- As HIW requested a joint response to the recommendations from the above organisations, the National Collaborative Commissioning Unit (NCCU) are co-ordinating the responses from each organisation to provide one joint response to HIW
- A draft Action Plan has been developed, which will be further informed and finalised should any further correspondence from HIW be received on receipt of the above response.

REPORT APPROVAL ROUTE

Quality, Patient Experience & Safety Committee 16 November 2021

REPORT APPENDICES	
Annex 1 - SBAR	

REPORT CHECKLIST			
Confirm that the issues below have been considered and addressed		Confirm that the issues below have been considered and addressed	
EQIA (Inc. Welsh language)	Y	Financial Implications	Y
Environmental/Sustainability	Y	Legal Implications	Y
Estate	N	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 HIW undertook a review specifically to consider what the impact of ambulance waits outside Emergency Departments is having on the overall experience of patients, which included their safety, care, privacy and dignity. The review considered the period between 1 April 2020 and 31 March 2021.

BACKGROUND

- 2 As part of the HIW Annual Reviews Programme for 2020-21, HIW wished to undertake a local review of the Welsh Ambulance Services NHS Trust (WAST). This was due to concerns identified with long handover delays during a previous WAST local review carried out in 2019-20, where HIW explored how the risks to patients' health, safety and well-being were being managed, whilst they were waiting for an ambulance to arrive.

ASSESSMENT

- 3 Healthcare Inspectorate Wales published the findings from its 'Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover' on 7 October 2021.
- 4 The review found that the issue of prolonged handover delays is a regular occurrence outside Emergency Departments (EDs) across Wales and that these delays and variations in process between and within Health Boards are having a detrimental impact upon the ability of the healthcare system to provide responsive, safe, and dignified care to patients. Despite this, patients were generally positive about their experiences of ambulance crews, particularly in relation to their kindness, communication and management of situations.
- 5 HIW made a number of recommendations that have been shared with Welsh Government, Health Boards and the Welsh Ambulance Services NHS Trust. As HIW have requested a joint response to the recommendations from all of these organisations, the National Collaborative Commissioning Unit (NCCU) are co-ordinating the responses from each of them. The NCCU will then submit a system wide response to HIW.
- 6 We have provided the NCCU with our responses to the recommendations and a draft Action Plan has also been developed. The final Action Plan will be completed following any further information that may arise from the submission of the integrated response to the recommendations from the review. However, it should be noted that where we have clear actions to progress, that work will commence and progress.

Welsh Ambulance Services NHS Trust

Patient Safety, Privacy, Dignity and
Experience whilst Waiting in Ambulances
during Delayed Handover



This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

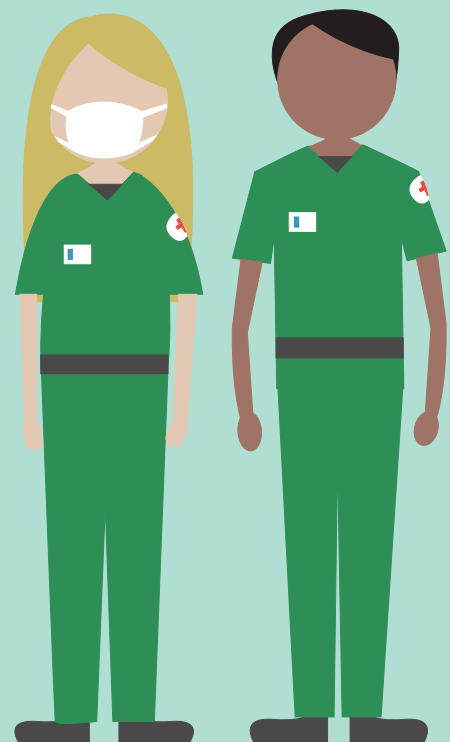
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Mae'r ddogfen yma hefyd ar gael yn Gymraeg.
This document is also available in Welsh.

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that people in Wales receive good quality healthcare.

Our values

We place patients at the heart of what we do.

We are:

- Independent
- Objective
- Caring
- Collaborative
- Authoritative

Our priorities

Through our work we aim to:

Provide assurance:

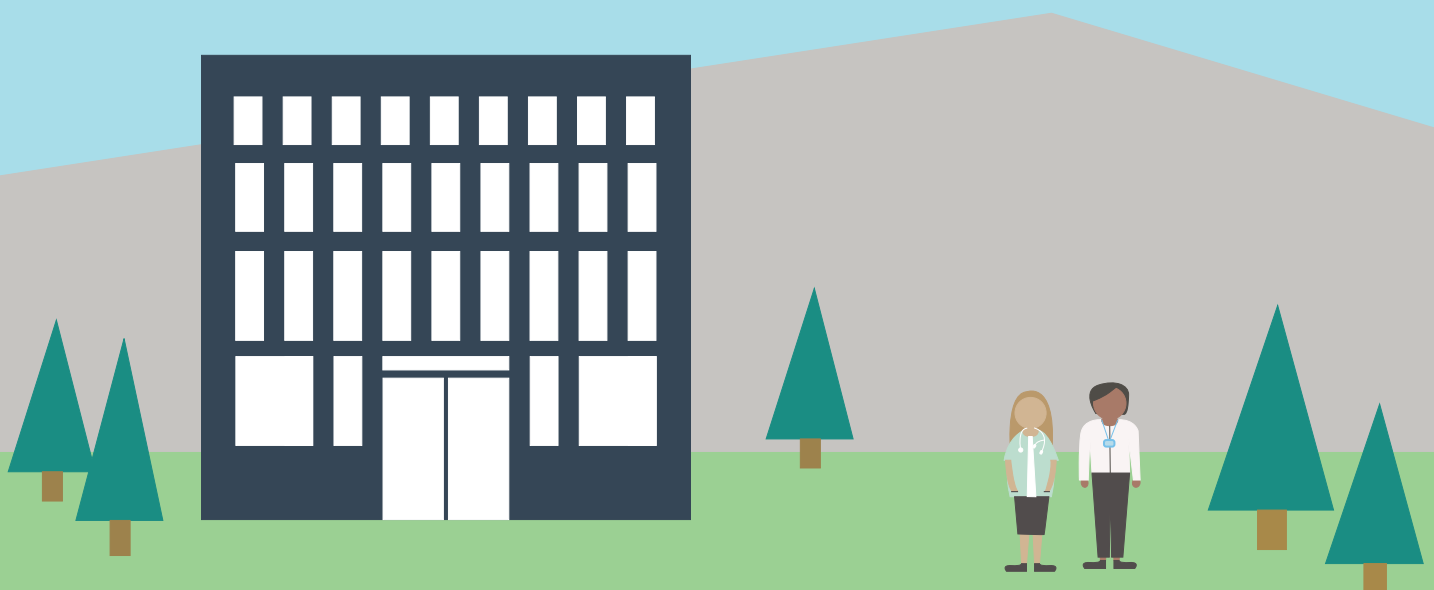
Provide an independent view on the quality of care.

Promote improvement:

Encourage improvement through reporting and sharing of good practice.

Influence policy and standards:

Use what we find to influence policy, standards and practice.



Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales. We are responsible for inspecting, reviewing and investigating NHS services and independent healthcare services throughout Wales against a range of standards, policies, guidance and regulations to highlight areas requiring improvement. In our role, it is important that we maintain an overview of each of the NHS health boards and Trusts in Wales.

The COVID-19 pandemic has introduced unique and unprecedented pressures on the healthcare system, however, it is our continued commitment and goal to check that people in Wales are receiving good quality care, which is provided safely and effectively, in line with recognised standards.

As part of the HIW annual reviews programme for 2020-21, we committed to undertake a local review of the Welsh Ambulance Services NHS Trust (WAST). This was due to concerns identified with long handover delays during a previous WAST local review carried out in 2019-20, where we explored how the risks to patients' health, safety and well-being were being managed, whilst they were waiting for an ambulance to arrive. A copy of this report can be found on our website¹.

This review set out specifically to consider what the impact of ambulance waits outside of Emergency Departments is having on the overall experience of patients, which included their safety, care, privacy and dignity. We considered the period between 1 April 2020 and 31 March 2021.

This report sets out our findings and recommendations for improvement. It is our expectation that our recommendations are considered at a system level and are taken forward in the context of broader improvement work underway to tackle the challenges faced in this area over recent years.

We would like to express our thanks to all of the patients who helped inform our review by completing our survey and sharing their experiences with us. We also convey our gratitude to staff working within WAST and health boards across Wales who participated in this review, which included completing our professional surveys and participating in interviews with the HIW review team.

In addition, we wish to thank the Community Health Councils² in Wales, which provided their support in developing our questionnaire and with obtaining patient views.



¹ www.hiw.org.uk/sites/default/files/2021-09/20200923WASTReviewFinalENG.pdf – WAST Review

² Community Health Councils (CHCs) are independent bodies who listen to what individuals and the community have to say about the health services with regard to quality, quantity, access to and appropriateness of the services provided for them. They then act as the public voice in letting managers of health services know what people want and how things can be improved.

Summary

This report highlights the findings of our review of the experience of patients waiting on board an ambulance outside emergency departments during delayed handovers. The key findings of our review are outlined below.

It is clear from our review that the issue of prolonged handover delays is a regular occurrence outside Emergency Departments (ED) across Wales. Whilst patients were positive about their experience with ambulance crews, it is clear that handover delays are having a detrimental impact upon the ability of the healthcare system to provide responsive, safe, effective and dignified care to patients.

Whilst there are clear expectations and guidance for NHS Wales³ in relation to hospital handovers, and a clear and apparent will to meet and achieve these, there are substantial challenges inhibiting the ability of the NHS in Wales to do so. The problem of delayed handovers is symptomatic of the wider issue of patient flow throughout the NHS, with consequent increased risks to patients associated with prolonged waits on ambulance vehicles outside EDs, impacting the ability of WAST to coordinate responses for patients waiting in the community for an ambulance.

Our review has noted that whilst work is ongoing to try and tackle this issue, with various approaches and initiatives in progress at a national level, such as the development of a National Quality and Delivery framework for Emergency Departments in Wales⁴, which commenced in 2018, it is unclear how effective these activities have been to date. This is not a problem that WAST can resolve by itself, it is a challenge that requires WAST, health boards, and Welsh Government to work together and consider whether a different approach is required to ensure reinvigorated, strengthened and concerted action is taken to make sure that these issues are overcome.

Whilst we found that overall, handover processes at EDs across Wales are broadly similar, some variations exist in processes between individual EDs within health board areas. This was due to a number of local joint Standard Operating Procedures (SOPs) being in place within WAST and EDs, due to geographical layouts of ED environments, staff roles and levels of staffing available. This inconsistency can introduce risk, with our findings indicating that some WAST staff may be unfamiliar with SOPs specific to the ED that they are handing over to.

Further to this, feedback suggests that local handover processes can differ from day to day, depending sometimes on the clinician and or member of ED staff being dealt with. Again, we are concerned that this inconsistency could have a detrimental impact on patient care and safety and requires attention.

It is concerning that our review found that only 41% of WAST staff clearly understood who has responsibility and accountability for the patient at all times. This is despite three quarters of ED staff reporting that they clearly understood who is responsible for the patient. Ensuring absolute clarity over who has responsibility for patient care on board an ambulance following triage, until transferred in to the ED, is an important issue requiring attention to ensure safety of care.

Some health boards have introduced specific roles with the purpose of improving handover processes, such as Ambulance Patient Flow Co-ordinators or Hospital Ambulance Liaison Officers (HALO); these have reportedly had a beneficial impact on handover, and on patient experience by ensuring better coordination of the process. However, these roles are not in place across all EDs, and we believe that all health boards should consider the benefits that these roles may bring.



3 Wales Hospital Handover Guidance 2016

4 The Emergency Department Quality & Delivery Framework Programme www.nccu.nhs.wales/urgent-and-emergency-care/framework/

Attention is required from WAST and health boards regarding some of the specific operational challenges faced by staff during the handover process. This includes the need to address some of the procedural challenges associated with timeliness of handover process. There is also a need to ensure that procedures to provide timely investigations, such as blood tests and X-rays, for patients on board ambulances awaiting handover are strengthened. This would have the benefit of enabling ambulance crews to be released, to undertake their primary role of providing on scene urgent or emergency care.

We found there are appropriate processes in place to escalate a deterioration in a patient's condition to ED staff. It was disappointing to find however, that only 49% of staff we engaged with felt there was a robust process in place. More work is required from WAST to ensure the escalation process is clearly communicated to and understood by its staff.

WAST also needs to ensure that its workforce is adequately supported, and that staff wellbeing is maintained, when they wait for long periods on board an ambulance due to delayed handovers. Some approaches have improved the situation, for instance the introduction of the Duty Operational Manager which has facilitated crews to take their allocated breaks, and to finish their shift on time wherever possible, by taking over the care of patient. However, work remains on WAST's behalf to ensure that it adopts a consistent approach across Wales to support its workforce.

Improvements are also needed to strengthen collaborative working between WAST and health boards in relation to communication and the management of serious incidents arising from delayed handover. This includes the need to ensure health board representatives attend WAST Serious Clinical Incident Forum (SCIF) meetings, to enable timely management of concerns, development of action plans and ensure learning via feedback throughout the organisations.

Concerns were also highlighted to us around the consistency of feedback from incident reporting within WAST. Our findings highlight the need for WAST to identify more effective processes for sharing feedback and learning from incidents with ambulance crew following incident investigations, to improve quality and safety of patient care. In addition, WAST needs to do more to ensure that its staff feel confident that any concerns they raise would be addressed.

Patients were generally positive about their experiences and provided good feedback about ambulance crews, particularly in relation to their kindness, overall communication and management of distressing situations. Patients reported that they were treated with dignity and respect by ambulance crews, and felt safe and cared for. Patients also indicated that they were satisfied with the care and treatment from ED staff. Overall, our findings indicate that the severe impact of the pandemic did not negatively affect the experience of patients who used emergency ambulances services across Wales, and that on the whole patients were satisfied with the care provided.

Whilst patient feedback has been positive, this should not detract from the issues associated with delayed handover. It is clear that there are genuine frustrations held by WAST and health board staff regarding their inability to effectively carry out their roles as a consequence of this issue. The positive experiences shared by patients should also not detract from areas of concern regarding patient care, including the difficulties in facilitating patients to access a toilet during their wait, the risk to patients of sustaining skin tissue pressure damage, and the problems faced in providing them with food and drink. In addition, a number of staff raised concerns about their ability to appropriately achieve and appropriately maintain high standards of hygiene and infection, prevention and control measures on board the ambulance.

We have found that whilst WAST has developed clear systems, which identify risks, provide mitigation and escalate concerns, it is clear that these systems alone are not enough and more collaborative work between WAST and health boards is required to resolve the issue of prolonged handover delays.

Context

WAST is the primary frontline service delivering ambulance transport in Wales. The Trust was formed in 1998, and serves a population of around 3.2 million people across seven health boards in Wales.

WAST responds to more than 1800 emergency calls a day across the country. It operates 24 hours a day, 365 days a year, and provides emergency medical services, advice and appropriate signposting to other healthcare services. In addition to emergency transport, WAST also provides a Non-Emergency Patient Transport Service (NEPTS)⁵, as well as hosting the 111⁶ service, which consists of the NHS Direct Wales⁷ and clinical triage elements of the GP out-of-hours services⁸.

The workforce is made up of over 3,500 staff who contribute to the delivery of patient care across Wales. In addition, it has over 300 vehicles based in 90 ambulance stations across Wales which work collaboratively with the three Emergency Medical Service Clinical Contact Centres (EMSCCCs) in Wales.

WAST ambulance crews are highly skilled professionals who are able to treat and stabilise patients before taking them, if necessary, to the most appropriate hospital. The ambulance vehicles hold a wide range of emergency care equipment including oxygen, a defibrillator, advanced life-saving equipment and emergency drugs including pain relief.

A range of information sources indicate that ambulance waiting times, outside hospital EDs, can be excessive, particularly when the healthcare system is under pressure. These information sources include Welsh Government ambulance monthly performance indicators, Serious Incident notifications

to Welsh Government, intelligence held by WAST, media reports, and discussions between HIW and senior staff within both WAST, and health boards. In addition, delays in the handover process with EDs resulting in reduced ambulance availability, were highlighted during HIW's local review of WAST during 2019-20, and within the Amber Review report published by the Emergency Services Committee in 2018⁹.

In response to these issues, our review set out to consider the impact of ambulance waits outside of EDs on patient safety, privacy, dignity and overall experience. The review set out specifically to consider the impact that ambulance waits outside EDs are having on the overall experience of patients, and considered the period between 1 April 2020 and 31 March 2021.

As part of our review, we also engaged with all health boards across Wales providing emergency care. This included Aneurin Bevan, Betsi Cadwaladr, Cardiff and Vale, Cwm Taf Morgannwg, Hywel Dda and Swansea Bay University Health Boards. Each of the health boards have between one and three EDs within their localities, with a total of 12 across Wales.

Powys Teaching Health Board does not provide an emergency care service, although does provide minor injury care within its four Minor Injury Units (MIUs) across its localities.

5 Non-Emergency Patient Transport Services are provided to get patients, who are unable to transport themselves due to medical reasons, to and from hospital and clinic appointments.

6 The 111 service is an online or free telephone number available 24 hours a day, providing health information, advice and access to urgent out-of-hours primary care.

7 NHS Direct Wales is a health advice and information service available 24 hours a day. It has operated across Wales for many years and forms the backbone of the 111 service which is currently operating in four of the seven health board areas in Wales and will, over time, be replaced by 111 entirely.

8 The GP out of hours service is for people who need urgent medical treatment but cannot wait until their doctor's practice is open.

9 Amber Review Report 2018 www.wales.nhs.uk/sitesplus/documents/1134/NHS-Amber-Report-ENG-LR.PDF

The map below details the location of each ED and MIU across Wales:

WALES

ED HOSPITALS AND MINOR INJURY UNITS



What we did

Focus of review

We reviewed how patient safety, privacy, dignity and their overall experience was managed by WAST ambulance crews and health board ED staff, whilst they waited on-board ambulances during delayed handover to ED staff. To achieve this, we explored the following five areas:

- **Patient handover** – to consider the procedures in place between the WAST and each acute hospital ED for accepting patients from ambulances into the care of health board staff
- **Patient experience** – to assess the overall experience of patients whilst waiting in an ambulance to include their safety, care and any impact on their wellbeing. We also considered how patient dignity is maintained and needs are met, to include nutritional, hydration and toilet needs
- **Workforce** – to consider the impact of handover delays on ambulance crew to include their welfare and support
- **Escalation processes** – to consider the risk management and escalation arrangements of WAST during periods of high pressure as a result of delayed handovers
- **Governance arrangements** – to consider incident reporting, investigation of incidents of patient harm due to delayed handovers and learning from incidents.

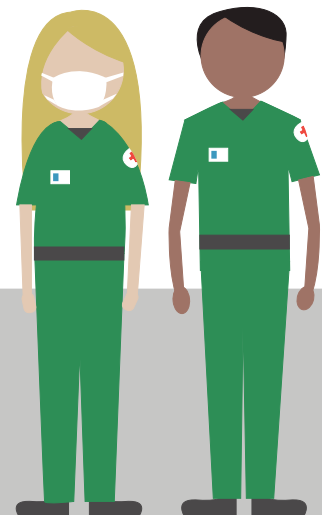
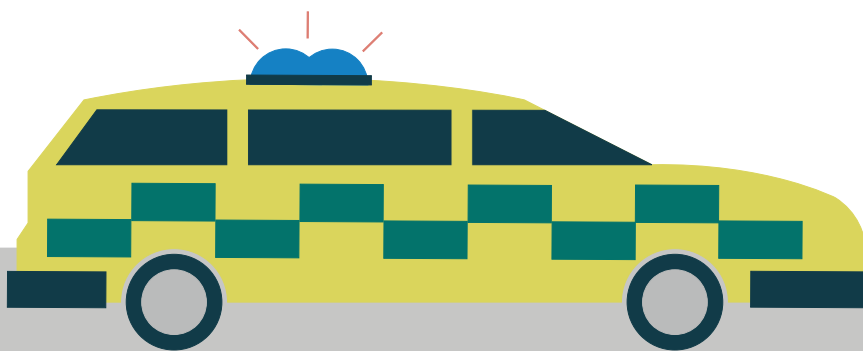
Scope and methodology

The pandemic introduced unique and unprecedented pressures on the healthcare system; in view of this, we considered patient experiences between 1 April 2020 and 31 March 2021 in order to understand what impact the pandemic had on this issue.

To review the areas detailed above, we requested relevant documentation and issued a self-assessment document to WAST and each health board. We also considered local and national performance data and statistics.

We held interviews with a variety of WAST staff, and conducted a survey for both WAST and health board staff.

In addition, we conducted a survey of people who used the emergency ambulance service in the 12 month period highlighted above.



Self-assessment

We asked six of the seven health boards across Wales to complete and return a self-assessment document. This helped us to understand the degree of insight each health board has of its strengths and areas for improvement with the process in place for ambulance patient handover, and the management of patients awaiting handover.

We wanted to understand the views of the public and staff on ambulance handover delays, and developed and launched two national surveys to help capture this information.

Staff survey

We developed and launched a staff survey to obtain the views of WAST and health board staff on the patient handover processes in place between ambulance crew and ED staff. This was to help us understand the impact of delays in the process on staff well-being, and to identify any areas for improvement.

We asked WAST and health boards to distribute our online smart survey details to relevant staff, and we also promoted the survey through our social media channels.

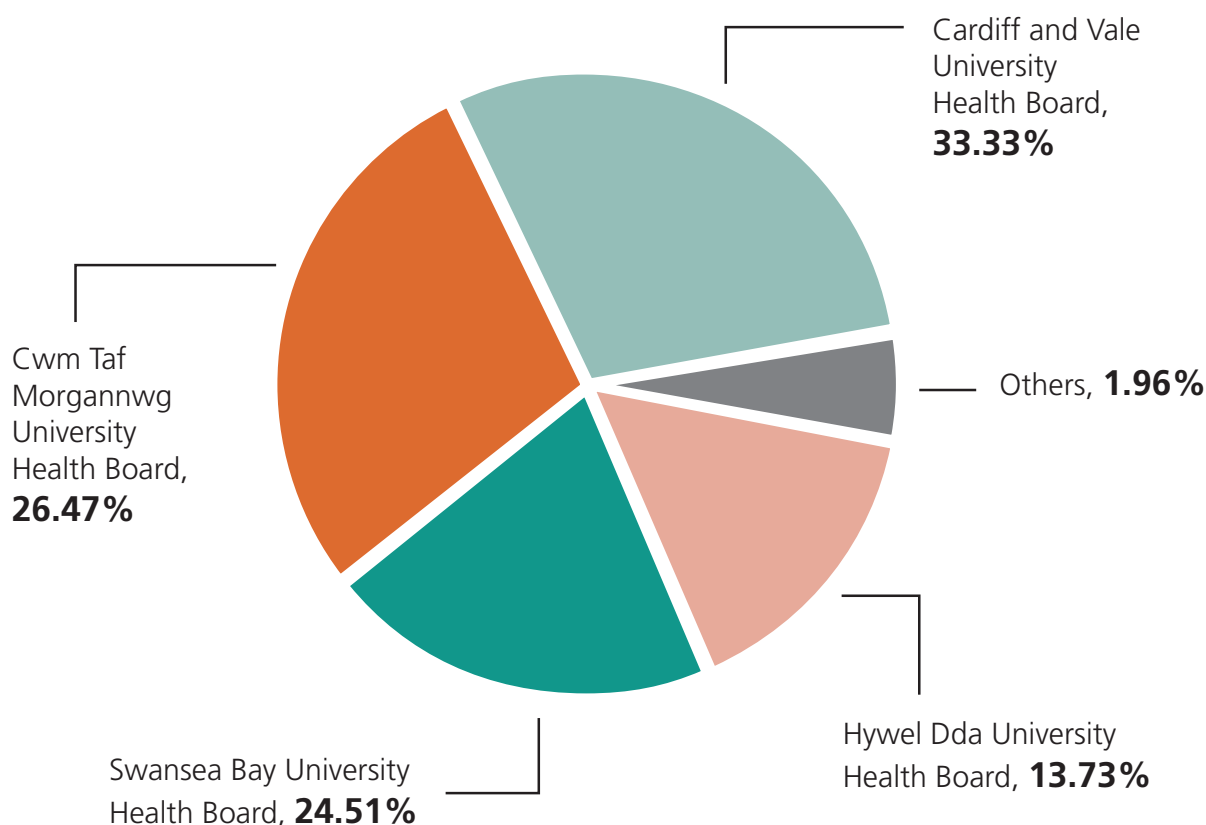
We received a total of 438 responses, which covered a range of staff across Wales, which included:

- 271 WAST Paramedics and Ambulance Technicians
- 64 'other' WAST staff, which included First Responders, Duty Operational Managers and Urgent Care Assistants
- 98 health board ED staff and ED managers
- 5 'other' ED staff which included Patient Flow Managers.

Despite engagement with the six health boards providing emergency services, only staff within four health boards provided a response. We therefore did not receive the opinions from ED staff working within Aneurin Bevan University Health Board and only one response was received from Betsi Cadwaladr University Health Board. These two health boards cover four of the 12 EDs across Wales. Therefore, where reference is made to ED staff survey comments, this may not be reflective of staff within Betsi Cadwaladr or Aneurin Bevan University Health Boards.

Breakdown of staff responses per health board

Which Health Board / Trust are you employed by?



Public survey

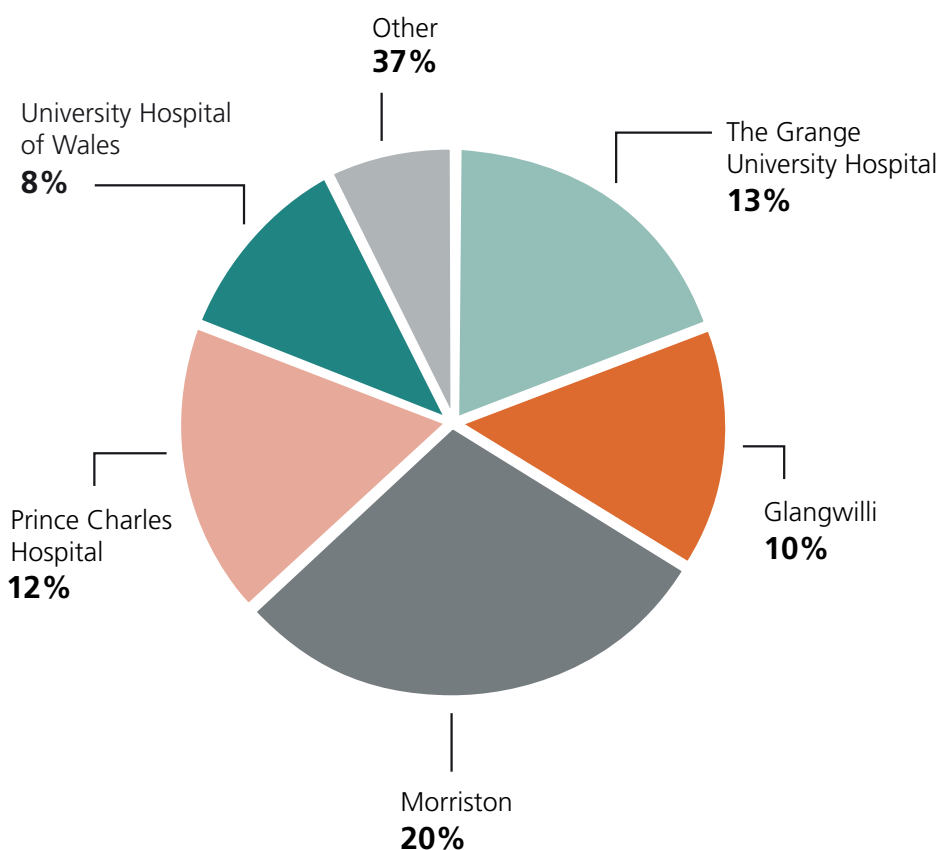
In parallel with the staff survey, we also launched a national public survey, to capture the views of patients who had used an emergency ambulance. This was to gain an understanding of their experiences whilst waiting on board an ambulance outside an ED.

The survey was distributed via smart survey and was open to all people in Wales to capture the views of those who used WAST emergency services

between March 2020 and April 2021. We engaged with WAST, health boards, and also the Community Health Councils in Wales, who provided their support with obtaining patient views.

We received a total of 137 responses, with 85% having used WAST emergency services within the last 12 months. Representation was from patients who had attended EDs across health boards in Wales.

Public Survey response per hospital



Staff Interviews

Due to restrictions in place relating to the COVID-19 pandemic, the majority of our fieldwork was completed remotely, including most of our staff interviews. Where we completed site visits, each was individually risk assessed to minimise the risks to our staff and healthcare providers.

We held a number of interviews with ambulance crews from across Wales. This included Paramedics, Ambulance Technicians, Duty Operational Managers and Urgent Care Assistants. Staff we interviewed shared their views and experiences of working within the service, which included the main challenges they faced with handover delays.

As part of our fieldwork, we also interviewed senior staff from within the Trust, including members of the Executive Team. We completed a total of 31 interviews and our findings will be highlighted throughout the report.

What we found

It is a regular occurrence across Wales for multiple ambulances to be stationary outside hospitals for prolonged periods, waiting to hand over their patients to the health board.

Wales Hospital Handover Guidance 2016¹⁰

The hospital handover guidance issued by Welsh Government in 2016 stipulates the need for timely handover of patients from ambulance crew to hospital staff, to optimise performance and patient care. The guidance highlights that health boards are responsible for arranging the safe emergency transfer and timely treatment of citizens in their local area.

The statement of intent within the guidance indicates that the safety, effectiveness and patient dignity must be at the forefront of systems of emergency care. In addition, that the best care is provided to patients in the correct care environment. Therefore, when an ambulance crew takes a patient to hospital, it is essential that they are released promptly so they can continue to provide a safe and efficient service to the local community.

The handover process

According to the above guidance, when a patient is conveyed to a hospital by ambulance, care must be handed over to the hospital team within 15 minutes. Health boards are responsible for ensuring this happens reliably. Hospital clinical staff must ensure that any patient waiting more than 30 minutes has been assessed and moved immediately into hospital if there is a risk to patient safety. Management of delays of over 60 minutes are unacceptable, and Welsh Government states that they should be the exception.

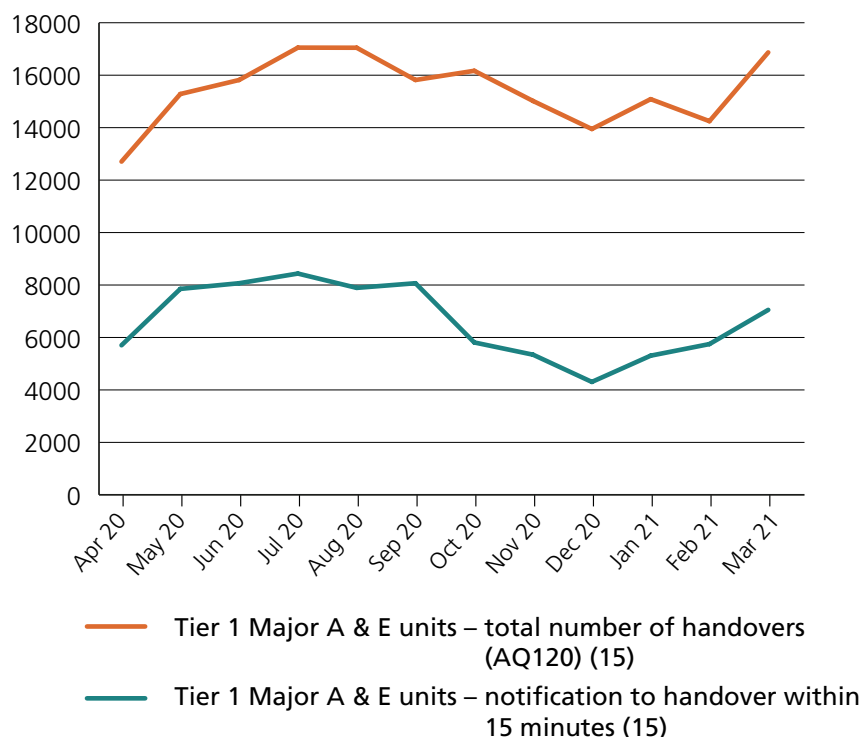
Data published by Welsh Government on the StatsWales¹¹ website, highlights that between April 2020 and March 2021 there were approximately 185,000 handovers at acute EDs throughout Wales. Of which, just over 79,500 occurred within the target of 15 minutes.



¹⁰ Wales Hospital Handover Guidance 2016

¹¹ Ambulance Quality Indicators – Number of notification to handover within 15 minutes of arrival at hospital Tier 1 Major A&E units (AQI20ii)

This is highlighted in the chart below and relates to over 105,000 handovers falling outside of the Welsh Government target.



The impact of handover delays is that there are occasions where multiple ambulances are waiting together outside EDs for long periods of time. This can often affect the service to the extent that there are no ambulance resources available to respond to new emergencies within the community, thus increasing the risk to patient safety or life.

WAST data demonstrates that between April 2020 and March 2021, there were 32,699 incidents recorded across Wales, where handover delays were in excess of 60 minutes, of which, 16,405 involved patients over the age of 65. This is a concern since many older adults can be considered more vulnerable and at risk of unnecessary harm due to frailty and pre-existing health conditions which are more common with older age.

Data published by Welsh Government of the recorded number of lost hours as a result of hospital handover delays, highlight that in December 2020, a total of 11,542 hours were lost due to handover delays. This is a further monthly increase in the data published in the 2018 Amber Review Report, as highlighted earlier. These delays have serious implications on the ability of the service to provide timely responses to patients requiring urgent and life threatening care.

Patient flow issues, such as system bottlenecks and discharge problems can negatively impact on the availability of beds within EDs, since the departments cannot transfer patients to wards due to insufficient ward bed availability. These concerns were echoed by numerous WAST and ED staff within our survey. Patient handover delays are not directly a WAST problem, but are a consequence of wider systemic patient flow issues through NHS healthcare systems and social care services. Concerns were also highlighted to us of severe overcrowding within EDs, which leads to the inability to offload patients from ambulances. This is consistent within a number of our findings during previous HIW inspections of EDs across Wales.

We found handover delays impact on the ability of ambulance crew to provide a positive experience for patients. It may also increase the risk to patient safety, through delays in diagnosis and receiving treatment, as well as to the risk to people awaiting an ambulance in the community, with fewer ambulances available to respond to their needs.

During our review of WAST in 2019-20, we made a recommendation to WAST to consider a holistic review with stakeholder engagement, of the handover arrangements in place across Wales, to help address the patient flow issues through NHS healthcare systems.

The Trust has been working on actions to make improvements in this area and with its stakeholders since 2020. However, our review has found ongoing issues in relation to patient flow within each health board across Wales. We have therefore recommended that Welsh Government considers how this broader issue can be tackled, and to coordinate a collaborative approach to ensure consistency across Wales.

Recommendation

Health boards, and Welsh Government should consider what further actions are required to make improvements regarding the patient flow issues impacting on delayed patient handover. This may include consideration of whether a different approach is required by WAST, health boards, and social care services within Wales, to that taken to date in tackling this system-wide problem.

Ambulance arrival at ED

Six health boards were asked to complete a self-assessment regarding ambulance patient arrival and handover procedures within their EDs. The assessment responses helped us to understand the degree of insight each health board has into its own strengths and areas for development with ambulance patient handover.

Overall, we found that handover processes across Wales were broadly similar. There were, however, some variations in processes between each individual EDs within health board areas, and some disparities

with the processes in place across health boards in Wales. This was due to local joint SOPs being in place within WAST and EDs, due to geographical layouts of ED environments, staff roles and levels of staffing available. We will elaborate further on these inconsistencies and the risks associated later within the report.

Since the start of the pandemic, we found that handover processes were consistently reviewed to meet the evolving national COVID-19 guidance. This included social distancing guidance and admission routes into EDs to support Red and Green pathways, and processes were changed to align with this to maintain patient and staff safety.

Pre-alert calls

In emergency and life threatening situations, there are consistent arrangements in place across Wales for ambulance crew to provide pre-alert calls to a dedicated phone in ED, to notify staff of inbound patients who require immediate attention. For example, with patients experiencing cardiac arrest, difficulty breathing or heavy bleeding.

Pre-alert calls allow time for ED staff to prepare and prioritise for the arrival of the patient. Upon arrival to ED, ambulance crew immediately transfer the patient to an allocated space for assessment and treatment by the ED team. Once the patient transfer from ambulance stretcher to an ED trolley is complete, a formal dual pin handover¹² is completed between ED staff and ambulance crew, and is documented on the Hospital Arrival Screen (HAS).



¹² Dual Pin Handover refers to an element of the handover process where both a paramedic and ED staff nurse communicate the formal handover of care, with each entering their pin number into the hospital arrival screen. Welsh Government statistics relating to handover times are generated as a result of the timings of the dual pin handover process.

We were informed that ED staff regularly monitor the HAS for inbound ambulances. When patients arrive by ambulance (not requiring a pre-alert), an ambulance crew member registers the patient either at the ED reception, or with a dedicated ambulance receptionist, which in some EDs is a dedicated role. Patients are triaged¹³ (assessed) either on board the ambulance or within a designated triage area of the ED, dependent upon capacity.

Dual pin handover process

The handover process involves both a paramedic and ED staff nurse communicating the formal handover with each entering their pin number into the hospital arrival screen. Welsh Government statistics relating to handover times are generated as a result of the timings of the dual pin handover process.

We received negative comments from ambulance crew in our survey regarding the timing of the formal handover to ED staff. They stated that at times, ED staff may complete the dual handover process and patients would be classified as handover complete whilst the formal handover was still taking place.

In addition, we received 15 comments from ED staff who provided an insight from their perspective, around the difficulties that hospital staff are facing with the dual pin process. One comment included:

"As ED staff - once the ambulance verbal handover is complete and a patient is in the care of the ED in an appropriate area, I find it very frustrating to have to spend extra time chasing the ambulance crew, often back outside for their PIN number to clear the crew from the HAS handover screen. Ambulance crew are also sometimes reluctant to provide their PIN number to ensure a timely handover. This takes extra time which removes nurses from providing care to patients."

In response to our self-assessment evidence from WAST, we were told that the dual pin handover process has led to improved data quality when examining the lost hours due to hospital handover delays. However, during our fieldwork interviews with ambulance crew, the issue of inaccurate handover recordings was repeatedly highlighted, which supported our findings from the staff survey. Correct application of the dual pin process will ensure that accurate timings of handovers are recorded and reported on by Welsh Government.



¹³ Triage is the process of determining the priority of patients' treatments by the severity of their condition or likelihood of recovery with and without treatment.

We also received a number of concerns around the process for dual pin handover from health board self-assessments, where the process is not consistent between hospitals or across health boards. Some said that the processes in place does not always provide an accurate picture of handover timings.

Recommendation

WAST should engage with health board representatives to ensure there is improvement in practice between ambulance crew and ED staff to ensure the dual pin process is consistently followed, and ensure Welsh Government reporting data is accurate.

Patient triage

We found variation across Wales in the staff roles that undertake triage assessments. This ranged between dedicated ED Triage Nurses, dedicated Ambulance Triage Nurses, the Nurse in Charge, or a Rapid Assessment Team (which may include a registered nurse, ED doctor and Healthcare Support Worker).

Across Wales, it is the aim is to commence triage within 30 minutes of patient arrival at ED, in line with the Welsh Government target. Patients are triaged using the Manchester Triage System¹⁴, which enables the triage clinician to assign a clinical priority, according to the patient's presenting signs and symptoms. Data published on the NHS Wales National Collaborative Commissioning Unit (NCCU) website¹⁵ for its Urgent and Emergency Care Programme highlights that on average, between October 2020 and July 2021, patients are being triaged within 30 minutes.

If, following triage, patients are deemed as 'Fit to Sit', meaning people are well enough to sit within the ED waiting area, they are transferred from the ambulance and escorted to the ED waiting area, and a dual pin handover between ambulance crew and ED staff takes place.

When patients are not considered to be suitable to stay in the waiting room, the patients are usually offloaded from an ambulance and transferred to an appropriate area according to clinical priority. If there is no capacity within the ED to accept patients from the ambulance crew, they will remain on board the ambulance until a space becomes available.

Following triage, we found a commonality across Wales where patient investigations commence, such as blood tests, X-rays or Computerised Tomography (CT) scans. Where appropriate, other time critical procedures and/or treatments are also commenced, such as Sepsis and Stroke pathways. This will commence regardless of ED space, and will include patients located on board ambulances.

Mitigating risks for patients arriving by ambulance

We asked health boards how they identify, manage, and mitigate any risks associated with patients arriving on ambulances. Each response highlighted the aim to achieve a 15 minute handover time for patients arriving at ED. When this is achieved, and an ambulance is released, it is beneficial to the patients' condition, positively impacts on their experience, and further benefits those awaiting an ambulance resource within the wider community. However, our review has found that this target is not often met across Wales.



¹⁴ The Manchester triage system is an algorithm based on flowcharts and consists of 52 flowchart diagrams (49 suitable for children), that are specific for the patient's presenting problem. The flowcharts show six key discriminators (life threat, pain, haemorrhage, acuteness of onset, level of consciousness, and temperature), as well as specific discriminators relevant to the presenting problem. Selection of a discriminator indicates one of the five urgency categories, with a maximum waiting time ("immediate" 0 minutes, "very urgent" 10 minutes, "urgent" 60 minutes, "standard" 120 minutes, and "non-urgent" 240 minutes)

¹⁵ NCCU – Urgent and Emergency Care Programme <https://nccu.nhs.wales/urgent-and-emergency-care/experimental-kpis/>

During times of increased pressure and numerous ambulances waiting to hand over the care of their patients to ED staff, a WAST Duty Operational Manager (DOM), may attend the hospital site, to provide welfare support to ambulance crews who are unable to offload and handover their patients. This is a new role that has been introduced by WAST. The DOM will provide cover for ambulance crew to take their breaks, and/or help enable crews to finish their shift on time, by taking over the care of the patient. The DOM will also liaise closely with ED staff and the hospital site managers, to plan what action is required to progress and facilitate the handover of patients to the care of the ED staff.

Health boards also highlighted to us the benefits of the role of Ambulance Patient Flow Co-ordinators or HALO within the EDs. Their role is to assist in achieving a timely handover, and to maintain effective communication between ambulance crew, ED staff and patients. In addition, they aim to reduce delays by helping to mitigate risks to patient safety on board an ambulance, by minimising long waits outside ED, which in turn will benefit those waiting in the community for emergency care. Furthermore, the role also aims to improve the overall experience for patients, by working with ambulance crew in providing care. Our review has found that where these roles have been introduced, they have helped to ease some of problems associated with the handover process and have been beneficial to patient experience as a consequence.

During times of delayed handover, we identified that ambulance crews monitor the patient's condition and escalate any concerns to the ED nurse in charge. In the event of a patient's condition deteriorating further, ambulance crew will enact a formal process for escalating a clinical concern with a deteriorating patient outside the ED. We will elaborate further on the effectiveness of this process later within the report.

We also found consistently across Wales, that during periods of high demands on the service, such as multiple delays with handover, each hospital has an internal escalation plan which is actioned, and plans are implemented with the to aim to reduce ambulance offload delays.

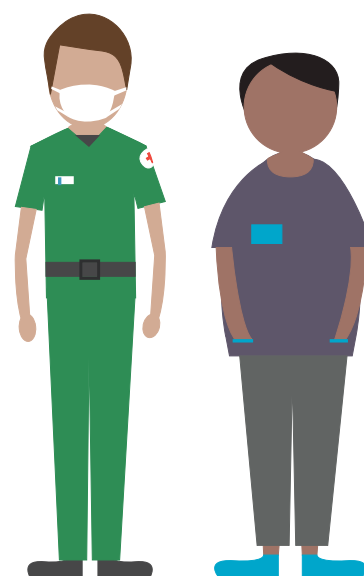
Other consistent measures in place across Wales are regular hospital patient flow meetings and hospital bed management meetings. The meetings allow staff to assess the availability of hospital beds, and to monitor the capacity within ED and the number of ambulances waiting to handover. However, despite these measures, the problem of prolonged handover remains an issue.

Strengths with handover processes

Health boards were asked to tell us about the strengths they have identified as part of their handover processes. Across Wales, there was unanimous agreement that EDs have introduced an effective COVID-19 point of contact testing, where patients are tested for the virus at their point of entry, and are allocated a waiting area based on their expected or predicted status for the virus. Some health boards highlighted an improvement with patient flow, as a result of point of contact testing particularly during the height of the pandemic, which resulted in reduced delays with transferring patients to wards.

During our interviews with ambulance crew, they spoke of the positive impact on handover, as a consequence of the roles of the dedicated Ambulance Triage Nurses or Ambulance First Point of Contact. As mentioned, staff in these roles determine the level of acuity of patients arriving by ambulance, and assist in helping to achieve 15 minute handover targets and to commence triage within 30 minutes of arrival.

Ambulance crew also highlighted that dedicated ambulance receptionists help make the handover process more efficient in enabling them to register patients upon their arrival. The role of the HALO or Ambulance Flow Co-ordinator was also reported to help assist with handover and relieve pressure from the Ambulance Triage Nurse. We found that the introduction of these roles assists in improving the patient experience and welfare by providing positive links for effective communication between ambulance crew and ED staff. However, the presence of these receptionist, liaison, and patient flow roles is not consistent across each ED in Wales.



We were told that patients are re-triaged once clinical interventions have been initiated on board ambulances. As a consequence, any improvements in a patient's clinical condition could expedite their admission to the department, for example if they are assessed as 'Fit to Sit' in the ED waiting area. In addition, in some instances, patients may be well enough for discharge, to recover at home.

Areas that require improvement

Health boards highlighted some areas that require strengthening with handover. There was unanimous agreement across Wales that improvement is required with patient flow through hospitals, in order to improve bed availability and trolley space capacity within EDs. This included improvement in the timely discharge of patients from hospitals, to assist with patient flow. This would lead to improved patient handover times from ambulance crew to ED staff, an improvement in the overall patient experience, and benefits to timely care with emergency responses in the community.

We found that improvements need to be made in relation to collaborative working between WAST and health boards, particularly in regards to communication and the management of serious incidents arising from delayed handover. There is a need to ensure health board representatives regularly attend WAST SCIF meetings, to enable timely management of concerns and to develop action plans and feedback throughout the organisations. This is referred to in more detail later within this report. Whilst there appear to be robust processes in place for triage, initiating treatment and handover process, issues remain with delayed handover due to the lack of bed space within ED and the wider hospitals, which significantly affects patient flow.

Recommendation

Health boards should consider the benefits of the introduction of specific roles within their EDs that have the aim of improving process the handover of patients from ambulances.

Health boards must ensure that appropriate representation is present at WAST Serious Clinical Incident Forum meetings, to aid with the timely management of concerns and service improvement.

Staff perceptions of the handover process

We considered the perspective of ambulance crew and ED staff of the handover process. This was achieved through our staff survey and our interviews with ambulance crew.

Through our staff survey, we found that 90% of ED staff were familiar with the handover policy for their hospital. This was slightly less for ambulance crews, with just over three quarters of them aware, although with a slight increase in number for their most frequented hospital. These numbers give rise to concern, as it is suggestive that some ED staff and ambulance crews are unfamiliar with handover policies.

The majority of ambulance crew respondents also expressed frustrations of their experience of waiting outside hospitals and their dissatisfaction with the handover process in place both at a local level and nationally. We had a strong response on the comment section for this area with almost half of WAST respondents providing additional detail when sharing their experiences.

The comments enabled us to identify some key themes such as, some ambulance crews told us that handover processes frequently change and they are not familiar with current practices. Ambulance crew who regularly attend more than one ED also face the challenge in different local practices. Some said that processes differ day to day, and that each clinician and member of ED staff implements them in different ways therefore, making it difficult for staff to remain up to date with current processes. There are variations in processes due to local SOPs, geographical layout of each environment, job roles and levels of staffing. It was also highlighted to us that the impact of the pandemic on practices has been that it is challenging for staff to stay up to date with current processes.

Recommendation

If and where local standard operating procedures are absolutely necessary, WAST and health boards must work together to ensure that ambulance crew are familiar with the handover policy for that ED.

Ambulance crews also provided their comments in our survey on their view of the effectiveness of the hospital guidance issued by Welsh Government in 2016 process. These included:

"The process seems to be centred around ambulance turnover rather than a focus on patient care. This in turn creates more delays for ambulances as the processes put in place differ day by day, nurse by nurse as there is no full understanding of what the procedure should be. My experience has been waiting upwards of 30 mins just to notify the hospital of our patient. That's before they are booked into the department and triaged."

"ED staff are excellent and do as much as they can to assist/handover patients however they cannot do this when there are not beds available. It is not appropriate to manage patients on the back of an ambulance for several hours and should be avoided where possible."

"There is a reluctance to follow the 'Fit to Sit' agreements that the Welsh ambulance service have in place."

Our staff survey responses noted ambulance crew sometimes attend EDs within England. Concerns were highlighted that handover delays have become routine in Welsh hospitals, and are less frequent in England. A number of ambulance crew provided their opinions to us during interview, that handover processes within EDs in England are

more efficient than the processes in place in Wales, which compound the frustrations with handover delays across Wales. Comments from ambulance crew included:

"Patients waiting in the community are coming to a wide range of harm due to no ambulances to send to them due to the ambulances being queued outside hospitals. I've recently transferred to Wales from England and this problem very rarely happens in England but is a daily problem in Wales. Very poor."

"When I visit other ED outside of Wales, we take the PT straight in to EDs, even large City EDs. But for some reason Welsh EDs struggle with this."

Relationship between ambulance crew and ED staff

Throughout our interviews, ambulance crew told us that in general, positive relationships had been formed with ED staff across Wales. We were told that both parties were working towards the same goal of achieving early handovers to release ambulance crews to respond to emergencies. However, this was not consistent with our survey results, with 71% of ambulance crew stating that they did not feel ED staff and the service provided by ambulance crew worked together to provide seamless patient treatment and care. However, 69% of ED staff felt they work together with ambulance crew to provide seamless patient care.



One comment received from a member of ED staff highlighted:

"There is no single issue which would resolve the problem, neither is it solely a problem of a specific group. Again, I would like to reiterate that ED is locked between a rock and a hard place; trying our best but with many obstacles in our way. We used to have a really positive working relationship with our WAST colleagues which has deteriorated over time."

The findings from our survey and interviews suggests a mixed relationship, and issues can occur on a case by case basis. We recognise the pressure and intensity that handover delays must have on both ambulance crew and ED staff to minimise risks to patients, and that working relationships may be strained as a consequence. However, this can have a negative impact on the overall patient experience.

We also found through our interviews and staff survey that ambulance crew feel their vehicles are used inappropriately, and as an extension of the ED. The term 'warding' was commonly used to refer to this. Ambulance crew told us that ambulances are used as waiting rooms or additional beds, with many staff elaborating that a bed shortage within ED is the reason for this.

We also learned that patients are often taken off an ambulance for scans or other investigations, and returned to the ambulance due to no capacity in the EDs. We were also told about occasions when following investigations and treatment, patients who did not require hospital admission, were transported home by the same ambulance crew who had responded to the initial emergency call. Some ambulance crew also said that hospitals manage their own risks by keeping patients on the ambulance. Comments from ambulance crew included:

"The feeling that the patient isn't the problem of the hospital until they get in through the front doors is widespread. We are extended waiting rooms for the hospitals and this shouldn't be the situation."

"The current system is not working, emergency departments are using ambulances to treat patients in and this is not what they are intended to do. While this is happening and we are waiting to handover our patients there is patients within the community not getting the medical help needed for many hours."

"The problems with handover are not due to WAST. The issue is severe overcrowding of the EDs which then leads to lack of ability to offload. The systems in the hospitals prioritise patients who have been seen and treated (inpatients) over patients who have not been seen or treated by the ED which is wrong and unsafe. As well as this, having ambulances stacked outside causes there to be increased response times by WAST. So in turn, we are prioritising seen and treated patients (inpatients) over those waiting for an ambulance.....The subsequent problems of even more overcrowding that will cause, will lead to innovation within the hospital. Unless we bring the problem into the hospital, the hospital will not solve it."

As highlighted earlier, the role of ambulance crew is to provide an emergency response and transportation for patients to EDs. Welsh Government guidance is clear that patient care should be handed over to hospital staff within 15 minutes of their arrival, but most certainly before 60 minutes.

Ambulances are designed as a pre-hospital environment and are equipped to transport ambulance crew and other first responders to the waiting patient. The vehicles carry equipment for administering emergency care to treat patients at the scene, and transport patients when necessary to EDs for advanced treatment. They are not designed and equipped for patients to be cared for during periods of extensive waits outside EDs. The impact of patients remaining within the back of an ambulance can negatively impact on the patients' experience and their safety.



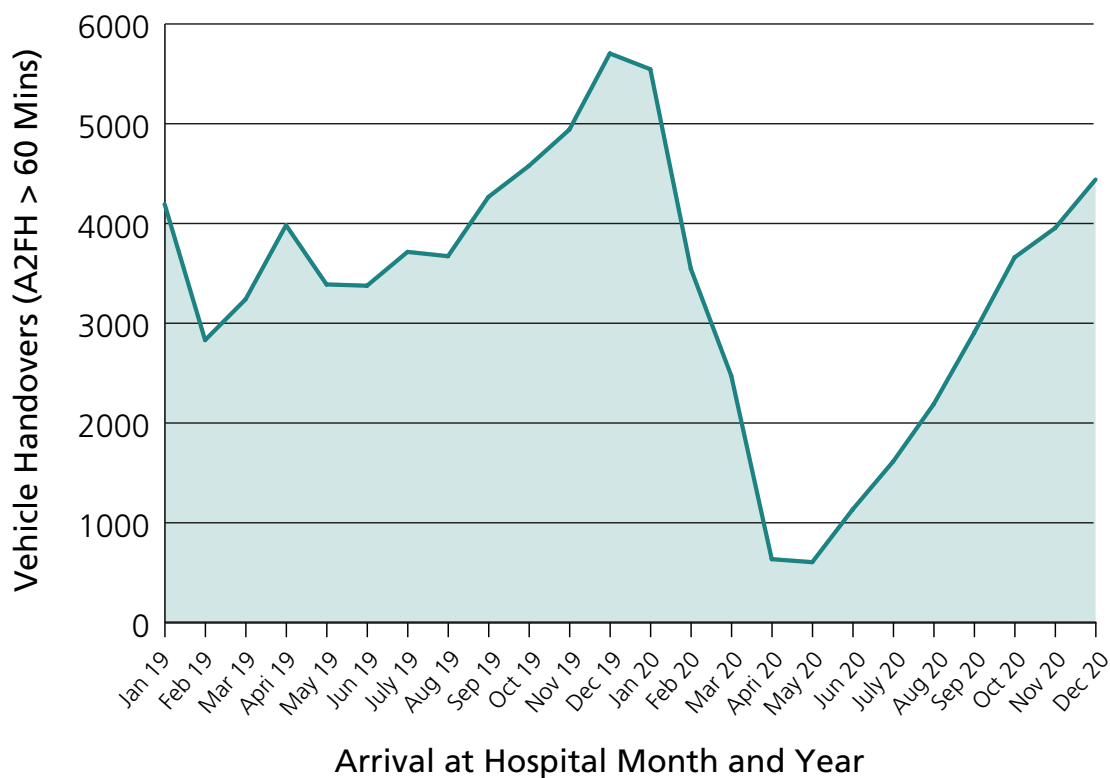
Patient experience

Impact of the pandemic on patient experience

The NHS Wales activity and performance summary highlights fewer attendances to all NHS Wales EDs during the first wave of the pandemic, with April 2020 seeing the lowest number of attendances at ED since current reporting began in 2012.

Handover delays during the first wave of the pandemic were substantially lower. We were informed that this was the result of a significant decrease in demand, and an initial pandemic response to improve hospital capacity. This is highlighted in the chart below, which reflects the number of patients who experienced handover delays over 60 minutes across all health boards in Wales.

Trend of number of Patients Waiting >60mins



We considered the views of patients on whether the pandemic impacted on their experience of attending the ED. In the public survey responses, the majority said they were not displaying COVID-19 symptoms, and were not attending ED due to suspected COVID-19.

It was positive to learn that the majority of respondents felt that measures to minimise the spread of COVID-19 were being followed by both ambulance crew and ED staff. The majority of respondents said all staff wore PPE on the ambulance and at hospital, their temperatures were taken on arrival at hospital, and they were transferred to a designated green areas away from suspected or positive COVID-19 patients. However, we did find in a small minority, where some concerns were highlighted in the survey, as highlighted below:

"Unfortunately dad was infected with COVID in hospital."

"We were all asked to wear masks in the house whilst the paramedics were there. However, I noticed that although the crew were wearing masks they weren't wearing any other form of PPE."

Overall, our findings reflect that despite the severe impact of the pandemic, it did not negatively affect the experience of patients who used emergency ambulances services across Wales, and on the whole patients were satisfied with the care provided. Our COVID-19 themed national review report¹⁶ highlights further our understanding of how healthcare services across Wales met the needs of people and maintained their safety during the pandemic.



Patients awaiting ambulances in the community and their arrival at the ED

Standard 5.1 within the Health and Care Standards 2015¹⁷ states that all aspects of care should be provided in a timely way, ensuring people are treated and cared for in the right way, at the right time, in the right place and with the right staff.

Of the 137 responses to our public survey, approximately half waited under an hour in the community for an ambulance to arrive, with most waiting less than 30 minutes. However, 26% of respondents waited between one and four hours, and 22% waited over four hours. For those who waited over four hours, each commented that they felt their health condition deteriorated over this time. Around a third of these patients were admitted immediately into the hospital on arrival, however, another third had a further wait of over two hours on-board an ambulance following arrival at the hospital.

We received several concerning comments from people about prolonged ambulance waits, despite the possibility of them experiencing a stroke, heart attack or other serious health concerns. Comments included:

"I waited over 2 hours for an ambulance after having a stroke. Ambulance never showed. First responder arrived at 2 hours and tried to get an ambulance and was told none available."

"Things could have been a lot worse as Dr said by rights my dad should not still be here after having to wait 3hrs whilst having a major heart attack."

Several people in response to our public survey highlighted long waits of between four and 13 hours for an ambulance after sustaining an injury due to falls at home, particularly in relation to older adults. Long waits in the community were also substantiated by ambulance crew in response to our staff survey and during our fieldwork interviews. Staff highlighted that the risk from handover delays is not only to the patients waiting in ambulances but also to patients in the community, who are waiting for an emergency response.

¹⁶ HIW COVID-19 National Review Report

¹⁷ The Health and Care Standards 2015

Comments included:

"Patients queuing up in ambulances probably have the same outcomes as patients in the ED, as HB clinicians will always see and treat our patients. It's the patients that are waiting for ambulances that are most at risk."

"Handover delays impact me and my patients negatively as I am often on scene with an unwell patient waiting for an ambulance to become available. It is common to have to wait 2-4 hours for 'emergency' backup. This can be very detrimental to patients and is hugely stressful for me. I have been on my own with patients having multiples seizures, heart attacks or severe breathing difficulties for 1-2 hours. As well as patients likely to come to harm, this is very stressful for me and affects my mental health."

Throughout our fieldwork, the majority of ambulance crew interviewed expressed their frustrations of waiting outside EDs to handover patients, in the knowledge that patients are waiting in the community in need of an emergency response. This is consistent with the findings highlighted in the Amber Review report in 2018. These patients have not been physically assessed by a clinician and therefore, their clinical condition is unknown. This is particularly concerning for conditions such as strokes or heart attacks, where time critical treatment is essential due to specific therapeutic window timescales, and any delays to treatment may negatively impact on their clinical outcome, future rehabilitation or even their life.

People indicated in the survey comments, that due to long ambulance waits they sometimes had to arrange alternative transport, such as driving their loved one to the hospital or arrange a taxi. Comments included:

"Ambulance wait time over 2 hours. This was not made clear at 999 call only that an ambulance has been requested. After 2nd call to 999 after half an hour I was told it could be 2 hours. Took him in the car and hospital was excellent. Could and should have gone sooner if wait time had been honest in the first place."

The risk to patients in the community was a key finding from our previous review of WAST in 2019/2020, and has been repeatedly highlighted by staff throughout this review.

As referred to earlier in this report, a recommendation was made in our previous report that WAST should consider a holistic review with stakeholder engagement, of the current handover arrangements in place, which should include current escalation arrangements during periods of high demand. Whilst we are satisfied that progress has been made, this re-iterates the need for Welsh Government to ensure a prompt collaborative approach between WAST, health boards, and social care services within Wales, to make improvements with the ongoing patient flow issues.

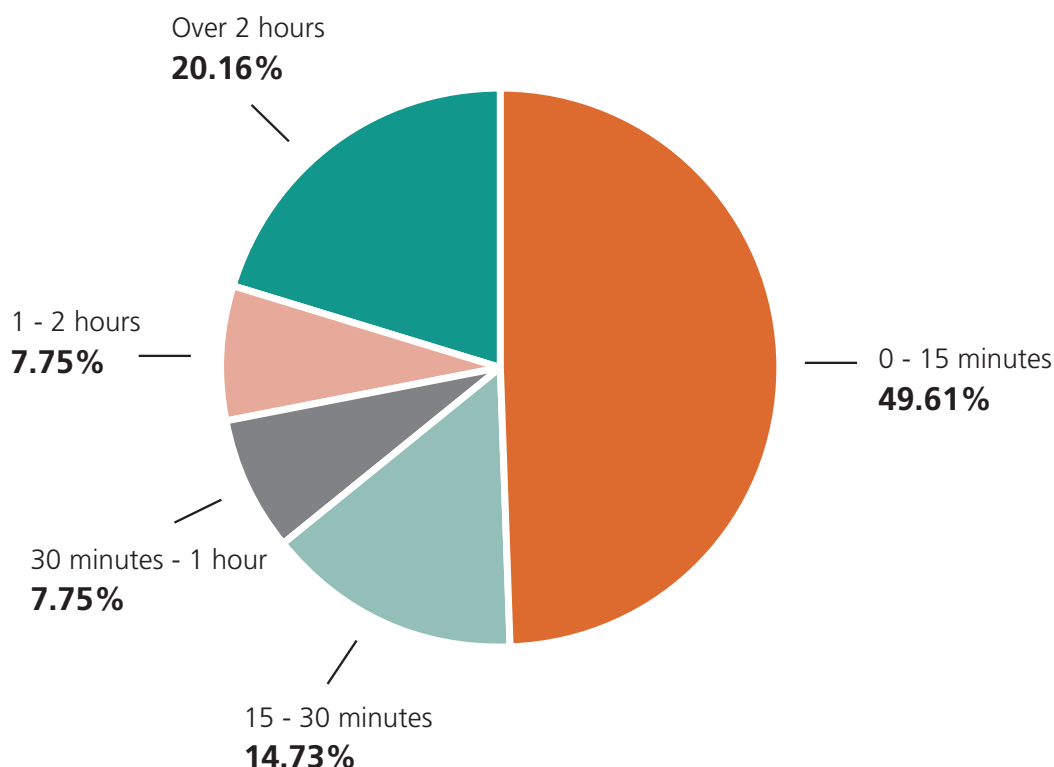
Patient experience with handover and triage

We asked patients in our public survey to tell us about their experience during handover between ambulance crew and ED staff. As highlighted earlier, the Welsh Government target for patient handover to the ED team, is within 15 minutes of arrival at the hospital.

Our public survey identified that only half the respondents said they were admitted to ED within 15 minutes. A further 15% waited between 15 to 30 minutes, and a minority waited between 30 minutes to 2 hours. However, 1 in 5 patients told us they waited over two hours in the ambulance, before being handed over to the care of ED staff.

"I had a four and a half hour wait for the ambulance which had been requested (highest priority) by my GP in the surgery. On arrival at the hospital there were 17 ambulances waiting to hand over the patients. I was waiting for a further three and a quarter hours."

How long did you wait in the ambulance, once it arrived at the hospital, before being admitted into the emergency department?



As highlighted earlier in the report, any delay over 60 minutes should be the exception. Prolonged patient waits on board an ambulance are not acceptable, in particular for those who may have already waited for long periods for an ambulance in the community.

Our public survey highlighted that the majority of people who engaged with us were triaged within 30 minutes of arrival at the hospital. This is in line with Welsh Government targets and data available on the NCCU website for its Urgent and Emergency Care Programme. However, around a quarter reported that it took longer than 30 minutes. Whilst most patients were assessed in hospital, 30% reported that assessment took place on board the ambulance. Only a few patients told us they had been assessed in hospital and then taken back to the ambulance.

We received one comment from a patient who reported 17 ambulances were outside the ED at the time that they attended, waiting to handover patients to hospital staff. This is concerning and reflective of the difficulties ambulance crews and ED staff are frequently facing.

A quarter of patients told us they received treatment from ED staff whilst on board the ambulance, but most remained under the care of the ambulance crew. One patient told us that no ED staff assessed them for the duration of their time on board the ambulance, whilst another said:

"I was in the ambulance from 8.30am to sometime around 4pm. A doctor paid a number of visits and also nursing staff to take blood and to give me painkillers."

We asked patients to provide their views on the triage/assessment process upon their arrival at the hospital. Comments we received were mixed, with some stating that it worked efficiently and they were seen immediately, however, there were a number of comments about how long it took to be seen upon their arrival at hospital. One commented included:

"After assessment and excellent care and treatment by ambulance personnel I was treated almost immediately after arriving at hospital by a superb team."

Whilst it is positive that most patients were triaged within 30 minutes, it is concerning that not all patients were assessed by a health board clinician in the appropriate timeframe. This can negatively impact on the patient experience and clinical condition, when they are not reviewed in a timely manner.

As part of our review, we also considered communication with patients' relatives/carers. We found a clear divide, with half stating that relatives were kept updated, and half stating they were not. Comments indicated that ambulance crew communicated well with relatives, to update them on what was happening. However, only half of the survey respondents said they were kept informed about how long the wait on board the ambulance would be. Our survey highlighted that communication once the person was admitted to hospital was experienced as variable.

Our interviews with ambulance crew indicate that they always endeavour to engage with and build a positive rapport with patients. However, they said that during periods of long delays, there are limitations to the number of times they can apologise to patients and their loved ones, either for the delays they experience whilst waiting for an ambulance in the community, delays outside the hospital, or at both locations.

The hospital handover guidance issued by Welsh Government in 2016 is clear, that when delays occur patients and their relatives or carers should be kept fully informed of the reasons and the progress being made in resolving them. We recognise that it may not always be possible to provide accurate timescales to people, since the clinical priority of patients for handover to ED is continuously assessed and changing. However, the importance of clear communication with patients to ensure they are informed of the reasons for delay, is key in alleviating their anxieties or frustration with waiting.

Recommendation

WAST and health boards need to ensure that when delays occur, patients and their relatives or carers should be kept fully informed of the reasons and the progress being made in resolving them.

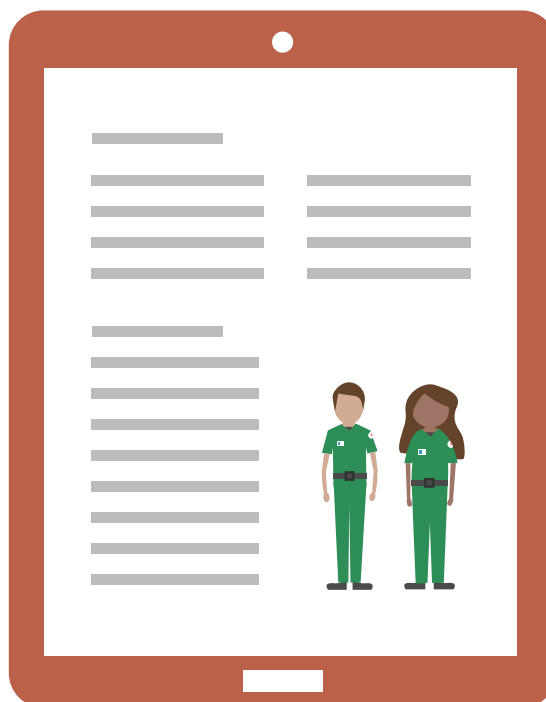
WAST and health boards across Wales should ensure patient feedback is obtained regularly to understand their experiences of long waits on board an ambulance, in order to inform improvement.

Delayed diagnosis and treatment

Although a minority, several views were communicated to us from people in our public survey regarding ineffective diagnoses made by both ambulance and ED staff. It also included a few dissatisfied comments about ineffective diagnosis and treatment of conditions once admitted.

"If there's a documented history of sepsis. Surely the sepsis protocols could be followed."

We also received comments from ambulance crew relating to the delays in treatment and diagnosis for patients by ED staff. The comments included concerns where a patient's health could deteriorate whilst on board the ambulance, such as a patient experiencing chest pain.



Other comments from WAST staff suggested that they believe diagnosis should commence whilst the patient is waiting on board the ambulance, such as blood tests and x-rays. This somewhat contradicts the self-assessments completed by health boards which suggest that ED staff do commence investigations, diagnosis and treatment while the patient is on board the ambulance. This suggests that the commencement of investigations whilst the patient is on the back of the ambulance does not consistently happen across all EDs. The comments included:

"Our patients are left stuck on ambulances without having bloods etc. done which could speed up the process for them to discharge patients. There should be a system for WAST staff to take bloods and take patients for x-rays or appropriate investigations whilst waiting outside hospitals as it benefits the patient and the staff at the hospital."

We believe that commencing investigations whilst the patient is on board an ambulance has a benefit of earlier diagnosis, admission or even discharge of some patients, which could enable ambulance crews to be released, to undertake their primary role as providing on scene urgent or emergency care, and urgent or emergency transport of patients to hospitals.

Recommendation

WAST and all health boards across Wales must work together to identify a consistent approach in providing timely investigations and treatment for patients on board ambulances, to enable ambulance crews to be released quickly.

Patient privacy and dignity

Standard 4.1 within the Health and Care Standards 2015, states that people's experience of care is one where everyone is treated with dignity, respect, compassion and kindness and which recognises and addresses individual physical, psychological, social, cultural, language and spiritual needs.

In its handover guidance, Welsh Government states that the safety, effectiveness and dignity of care of patients must be at the forefront of systems of emergency care.

As highlighted earlier, our review considered how delayed handovers impacted on the privacy and dignity of patients on board the ambulance. This included the toilet needs of the patient either within the ED, or on board the ambulance.

Overall, our patient survey highlighted that patients were very positive about their experience waiting on board an ambulance due to delayed handovers. We received very positive feedback about ambulance crew, particularly in relation to their kindness, overall communication and managing of distressing situations. Patient comments included:

"The ambulance service went above and beyond."

"They were excellent, really helped with my mother-in-law's anxiety and kept us fully informed throughout."

Nearly all who engaged in our public survey said they were treated with dignity and respect by ambulance crew, and felt safe and cared for, and that staff were knowledgeable. Most also said they felt ambulance crew treated their condition effectively. Patients also indicated that they were satisfied by the care and treatment from ED staff.

The results of our staff survey, however, were not as positive in relation to their ability to maintain patients' dignity during delayed handovers. For ED staff, whilst 78% felt that patients were well cared for on board ambulances, only 68% said that the patient's privacy and dignity is maintained. In addition, only 62% of ambulance crew were felt that patient privacy and dignity is maintained.

This was also highlighted in our interviews with ambulance crew, with some specifically raising concerns with their ability to maintain the privacy and dignity of patients. The comments included:

"Patients never provided with reason as to why they are waiting on an ambulance or have to endure the indignity of using a commode on an ambulance."

"The biggest issue I have come across resulting from patients waiting for many hours on the back of an ambulance is that comfort and dignity is compromised. The ambulance stretcher is not designed for patients, especially elderly patients with thin skin to be laying on them for hours. Also, during long waits patients often need to go to toilet and as a result of very poor mobility end up soiling themselves. So to preserve their dignity we clean them up as best we can with very limited items as it's an ambulance and not a hospital ward."

One area of concern consistently highlighted by ambulance crew, was the difficulty in facilitating patients to access a toilet during their wait. Whilst most patients told us they were able to access a toilet, it is concerning that some patients reported they did not have access to facilities. In addition, during our staff interviews, concerns were highlighted by numerous ambulance crew with the difficulties encountered in assisting patients to use a commode or a bedpan on board an ambulance, due to the limited space available. Some also expressed concern over appropriateness, when two male ambulance crew were required to assist female patients with their toileting needs.

Wherever possible, ambulance crew told us they take patients inside the ED to use the department's toilet facilities, and request nursing staff assistance as appropriate. Overall, staff highlighted the issues with accessing toilet facilities as having a negative impact on patient privacy and dignity. Whilst ambulance crew told us that every effort is made to help maintain patient dignity, they described this as not always possible.

It was positive to note in one ED, that the ED sister attends the ambulance bays to enquire whether patients require the use of a toilet, and ensures staff are available to assist them. Patients are taken inside the ED whenever possible, or assistance is provided on board the ambulance.

Good practice in toilet management can help patients to maintain their dignity. Whilst we acknowledge the efforts made by ambulance crew to protect patient dignity, further efforts are required by both ED staff and ambulance crew to ensure all patients can access appropriate toilet facilities to maintain their privacy and dignity at all times.

Recommendation

Both WAST and health boards must ensure that ambulance crew and ED staff work collaboratively to ensure patient privacy and dignity is maintained, and patients are always provided with the opportunity to use private toilet facilities where appropriate, in a dignified manner whilst waiting on board an ambulance during delayed handovers.

Preventing pressure and tissue damage

It is highlighted within Standard 2.2 of the Health and Care Standards 2015 that people should be helped to look after their skin, and every effort should be made to prevent people from developing pressure and tissue damage.

In response to our staff survey, ambulance crew raised concerns around the suitability of ambulance stretchers for patients who experience long handover waits. In particular, for patients who are immobile and lying on a trolley on board an ambulance are at an increased risk of sustaining skin tissue pressure damage. We received numerous comments from ambulance crew which included:

"Patients are regularly suffering due to excessive handover delays. Ambulance stretchers are not designed for prolonged use and vulnerable patients are being put at risk of pressure sores and other tissue viability issues despite the efforts of ambulance staff to turn and adjust their positions."

"Often waiting outside with a patient for extended hours anywhere from 2 to 12 hours with a patient on an ambulance stretcher that is not designed for. Hard to give pressure relief to patients especially the heavier ones."

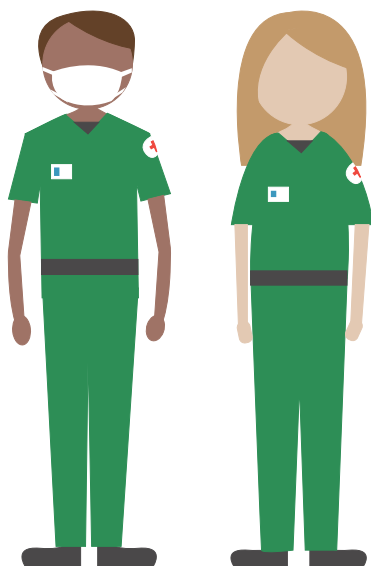
We were told during our interviews with ambulance crew that they are required to undertake an on-line clinical training module on the risk of pressure damage and pressure relief. However, despite their knowledge and understanding of the risks, and crew efforts to mobilise patients where appropriate, staff told us it can be very difficult to prevent skin tissue pressure damage for all patients. This in particular is an issue for patients, such as those with a suspected fractured neck of femur or spinal injury, who cannot be appropriately moved.

In addition, there is an increased risk of skin tissue damage with patients over 70 years of age, as a result of frailty and/or decreased mobility and/or poor nutrition and hydration on board an ambulance. Given the patient demographics provided to us by WAST, the majority of patients taken to EDs by ambulance are aged 65 and above, which highlights additional concerns associated with long patient waits outside ED.

We acknowledge the efforts made by both ambulance crew, and ED staff who support them, to help provide pressure relief and assess patients' skin for signs of pressure damage on arrival to ED. However, we are concerned that the risk of skin tissue damage remains for all patients experiencing long handover delays, in particular older adults, and will continue until prolonged handover delays are resolved.

Recommendation

During prolonged handover delays, WAST and health boards must work collaboratively and consistently, to minimise the risk of skin tissue damage for patients.



Nutrition and Hydration

Standard 2.5 of the Health and Care Standards highlights that that people should be supported to meet their nutritional and hydration needs, to maximise recovery from illness or injury.

During our review, we considered how patients' nutritional and hydration needs are met whilst they wait on board an ambulance.

As highlighted earlier in the report, the purpose of ambulance crew is to provide urgent or emergency care to patients in the community and where necessary, to transport them to hospital on board an ambulance. Ambulances are therefore not equipped to provide food and drinks to patients. One member of ambulance crew commented:

"Hospital delays have been allowed to happen without any care or thought to keeping patients hydrated, fed and toileted appropriately whilst in the Ambulance. Ambulance Staff are not provided for, and often left hours without access to food and drink."

In our public survey, it was concerning to find that half of the respondents said they did not receive sufficient food and drink during their wait for handover to the ED. However, we are mindful that there are occasions when patients are designated as 'Nil by Mouth' due to their clinical condition, and therefore cannot consume food or drink, unless assessed as safe to do so. This may include examples with patients with gastric complaints, such as diarrhoea and vomiting, or severe abdominal pain, or for those who are suspected as required urgent surgery.

We found positive examples during our interviews with staff, where the majority told us that patients were supported by British Red Cross workers, who were contracted to work within EDs, who provided assistance to patients with food and drinks, and offered emotional support through engagement with patients.

It is concerning that patients who are waiting on board an ambulance are reliant on others for the provision of food and drink, to ensure their nutritional and hydration needs are met. We also acknowledge the difficulties that ambulance crew and ED staff face in providing food and drink for patients. The uncertainty of when patients may be able to eat and drink will negatively impact on them physically, especially given the uncertainty around timescales of when they may be handed over to hospital staff.

Recommendation

WAST should work with health boards to ensure that patients' nutritional and hydration needs are consistently met whilst waiting in the back of an ambulance due to delayed handovers.

Pain Management

During the review, we considered how patients' pain was managed on board the ambulance during triage and thereafter. Our public survey provided mixed comments, though overall, patients reported that ambulance crew managed their pain well. This is consistent with the findings within the 2018 Amber Review report. There was also a good response from ambulance crew in relation to the management of the patient's pain, with 81% stating they had access to pain relief should the patient require it. However, this was not consistent with their hospital experience, where patient comments indicated that their pain was at times not managed well once admitted to the ED. The comments included:

"The paramedics ensured I received additional pain relief in the ambulance on arrival."

"Unfortunately the hospital left me in a great deal of pain for quite some time."

It is reassuring that ambulance crew are acting positively in managing patients' pain. This is imperative, given the uncertainty of the length of handover delays. This may be reflective of the one to one care patients receive from the ambulance crew in comparison to staff-patient ratio in the ED. Health boards should reflect on these findings, and consider how pain management can be appropriately maintained, for patients experiencing pain once admitted in to the ED.

Infection Prevention and Control (IPC)

Standard 2.4 of the Health and Care Standards 2015, highlights that effective IPC is everybody's business, and must be part of everyday healthcare practice and based on best available evidence, so that people are protected from preventable healthcare associated infections.

Our staff survey highlighted a generally positive response to IPC from ED staff. Whilst 83% said that IPC procedures are followed, almost all said there is a sufficient supply of PPE, and 89% highlighting decontamination arrangements are in place for used equipment and relevant areas.

However, the survey response from ambulance crew was less assuring with 79% saying that IPC procedures were followed, and only 70% highlighting they felt there are adequate decontamination arrangements in place on the vehicle.

During our interviews with ambulance crew, concerns were highlighted by a number of staff regarding their ability to appropriately maintain safe IPC measures on board the ambulance. They provided examples with patients requiring a commode on board the ambulance, and with patients needing to eat and drink within the vehicle during long delays. In addition, crew members who may assist patients with enabling a patient to use a commode or bed pan are unable to change their uniform (if required), and may attend further emergency calls during their shift.

These examples highlight the difficulty in maintaining a safe and infection free clinical environment. The vehicles are a confined environment, and are not appropriate to provide adequate care for patients during periods of long delays with handover. This not only increases the risks with maintaining IPC, but can be considered detrimental to the patient experience.

Recommendation

WAST should consider how ambulance crew and patients can be supported to achieve and maintain high standards of hygiene and IPC, in particular during periods of delayed handovers for patients on board an ambulance.

Safe Care

**People's health, safety and welfare actively promoted and protected.
Risks are identified, monitored and where possible, reduced or prevented.**

Within our staff survey, we asked whether staff were satisfied with the quality of care, treatment and diagnosis they give to patients during periods of handover delays. It was positive to find that 89% of ambulance crew said they were satisfied with the care they give to patients, although only 74% of ED staff were satisfied with this.

We asked ambulance crew in our survey if patients were monitored and assessed for acute illness; 87% confirmed they were, and this was also reflected in our findings from the ED staff. In addition, more than three quarters of ambulance crew said there was access to higher clinical support should it be required.

We also asked staff whether patients were involved in decisions about their care. Three quarters of ambulance crew and ED staff confirmed they were, however, we identified some negative comments from ED staff in relation to this question. One comment included:

"There are issues with regards to ongoing care of patients who remain on vehicles for long periods of time; as a department we are trying to look after patient's both physically in and out of the ED, sometimes with little support from the crew."

Despite receiving positive responses regarding the quality of care provided to patients from ambulance crew, it was very concerning that only 41% of ambulance crew said it was clearly understood who has responsibility for the patient at all times. However, three quarters of ED staff said it is clearly understood who has responsibility for the patient at all times. The hospital handover guidance highlights that ambulance crew should not routinely be responsible for monitoring patients for prolonged periods outside ED.

During our interviews with ambulance crew we identified that the lines of responsibility for patients on board an ambulance are blurred, due to ED staff going on board ambulances to assess and treat patients, and ambulance crews moving patients around hospitals for X-rays, CT scans and other investigations.

Overall, we identified from our interviews and staff survey that ambulance crew are not clear at all times as to who has responsibility for the patient prior to the formal handover taking place to ensure the safety of patients.

Recommendation

WAST and health boards must ensure there is absolute clarity, consistency and understanding between both ambulance crew and ED staff, as to where the responsibility and accountability lies for patient care on board an ambulance following triage, until transferred into the ED.

Discharge planning

During our interviews, a theme emerged from both ambulance crew and senior WAST managers that discharge planning could be improved. We were told that the anticipated date and time of patient discharge often appeared to be a 'last minute' decision in some EDs. The implication of this on the system is that a decision to discharge a patient may not take place until later during the day, which results in less time to obtain patient medication from pharmacy to take home, to arrange take home transport, thus impacting on delayed bed availability for patients in ED.

As referred to earlier within the report, the role of patient flow coordinators at some hospitals is seen as having a positive impact on this issue. On a day to day basis, their role includes co-ordinating a discharge time for a patient to understand the time their bed will become available for patients in ED. Some hospitals also provide the service of a discharge lounge, where patients can wait for their take home medication, and transport home. This means that their hospital bed is made available sooner and helps improve patient flow within the hospital.

Earlier patient discharge planning could result in more timely bed availability within the hospital. This could result in improved patient flow and improved ambulance patient handover times. Consequently this could release more ambulances to respond to emergency calls to patients waiting within the community.

Whilst overall we found that patient privacy and dignity may be compromised when patients are confined to excessive waits on ambulances, people who engaged with our survey were generally positive about their overall experiences. The outcome from our public survey is a positive reflection on the professionalism and caring attitude of the ambulance crews towards their patients.

Workforce

Within the Health and Care Standards, standard 7.1 highlights that healthcare services should ensure there are enough staff with the right knowledge and skills available at the right time to meet needs of patients.

Staff numbers and staff pressures

We received a number of comments from ambulance crew relating to perceptions that EDs are under staffed and under pressure, comments included:

"Due to low staffing, there can be long delays waiting to hand over. During busy times it feels like the staff aren't listening to us when handing over."

"Slow ... ED staff under too much pressure often short staffed or lack of bed spaces."

This was supported in our findings from ED staff, with only a fifth (23 of 103) of respondents saying there are enough staff for them to carry out their role safely and effectively. This is also consistent with our findings of previous ED inspections across Wales.

These findings are a concern, since insufficient staff numbers within EDs will have an impact on the quality and safety of patient care, and the ability to facilitate a timely ambulance patient handover, thus affecting people waiting for an ambulance in the community. Whilst the scope of our review did not include consideration staffing levels within EDs across Wales, health boards should review, and continue to monitor their staff establishments in EDs, and take action to improve the ongoing issues identified with staffing during our review and in our previous ED inspections.

We identified that during 2020-21, WAST recruited over one hundred additional frontline staff to gain a more timely response to the public's demand on its services. However, it was concerning to find that in response to our survey, only 31% of ambulance crew said there were adequate staff for them to do their job properly. Only 65% said they were able to meet the demands on their time at work. We were informed that there are further plans for WAST to recruit similar additional numbers of staff during 2021-22, however, this may not necessarily result in improved handover times to ED staff. Although, it may help improve the patient experience and staff well-being. It is at present too early to make a judgement on the increase to WAST staff establishments.

Recommendation

WAST and health boards must review and continuously monitor their staff establishments, in order to ensure appropriate levels of staff are maintained at all times.



Impact of hospital handover delays on staff

We asked ambulance crew in our survey whether there was sufficient support available when they wait for long periods on board an ambulance due to delayed handovers. It was disappointing to find that 93% of respondents said there was insufficient support available to them.

Only 36% of ambulance crew said their working pattern allows for appropriate breaks throughout their shift, and that their working pattern allows for a good work life balance. Ambulance crew we interviewed reported that shifts overrunning have become a normal part of their work. The term overruns refers to crews who have no option other than to work beyond their shift end time.

We identified that staff welfare in urban areas is easier to manage than rural areas, since crews are stationed closer to the ED they most often attend with patients, and are therefore able to return to their base station during their breaks and sooner at end of shift times.

In rural areas, we were told that it is not uncommon for shifts to overrun by two to three hours. The impact of delayed handovers is also increased in areas where a high number of tourists arrive during peak holiday times. If ambulance crews are late leaving the ED at the end of their shift whilst awaiting the arrival of a relief crew, at times, crews may be delayed by up to a further two hours before they arrive back at their base station.

These delays mean they have to start their shift the following day at a later time, to ensure they have sufficient down time between shifts. This can have a knock on effect to staff availability in the earlier part of their next shift.

It was positive to find that that 'pool cars' have been implemented at some ambulance stations, to help alleviate the impact of overruns on crew. They are used to transport ambulance crews to return to base for their breaks, and at the end of their shift, once the new crew arrive to take over the patient care on board the ambulance, waiting outside the ED to handover.

As referred to earlier within the report, the role of a Duty Operational Manager (DOM) has been implemented across Wales. The DOM is responsible for the operational leadership and supervision of a defined group of Paramedics, Emergency Medical Technicians and Urgent Care Assistants.

Additionally, they provide proactive and reactive operational leadership as a role model and operational commander at operational incidents, in line with the Civil Contingencies Act 2004¹⁸ and as required to support the wider unscheduled care system. In addition, part of their role is to facilitate crews to take their allocated breaks, and to finish their shift on time wherever possible, by taking over the care of patients, therefore providing relief to crew members. We learned that the role is a relatively new initiative within WAST, and a number of DOMs had only recently been appointed at the time of our fieldwork interviews. The positive impact of this role in supporting ambulance crews is welcomed by those who have experienced this support.

Staff access to food and drink

Our review considered whether ambulance crews have reasonable access to food and drink during their shifts and prolonged waits outside of EDs. Only two in five said they had reasonable access to food and drink.

We established that ambulance crew who attend EDs in rural areas, or those whose ambulance base station is a great distance from their most frequented EDs, have more issues in accessing food and drink, especially during night shifts. This is because they cannot store their food at their base station and return to get it during their breaks, and there are no facilities for them to purchase food, either within the hospital or nearby vicinity. Ambulance crew working within urban areas said access to food was easier, since their base station was near the hospital, which allowed them to return either to their base station, or access food within the vicinity of the hospital, when relieved by Duty Operational Managers. Staff comments included:

"Food or a hot beverage is not available on nights and when working with a less experienced individual you cannot leave the patient when stuck outside hospital for hours on end. Only some hospitals offer the concession of £5. The patient does not get a warm drink or food whilst waiting."

"During night shifts access to food and drink becomes much more difficult and wish this should be addressed."

¹⁸ The Civil Contingencies Act 2004 is an Act of Parliament which provides the framework for emergency and disaster planning and response on local and national levels in the UK.

Staff well-being

Our review has highlighted a number of key issues discussed above, which impact on the health and well-being of ambulance crews, as a direct result of delayed handovers and their knock on effect on crews' working conditions, this was also highlighted within the Amber Review report. During interviews, a number of ambulance crew told us that handover delays have a direct impact on their own health and well-being, comments included:

"Hospital handover delays are having significant impact not only on patients but on WAST as an organisation, and also on morale, since they [staff] feel they are unable to provide the best service possible to the community that they serve."

In addition to these issues, staff highlighted further concerns regarding the poor ventilation on board an ambulance. We were told this has had a significant impact during the pandemic, where crews have spent prolonged periods on board ambulances waiting to handover to ED, and were required to wear full PPE whilst caring for suspected COVID positive patients. Furthermore, other concerns were highlighted regarding exposure to exhaust emissions from older ambulance vehicles when waiting outside EDs, where engines must run to maintain power to the vehicle.

During interview, some senior WAST staff highlighted their concerns with the impact handover delays have on ambulance crews. Consequently, actions have been implemented to support patients and staff. These include the initiatives highlighted earlier, such as Red Cross teams supporting patients, DOMs and pool vehicles supporting crews and the provision of concessions at hospital canteens for staff meals, when delayed with handover.

The crews we interviewed expressed their support and gratitude for the initiatives, however not all the measures are available consistently across Wales.

In response to our staff survey, 84% of ambulance crew said they were aware of the occupational health support available to them to support their health and well-being, and around 65% said their work place provides support for their mental health. However, it was disappointing to find that only 39% of ambulance crew said their organisation takes positive action on staff health and well-being, and just over 25% said that their employer provides support for their physical health.

Our survey findings also highlighted that just 73% of ambulance crew feel safe at work, and only 47% were content with the efforts of the organisation

to keep them and patients safe. Staff repeatedly expressed their frustrations with the impact of handover delays on the experience of patients, and on their own well-being. Further comments in our staff survey included:

"The effects of waits and frustrations are impacting on staff wellbeing."

"We are expected to have a good level of fitness to perform our roles yet no access to gyms/PTs/ equipment is made."

"WAST have improved in helping with mental well-being but they are very poor at ensuring staff are able to meet the physical requirements of the role. We should have access to gym facilities, discounted gym memberships, a sports club and easy access to physiotherapy. There should be a regular assessment of staff fitness."

"I feel all efforts to improve wellbeing are paper exercises only and there is no real support."

Our staff interviews identified positive comments from ambulance crew regarding access to mental health support at work. The support included referral to TRiM¹⁹, access to the 'Headspace' mindfulness app, and mental health awareness weeks, which promote the services available to staff. Crews also highlighted that following attendance at a serious incident, staff are automatically referred to the TRiM process.

Whilst, in general ambulance crew said that the Trust provides support for their mental health, the majority of DOMs we interviewed said that the support offered to them is limited. They also highlighted that as peers, they provide support to each other, but are not always considered for referral if they have attended the scene of a serious incident, which may have been stressful and upsetting.

Recommendation

WAST should consider how initiatives already introduced can be made consistently available to all ambulance crew across Wales. In addition, consideration should be given to how the welfare and support available to ambulance crews can be further improved.

WAST must ensure that the support for staff mental well-being is consistent across Wales, and that staff are routinely referred when appropriate and aware of how to access support if required.

¹⁹ TRiM is a trauma-focused peer support system designed to help people who have experienced a traumatic, or potentially traumatic event.

Training and development

We considered the training and development of WAST staff. 85% of our survey respondents said they had received relevant training to allow them to undertake their role with confidence. Some ambulance crew comments suggested that despite caring for patients for prolonged periods on board an ambulance awaiting handover, training is not provided to support staff with this. This training issue was also highlighted by the ambulance crew we interviewed. Comments included:

"We are not nursing staff, but are expected to look after patients as though they are in the department, this includes having to try and toilet patients."

Recommendation

WAST should ensure that appropriate training is provided to ambulance crew in providing care to patients on board an ambulance, during prolonged periods of handover delays.

Escalation arrangements

Escalating a clinical concern with a deteriorating patient

Our review considered the escalation process in place should a patient's condition deteriorate whilst they are on board an ambulance awaiting handover to the care of ED staff.

In 2018, following the sad death of a patient who had endured a delay with handover from WAST to an ED, the Coroner, issued the Trust with a Regulation 28²⁰ letter in December 2019 to implement an escalation process for delayed handover. The process was implemented in February 2021 and stipulates circumstances when escalation is required, and what actions must be taken by ambulance crew and ED staff. As part of the escalation process, a Datix incident (electronic incident reporting system) will be completed. This will flag the incident with senior health board and WAST staff to investigate jointly the delay, to help prevent reoccurrence.

In response to our staff survey, only 49% of ambulance crew said that there was a robust system to alert ED staff should a patient's health deteriorate. This was concerning given that a clear process has already been implemented. In addition, not all the staff that we spoke with during our interviews were aware of the process. One comment received by a member of ambulance crew said:

"We have patients who regularly take the turn for the worse and are waiting outside, we raise with hospital staff and management and it's a slow process to get the patient into the department."



²⁰ The Coroner has a legal power and duty to write a report following an inquest if it appears there is a risk of other deaths occurring in similar circumstances. This is known as a 'report under regulation 28' or a Preventing Future Deaths report because the power comes from regulation 28 of the Coroners (Inquests) Regulations 2013.

Ambulance crew who had an awareness of the new escalation process told us that it is available on the Trust's intranet which is accessible to all ambulance crew via their iPads.

During our interviews, we spoke with a senior manager within the Trust who said that since its implementation, the impact of the escalation process was being monitored. The process had been presented to the Trust's scrutiny panel and an all Wales audit had commenced with Datix incidents being dip-sampled. The effectiveness of the process is to be gauged within the first six months since its implementation. At the time of our interviews, we were told that it was too early to gauge the effectiveness of the escalation process. As part of HIW's review action plan follow up processes, we will seek an update on the Trust's assessment of the effectiveness of the escalation process.

Recommendation

WAST must ensure all relevant staff are fully aware of the escalation process in place should a patient's health deteriorate, in order to minimise risks to patient safety.

WAST must provide HIW with evidence of its assessment of the effectiveness of the escalation process.

Escalation arrangements at a strategic level

Our review also considered how WAST manages escalation arrangements at a strategic level during periods of high pressure and demand during delayed handovers, and the subsequent lack of vehicle resource. In addition, how risks are identified, managed, and mitigated to ensure patient safety is maintained on board the ambulance during delayed handover.

To explore this, we attended the Trust's Operational Delivery Unit (ODU) in Cwmbran. This is the central hub and support network which provides leadership and co-ordination for the unscheduled care system in Wales. The ODU provides a single point of access for the identification and mitigation of risks in relation to hospital handover delays. Where ambulance crews are delayed, early escalation will occur via the ODU to the site manager and senior manager on call when necessary.

National Delivery Managers located within the ODU work collaboratively with health boards, WAST, Welsh Government and wider organisations and networks. Their role is to monitor WAST's status across all health boards in Wales, which includes the number of ambulances delayed outside each hospital, the hours they have been delayed, and the number of calls from patients who are waiting for an ambulance within the community.

We observed a live intelligence led integrated unscheduled care dashboard, which displays the data highlighted above, and provides a clear visual representation of the situation across Wales. The ODU currently operates seven days a week from 08.00am to 08.00pm or 02.00am during peak periods, and planning is in progress for the ODU to be operational 24 hours a day, 7 days a week.

We observed the daily WAST Risk and Safety Huddle, which is a video call chaired by the National Delivery Manager, with operational management representatives from across each region of Wales and specific service areas. This includes but is not limited to Emergency Medical Service Clinical Contact Centres, 111 and Non-Emergency Patient Transport Services. Individuals provide an update in relation to identified risks to provide mitigation where required to assess and plan for the day ahead.

We also observed the daily National Risk and Safety Huddle, which is a video call with senior hospital managers within each health board and Welsh Government leads. This is chaired by the WAST Strategic Lead or the Head of the ODU. During the huddle, we observed how intelligence is gathered, performance and risk information is shared nationally, and the regional health system plans for the day are set to maintain the public and patient safety and identify risks, and plan for mitigation of these.

Information is submitted by health boards prior to the meeting which includes hospital escalation status and risk level, hospital bed capacity, and speciality bed numbers, such as those available in critical care. During the call, WAST provides an update on the levels of activity, demand, performance, escalation status and pressures within the unscheduled care system. Areas with significant handover delays, and areas within the community experiencing lengthy patient ambulance response times are prioritised, and health boards report the risks and their plans for mitigation of handover delays. Risks and action plans are agreed and a regional escalation stage is agreed based on demand.

The development of regional escalation protocols has ensured risk is balanced across the healthcare systems. When hospital handover delays are causing issues with vehicle resource and the demand for beds at a hospital has reached maximum capacity, decisions can be made dynamically to divert ambulance resources across geographical borders, to help maintain patient safety. Each health board will take responsibility for ensuring that all appropriate actions have been taken to manage demand within their own boundaries before cross border or regional actions are implemented in line with those defined within their own escalation plans, supported by regional escalation stages.

During periods of high demand on WAST emergency services, ambulance waiting times will inevitably increase. During these periods, WAST utilises the Demand Management Plan (DMP) framework. The DMP is used to deal with real time acute operational issues, which are not likely to have any long term service impact. There are eight DMP levels (DMP-1 to DMP-8) which are reflective of the scale of demand experienced by the service. The DMP aims to reduce demand and increase capacity of the service, which requires decisions at operational, tactical and strategic command level, in-line with the DMP level.

During any handover delay of more than six hours, alerts are automatically generated to the WAST Director of Operations and Chief Executive, to ensure key organisational leads can act on the issues identified and plan to mitigate the risks to patient safety.

During late 2020, WAST commissioned a Quality Governance Report associated with hospital handover delays. The report detailed the background, complexity, and significance of handover delays with the aim to embed robust governance processes, to monitor and manage the issues. The report also provided an account of activities undertaken to promote improvement, an assessment of the likely outcome of improvement actions being undertaken and significance of negative patient experience or patient harm.

WAST also has a Notification and Escalation Procedure, which provides guidance on the incident notification procedures followed within WAST. It also articulates the escalation process for hospital delays and/or patients awaiting an ambulance response within the community. To provide a consistent process, as to when, and to who, hospital handover delays need to be escalated.

In order to ensure the safe handover of patients to secondary care, WAST has developed systems, which identify risks, provide mitigation and escalate concerns, through timely, efficient and safe processes. The development of the ODU has had a significant impact in providing system oversight, and enabling effective management and practice across the healthcare system. The ODU is able to focus on immediate 'red release requests of ambulances from hospitals, hospital diversions to less busy sites, and enabling ambulance crews to handover patients in a timely manner.

Governance Arrangements

The Health and Care Standards stipulate that governance, leadership and accountability should be in keeping with the size and complexity of the healthcare service, are essential for the sustainable delivery of safe, effective person-centred care.

Reporting handover incidents

We found a robust process in place for managing handover incidents which may result in patient harm or death. Daily reviews of the Trust's electronic clinical incident system 'Datix' is undertaken by patient safety officers and managers. The Trust's SCIF, also meets twice weekly to review any serious incident reports, for investigation, and to identify any actions, lessons learnt and themes or trends.

WAST local management teams meet regularly with health board clinical leads to escalate any concerns, present data and discuss local mitigation. A Joint Investigation Framework process is also in place, and guides the Trust and health boards across Wales to review and investigate serious patient safety incidents identified within SCIF.

The process involves a collaborative investigation between WAST and the relevant health board. WAST staff highlighted issues with inconsistency in engagement in the joint process from all health boards, where identifying and sharing of learning from incidents is inconsistent across Wales. However, they did acknowledge that positive steps have been made, to improve engagement from all health boards.

Within our staff survey, only 63% of WAST respondents said they felt secure in raising concerns about unsafe clinical practice, although almost all staff knew how to report it. In relation to patient safety incidents, 64% of WAST respondents said they had seen a patient safety incident, near miss or an error, and of these almost all said they or a colleague had reported it.

It was disappointing to find that only 41% of WAST respondents said they believed their organisation would address their concerns. Our staff interviews supported this finding, with some staff highlighting that any response or feedback they receive as a result of reporting an incident, is a generic response. This therefore does not provide the reporting person with any action plan or learning as the result of a reported incident.

Comments included:

"Items are reported, there is no feedback and the issue is recurrent."

"Handover delays and long response times are not seen as near misses anymore. They are normal."

"Not confident in reporting any concerns due to backlash."

Despite an overall negative response to incident reporting management, good practice was reported from staff from one ambulance base, which reported a process in place for a designated member of staff to provide feedback to the teams regarding Datix incidents and reports. This has a positive impact on staff, with the feedback encouraging teams to report any incident that occurs.

Our findings highlight the need for WAST to identify more effective processes for sharing feedback from incidents. This was discussed with senior staff who acknowledge improvements can be made to ensure incident investigation outcomes are effectively shared with staff, to help improve the quality and safety of care.

Recommendation

WAST must do more to ensure that its staff feel able to, and are confident in raising concerns. It must also ensure that robust processes are in place to share the learning with staff following incident investigations, in order to improve quality and safety of patient care.

Risk Registers

Hospital handover delays are identified by WAST as a significant corporate risk, which has been assessed at the highest score on its risk register. The risk relates to patients not being able to access secondary care assessment and treatment due to prolonged handover delays. In addition, the consequence of emergency response vehicles unable to attend patients requiring and ambulance in the community.

Such situations place WAST in a position where it is managing the consequence of handover delays. These delays are generally caused by a wider set of factors within the hospital setting including patient flow issues.

It is clear that WAST cannot, alone, improve patient flow through hospitals, to support the prompt transfer of patient care in to EDs. The significant level of risk to patient safety associated with delays handovers including the risk to patients in the community, cannot be one that is accepted any longer. It is essential that WAST, each health board across Wales, including Powys Teaching Health Board, consider whether actions taken to date have gone far enough to resolve this issue.



Conclusion

The aim of our review was to consider the experience of patients, including their safety, care, privacy and dignity whilst waiting on board an ambulance outside EDs during delayed handovers.

Despite finding that patients were, on the whole, positive about their experience, we have identified a wide range of evidence that handover delays have a significant impact on the ability of ambulance crew to provide a positive experience for patients. This included negative impact on the dignity of patients, and potential increased risks to patient safety.

It is clear that the issue of delayed handover has a hugely negative impact on the unscheduled care system as a whole. Each ambulance that encounters a prolonged stay at an ED potentially means fewer ambulances available to respond to emergency situations elsewhere.

National guidance is clear on the targets and expectations regarding handover and there is an apparent clear will to meet and achieve these expectations. However, it is clear that the issues around handover have not been resolved to date, with inconsistency in approaches apparent across Wales introducing risks to patient safety.

Whilst WAST has a role to play in addressing the issues described within this report, it does not have the ability to unilaterally resolve these problems. The whole healthcare system has a role and part to play in addressing the issues that we have highlighted in our report, and it is imperative that a reinvigorated, strengthened and concerted approach is taken to ensure that these problems are overcome.

HIW plans to undertake a National Review during 2021-22 which will focus in more detail on the issue of patient flow, examining in greater depth the cause and impact of patient flow issues.



What next?

We expect the Welsh Ambulance Services NHS Trust, health boards, and Welsh Government to carefully consider the findings from this review and the recommendations set out in Appendix A. We hope that this information will be used to further improve the service being provided by the Trust, and to inform further work and investigation across Wales, as highlighted within the report.

The Trust, health boards and Welsh Government will be required to submit a joint action plan in response to the recommendations highlighted within our report. HIW will undertake follow-up activity on recommendations made. This is to ensure that the Trust, health boards and Welsh Government are being vigilant in addressing the matters raised and taking all necessary action to improve the issues highlighted in our review.



Appendix A – Recommendations

As a result of the findings from this review, we have made the following recommendations in the table below.

Recommendations	Action
Health boards, and Welsh Government should consider what further actions are required to make improvements regarding the patient flow issues impacting on delayed patient handover. This may include consideration of whether a different approach is required by WAST, health boards, and social care services within Wales, to that taken to date in tackling this system-wide problem .	
WAST should engage with health board representatives to ensure there is improvement in practice between ambulance crew and ED staff to ensure the dual pin process is consistently followed, and ensure Welsh Government reporting data is accurate.	
Health boards should consider the benefits of the introduction of specific roles within their EDs that have the aim of improving process of the handover of patients from ambulances.	
Health boards must ensure that appropriate representation is present at WAST Serious Clinical Incident Forum meetings, to aid with the timely management of concerns and service improvement.	
If and where local standard operating procedures are absolutely necessary, WAST and health boards must together ensure that ambulance crew are familiar with the handover policy for that ED.	
WAST and health boards need to ensure that when delays occur, patients and their relatives or carers should be kept fully informed of the reasons and the progress being made in resolving them.	
WAST and health boards across Wales should ensure patient feedback is obtained regularly to understand their experiences of long waits on board an ambulance, in order to inform improvement.	
WAST and all health boards across Wales must work together to identify a consistent approach in providing timely investigations and treatment for patients on board ambulances, to enable ambulance crews to be released quickly.	
Both WAST and health boards must ensure that ambulance crew and ED staff work collaboratively to ensure patient privacy and dignity is maintained, and patients are always provided with the opportunity to use private toilet facilities where appropriate, in a dignified manner whilst waiting on board an ambulance during delayed handovers.	
During prolonged handover delays, WAST and health boards must work collaboratively and consistently, to minimise the risk of skin tissue damage for patients.	
WAST should work with health boards to ensure that patients nutritional and hydration needs are consistently met whilst waiting in the back of an ambulance due to delayed handovers.	

Recommendations	Action
WAST should consider how ambulance crew and patients can be supported to achieve and maintain high standards of hygiene and IPC, in particular during periods of delayed handovers for patients on board an ambulance.	
WAST and health boards must ensure there is absolute clarity, consistency and understanding between both ambulance crew and ED staff, as to where the responsibility and accountability lies for patient care on board an ambulance following triage, until transferred into the ED.	
WAST and health boards must review and continuously monitor their staff establishments, in order to ensure appropriate levels of staff are maintained at all times.	
WAST should consider how initiatives already introduced can be made consistently available to all ambulance crew across Wales. In addition, consideration should be given to how the welfare and support available to ambulance crews can be further improved.	
WAST must ensure that the support for staff mental well-being is consistent across Wales, and that staff are routinely referred when appropriate and aware of how to access support if required.	
WAST should ensure that appropriate training is provided to ambulance crew in providing care to patients on board an ambulance, during prolonged periods of handover delays.	
WAST must ensure all relevant staff are fully aware of the escalation process in place should a patient's health deteriorate, in order to minimise risks to patient safety.	
Recommendation – WAST must provide HIW with evidence of its assessment of the effectiveness of the escalation process.	
WAST must do more to ensure that its staff feel able to, and are confident in raising concerns. It must also ensure that robust processes are in place to share the learning with staff following incident investigations, in order to improve quality and safety of patient care.	





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

AGENDA ITEM No	10
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	3

Association of Ambulance Chief Executives (AACE) Delayed Hospital Handovers: Impact Assessment of Patient Harm

MEETING	Trust Board
DATE	25 November 2021
EXECUTIVE	Director of Quality & Nursing
AUTHOR	Director of Quality & Nursing
CONTACT	Claire Roche Claire.Roche2@wales.nhs.uk 07870 382720

EXECUTIVE SUMMARY

- This report by the Association of Ambulance Chief Executives (AACE) focuses on a structured clinical review, undertaken to assess the potential harm that patients experience as a result of extended delays in their handover from an ambulance crew to hospital staff;
- All ambulance services in England, Scotland and Wales participated in this review which focussed on handover delays on the 4 January 2021;
- The aim of this exploratory exercise was to provide learning for all stakeholders to work together to reduce the patient safety risks inherent in handover delays;
- AACE published a main report (Appendix 1) and a separate supplementary report detailing welsh data only (Appendix 2).

RECOMMENDED: that Trust Board notes the publication of this report and discusses its findings.

KEY ISSUES/IMPLICATIONS

- The overarching AACE report found that patients identified as potentially having experienced harm is significant. In England, Scotland and Wales, over 8 out of 10 patients whose handover was delayed beyond 60 minutes were assessed as likely to have experienced some level of harm, with just under 1 in 10 being classified as potentially experiencing severe harm;
- In Wales, the harm identified was higher than the overall combined findings above, with 9 in 10 people assessed as experiencing harm with a quarter of these being either moderate or severe.

REPORT APPROVAL ROUTE

Trust Board 25 November 2021: Report shared directly with Trust Board as a result of the timing of publication.

REPORT APPENDICES
Annex 1 – SBAR providing supporting information Appendix 1 – Overall AACE Report Appendix 2 – Supplementary data: Wales

REPORT CHECKLIST			
Confirm that the issues below have been considered and addressed		Confirm that the issues below have been considered and addressed	
EQIA (Inc. Welsh language)	Y	Financial Implications	Y
Environmental/Sustainability	Y	Legal Implications	Y
Estate	N	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 Ambulance Services across England, Scotland and Wales participated in a structured clinical review of cases from 4 January 2021, where patients experienced a delay in handover at the Emergency Department of more than 60 minutes.
- 2 The aim of this structured review was to assess the potential level of harm that patients are likely to have as a result of delayed handovers of care.

BACKGROUND

3. AACE recognises that despite the efforts over recent years to mitigate risk and avoid harm to patients, handover delays remain a significant problem. The report acknowledges the improvements that have been made in some areas of the UK and proposes that handover delays should not be viewed as an intractable problem that cannot be solved.
- 4 The report highlights not only the harm caused by delayed access to care and treatment but also the emotional harm, cumulative harm and the harm from laying on a hard stretcher for an extended period of time.
- 5 There is acknowledgement that sadly patients have died whilst waiting outside an Emergency Department (ED) or after the admission to the ED as well as those people who have died in the community whilst waiting for an ambulance to arrive.
- 6 The report describes how initially, in the first wave of the COVID-19 pandemic, demand for healthcare declined as a result of arrangements to protect the NHS, public fear and behaviour.
- 7 However, as demand has gradually increased, the overall situation faced in the 3 countries is over 200,000 patients experiencing a delay every month.
- 8 It is acknowledged that surges in demand, infection prevention and control measures and sickness absence levels of healthcare workers have had an additional negative impact on delays

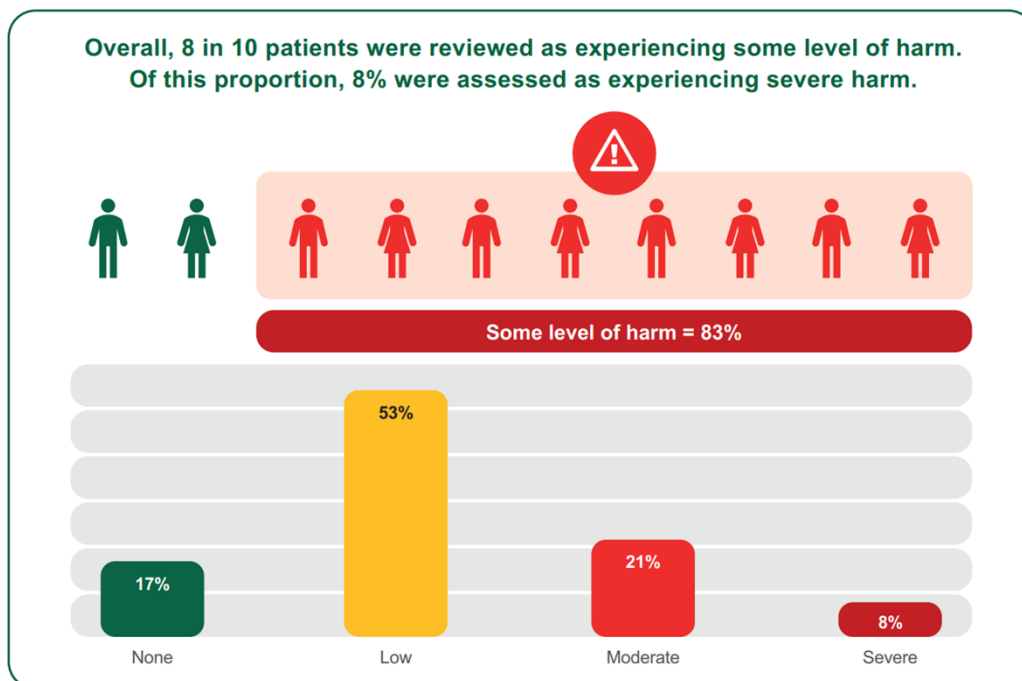
ASSESSMENT

Levels of Harm

- 9 The below figure demonstrates the overall findings of harm in Scotland, England and Wales combined:



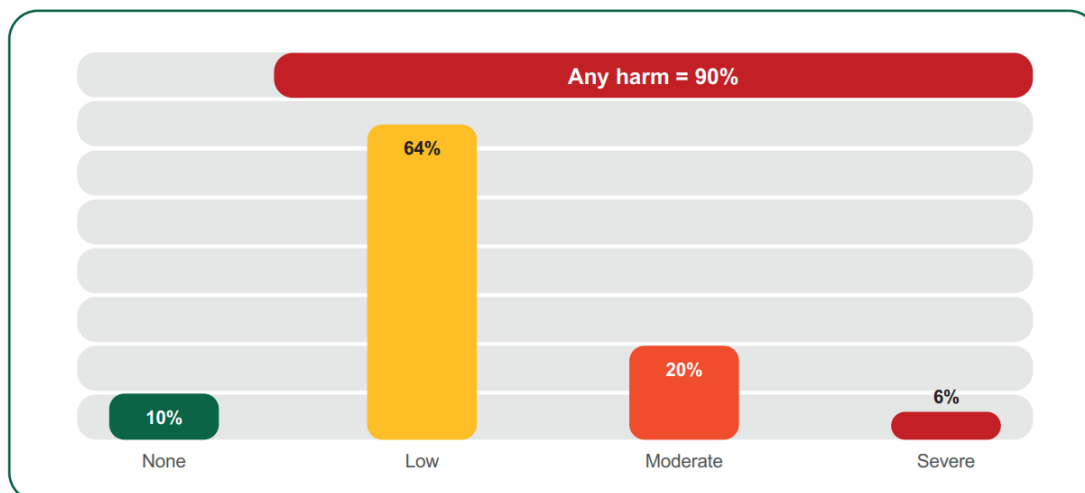
Chart 1w: Potential Harm Impact Assessment: (base = 570)



10 The figure below demonstrates the level of harm identified in Wales only:



Chart 2w: Potential Harm Impact Assessment WAST: (Base = 50)

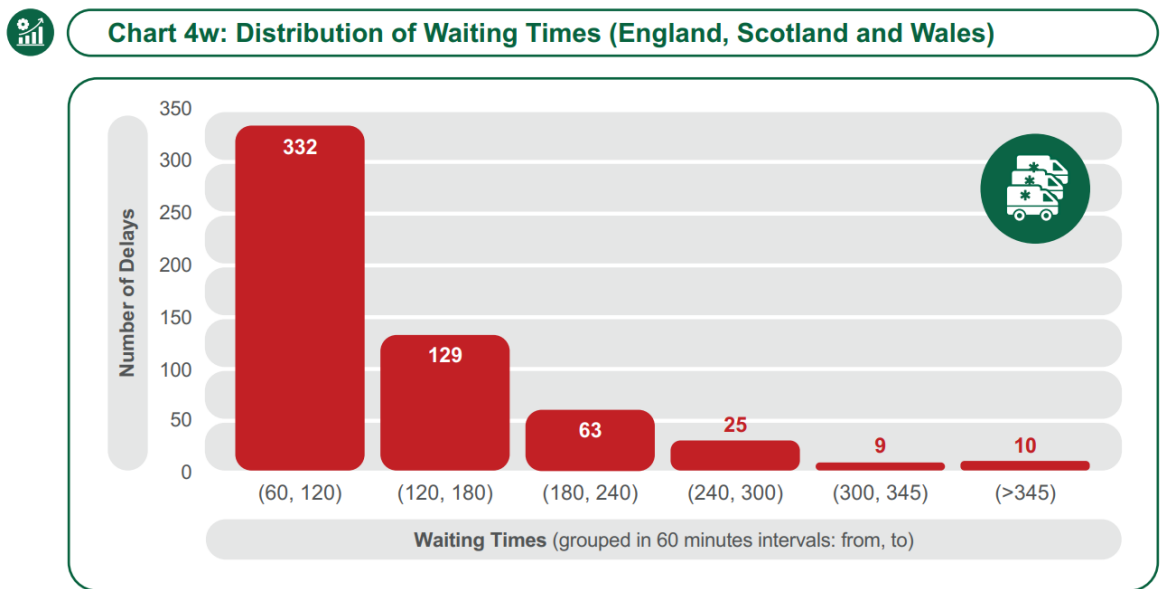


11 Wales recorded the highest level of “any harm” of all ambulance services in Scotland, Wales and England.

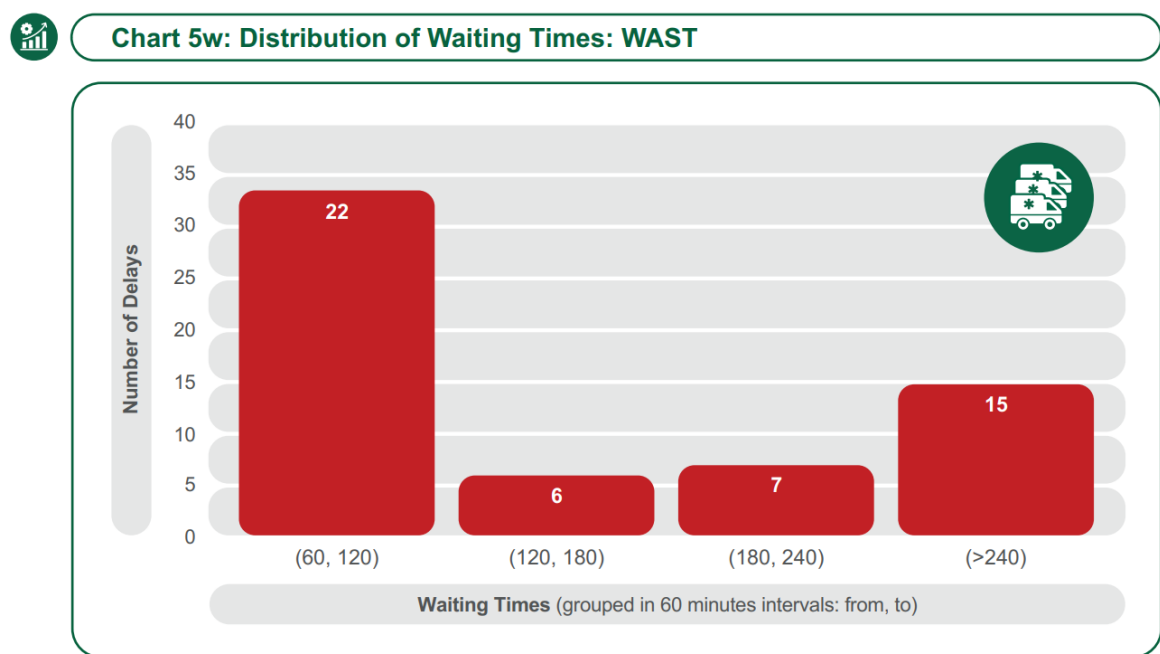
Waiting Times

12 When compared with Scotland and England, Wales had the longest waiting times at handover.

13 The below graph details the distribution of waiting times in all 3 countries combined:



14 When compared to the Wales graph below, it can be seen that Wales has longer waiting times at the ED:



15 The longest wait in Wales on the day of the review was over 8 hours. Sadly, we are seeing waits in Wales in excess of that currently.

Error message

ITEM 10a Appendix 1 EMBARGOED to 0700 15-11-21 AACE Delayed hospital handovers - Impact assessment of patient harm FINAL Nov 2021 low res.pdf

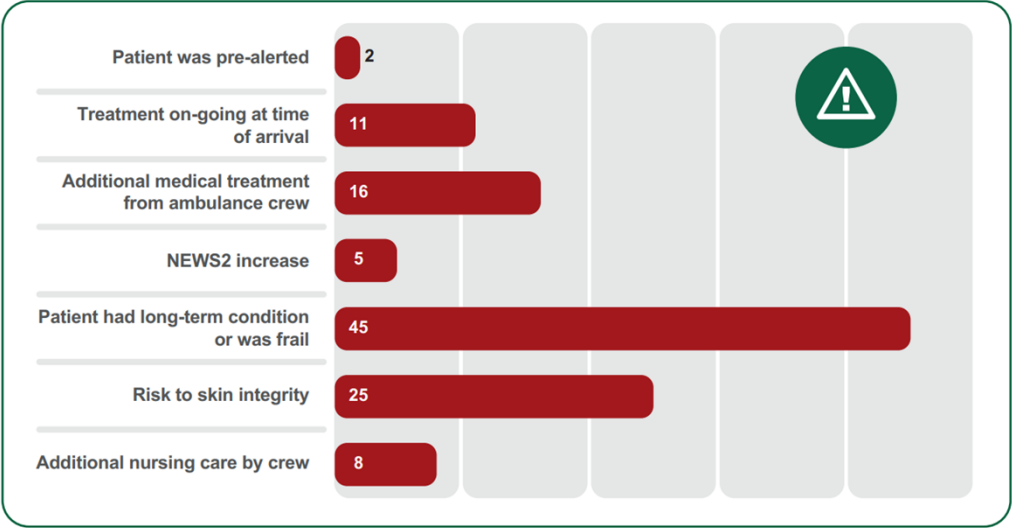
Types of harm

Error message

ITEM 10b Appendix 2 AACE Delayed hospital handovers - Impact assessment of patient harm DEVOLVED WAI FS V4 HP.pdf



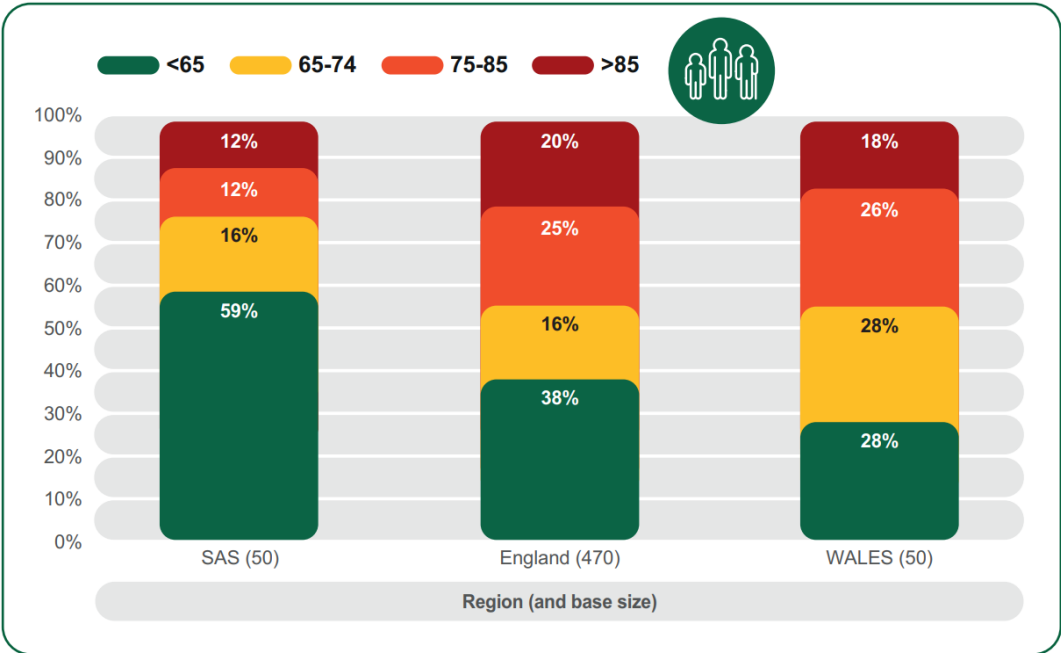
Chart 8w: Type of Harm (WALES: number of incidents)



- 17 The high numbers identified in the long term condition/frailty and risk to skin integrity should be noted in particular as an additional finding of the review identified the older age profile of patients in Wales when compared to the rest of the country.
- 18 The chart below demonstrates the difference in age profile by each of the 3 countries:



Chart 9w: Age Profile by Region





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

AGENDA ITEM No	11
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	1

MONTHLY INTEGRATED QUALITY & PERFORMANCE DASHBOARD – October 2021

MEETING	Trust Board
DATE	25 November-21
EXECUTIVE	Rachel Marsh – Director of Strategy, Planning and Performance
AUTHOR	Hugh Bennett – Assistant Director of Commissioning and Performance Nicola Quiller – Interim Commissioning and Performance Manager
CONTACT	Hugh.bennett2@wales.nhs.uk Nicola.Quiller@wales.nhs.uk

EXECUTIVE SUMMARY

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 **Oct-21** (with the exception of Workforce and OD).

RECOMMENDATION

Trust Board is asked to:-

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

KEY ISSUES/IMPLICATIONS

Overview

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

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

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

The Strategy, Planning & Performance Directorate has continued the formal update of the report, based on feedback from Board, committees and individual responses from non-executive directors and executives. The overhaul is now complete. The report will continue to be reviewed on an iterative basis moving forward with a future formal review date to be determined through the developing Quality & Performance Management Framework.

The review of the Quality & Performance Management Framework has stopped and started due to the on-going pandemic response; however, it is now 80% finalised and a presentation was given to Finance & Performance Committee this month on the emerging Framework. This Framework is likely to have several components, one of which will relate to the use of metrics and indicators across all areas and levels of the Trust to demonstrate progress towards the Trust's strategic objectives and goals as well as to point to areas where improvement is required. The Framework will therefore set out how metrics and indicators will be used at Board level, at Executive level, at Directorate level and at locality level. There are on-going discussions between several Non-Executive Directors and the Director of Strategy, Planning & Performance, as well as with the Executive Management Team on these issues.

Our Patients – Quality, Safety and Patient Experience

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

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

Actions to improve both of these areas involve the recruitment of additional call handlers. For the 999 calls, additional staff recruitment has been agreed by EMT and is now being actioned, with the recruitment and training of up to 32 WTE due to have been completed by mid February 2022. Similarly, within the 111 service, recruitment continues with a further 30 WTE funded by the 111 Programme Board. The teams are currently working urgently on increasing the capacity in the training cohorts planned from January onwards in order to achieve this uplift in Q4.

Within the 111 service, a recently implemented telephony system for interactive voice response provides callers with expected answer times and sets out alternative

options as the caller waits (for example, informing callers that they may find answers on the 111 website). In due course, there will also be an option for the caller to be called back rather than hold on. This will improve the patient experience, reduce numbers of calls that end up with the call handler and reduce abandonment rates.

111 Clinical response: Whilst we continue to see achievement of the clinical call back times for the highest priority 111 calls and improvements have been seen in the last 2 months in the lower priority calls, we know that the waits for a clinical ring back are too long. Clinical Advisor recruitment continues with a planned training course on 20 Dec-21 (for up to 10) in addition 3 courses are planned for Feb-22 across the 3 sites for up to 29; subject to workforce supply and ability to recruit. As with the call handler recruitment, we are also urgently looking to secure additional numbers into each of the cohorts.

Ambulance response (safety / patient experience): Red and Amber response times have increased further in Oct-21 due to an increase in patient demand and increases in hours lost at hospital which cannot be offset by increased ambulance production. Response times continue to be much longer than the Trust would want. Actions within the Trust's control include:

Capacity:

- Recruitment of an agreed, funded additional 127 FTE front line staff as part of the Year 2 EMS Operational Transformation Programme - we are on course to have completed this action by the end of March 2022. This will close the relief gap and allow the Trust to deliver 95% of UHP more consistently (subject to abstraction rates, in particular, sickness absence);
- Securing of additional temporary capacity from alternative sources, including St John Cymru, Fire and Rescue Services and the military. A significant number of additional hours have now started to be added as part of this capacity.

Efficiency:

- Work is ongoing on a range of workforce modernisation proposals in partnership with trade union partners, aimed at increasing capacity and efficiency. This programme of work is likely to take 3 to 4 months of negotiations and performance study before agreement and subsequent implementation.
- The roster review programme, designed to match hours produced with demand patterns across Wales, has commenced with significant elements of the programme complete. The programme was paused whilst consideration was given to consider further modelling and patient safety, but it is anticipated that the work will recommence in January. Once rosters are finalised, they would be implemented in Q2/3 of next financial year.

Demand Management

- The Chief Ambulance Services Commissioner has funded 40 additional clinicians into the Clinical Support Desk, with recruitment now underway. As well as improving the safety of the calls that are waiting, this investment will also mean an increase in hear and treat rates.

The Trust has combined various tactical plans into a single Performance Improvement Plan (PIP) which is being reported to Executive Management Team

every two weeks. Actions are set out under four main headings with actions including:

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

The PIP is being supported by a range of sub-structures, for example, the re-establishment of the Senior Pandemic Team as part of moving back into “response” mode for the pandemic and its impact. Forecasting and modelling has been completed for the winter period, which is feeding into the PIP.

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

National Reportable Incidents (NRIs) / Concerns Response: The Trust reported 7 NRIs to the Delivery Unit in Oct-21, compared to 8 in Sep-21; and 26 patient safety incidents were referred to health boards under the “Appendix B” arrangement, compared to 17 in Sep-21. Complaint response times declined to 47% and therefore failed to achieve the target (75%). In the main, many of these incidents will be as a result of the longer response times and the actions outlined below therefore are key.

Our People (Workforce resourcing, experience and safety)

Hours Produced: 110,605 EMS ambulance unit hours were produced in Oct-21. The emergency ambulance production (UHP) was 90% in Oct-21 and RRV UHP was 72%. Whilst below the benchmark UHP of 95% the UHPs have improved as a result of military aid, Fire & Rescue Services support and St John Ambulance capacity. The Trust continues to recruit additional staff in line with the EMS Operational Transformation Programme so that numbers of substantive staff in post increase as well; however, the level of abstractions means that capacity gain from this recruitment is less than the Trust would expect under more normal operating conditions.

Response Abstractions: Abstraction levels decreased very slightly in Oct-21, although they remain very high at 43.97% (benchmark 30%). CoVID-19 has had a significant impact on abstractions with sickness abstractions being 14% in Oct-21 (benchmark 5.99%) the highest since Jan-21. Workforce fatigue is also an issue.

Trust Sickness absence: The Trust’s overall sickness percentage (Sep-21) was 11.74% and high sickness levels were seen across all areas of the Trust’s operations including Ambulance Response, CCC, 111 and NEPTS, affecting capacity in all areas. Actions within the IMTP concentrate on staff well-being with an aim to start to reduce this level, although it is difficult to forecast the ongoing impact that CoVID-19 will have on staff and volunteers (a reduction in the short term is

unlikely). In addition, Employee Assistance Provider (EAP) data suggests that most requests for counselling are as a result of work related stress. As outlined above, the PIP contains additional actions being taken in relation to staff well-being.

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

Finance and Value

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

Post-production lost hours: The efficient and effective use of the capacity that the Trust produces is a key indicator. This is measured within the EMS service by the calculation of post-production lost hours (PPLHs). EMS Response lost 14,644 PPLHs in Oct-21, compared to the 110,605 hours produced. The reasons for PPLHs are many and varied, with around 40% in October being attributed to return to base for meal break. The PPLH figure needs to be treated with a degree of caution, with further work currently being undertaken on data accuracy. The EMS Demand & Capacity Review identified that the Trust benchmarked favourably on all elements of PPLH other than return to base. The Trust and TU partners are currently collaborating on PPLHs through the Leading Service Change Together workshops which started in Sep-21. At this moment in time there is no agreed benchmark for PPLHs; however, it is anticipated that it would be significantly less than the 14,644 hours reported above.

Partnerships/ System Contribution

Shift left: Much of our work as a Trust relates to working with health boards and other partners to provide the right care closer to home and reducing the number of patients who need to be conveyed to hospital. Good progress has been made through the year in increasing **hear and treat** rates after 999 calls; however, the Trust achieved 9.7% in Oct-21, compared to the benchmark of 10.2%.

The Trust has an ambition to shift more patient demand left, where it is clinically safe to do so through both hear & treat and see & treat, a position consistent with the EMS commissioning framework. To this end EASC has recently supported an increase of 36 Paramedic FTEs and five mental health professional FTEs into the Clinical Support Desk (CSD). Recruitment is currently underway with staff expected to arrive towards the end of Q3 and the beginning of Q4. This 40 FTE increase will represent an almost doubling of the size of the CSD, and alongside recruitment, work is ongoing to develop the new service and workforce model. The Trust is also implementing new clinical triage software and working with health boards on how they can support remote demand management. Further work is currently underway to identify a revised benchmark for hear & treat.

The Trust **conveyed** 30% of patients to emergency departments in Oct-21, the same as Sep-21; however, analysis shows that this may be linked to pressures within the system and the application of the Clinical Safety Plan (CSP), which will trigger the Trust being unable to send ambulances to lower acuity calls. Further strategic modelling work is currently being undertaken on "optimising conveyance".

Handover lost hours: The 2021/22 Emergency Ambulance Services Committee (EASC) commissioning intentions includes an intention that handover lost hours should not exceed 150 hours a day for 95% of the year, which would mean a monthly loss of c.5,000 hours. 18,234 hours were lost in Oct-21. These levels are unprecedented and extreme and whilst the Trust can seek to mitigate the impact of handover lost hours, the Trust cannot offset this scale of lost hours. The Trust continues to raise this issue with EASC, Health Boards and Welsh Government and will continue to support any improvement programmes such as the EDQDF. Handover lost hours are a good indicator of overall system pressures and a guide to what the Trust may experience in the depths of winter. This was discussed in detail at the most recent EASC meeting, and consideration is being given to prioritising targets for reducing this level, which will be considered by the NHS Leadership Group.

Summary

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

REPORT APPROVAL ROUTE	
Date	Meeting
23 Nov-21	Assistant Director of Commissioning & Performance Director of Strategy Planning & Performance
16 Nov-21	Quality, Patient Experience and Safety Committee
18 Nov-21	Finance & Performance Committee
25 Nov-21	Trust Board
30 Nov-21	People & Culture Committee

REPORT APPENDICES
Appendix 1 – Top Indicator Dashboard

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



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NHS Trust

Monthly Integrated Quality & Performance Report

October 2021

Annex 1 – Top Indicator Dashboard





Section 1: Monthly Indicators / Top Indicators Dashboard

Top Monthly Indicators	Target 2021/22	Baseline Position (2020/21)	Sep-21	Oct-21	2 Year Trend	RAG
Our Patients - Quality, Safety and Patient Experience						
111 Abandoned Calls	< 5%	11.00%	26.5%	30.1%		R
111 Patients called back within 1 hour (P1)	90%	95.30%	92.3%	93.9%		G
999 Call Answer Times 95th Percentile	95% in 00:00:05	00:03	01:39	01:39		R
999 Red Response within 8 minutes	65%	63.6%	52.3%	49.9%		R
Red 95th percentile	00:14:00	00:17:59	00:23:42	00:24:48		R
999 Amber 1 95th percentile	01:18:00	02:24:10	06:34:08	06:58:05		R
Return of Spontaneous Circulation (ROSC)	Improve	9.97%	12.40%	-		G
Stroke Patients with Appropriate Care	95%	95.83%	97.80%	-		G
Acute Coronary Syndrome Patients with Appropriate Care	95%	73.50%	70.80%	-		R
Renal journeys arriving within 30 minutes of their appointment (NEPTS)	70%	74%	80%	78%		G
Discharge & Transfer journeys collected less than 60 minutes after booked time (NEPTS)	90%	88.00%	78%	89%		A
National Reportable Incidents reports (NRI)	-	4	8	7		R
Concerns Response within 30 Days	75%	75%	45%	47%		R

In-Month RAG Indicators =
Green: Performance is at or has exceeded the target (Indicates no action is required)
Red: Performance is less than 10% of target (Indicates close monitoring or significant action is required)

Amber: Performance is at or within 10% of target (Indicates some issues/risks to performance (monitoring is required))
TBD: Status cannot be calculated (To Be Determined)

Top Monthly Indicators	Target 2021/22	Baseline Position (2020/21)	Sep-21	Oct-21	2 Year Trend	RAG
Our People						
EMS Abstraction Rate	29.92%	37.00%	45%	44%		R
Hours Produced for Emergency Ambulances	95%	96.0%	82%	90%		A
Sickness Absence (all staff)	5.99%	7.30%	11.74%	-		R
Frontline CoVID-19 Vaccination Rates	-	-	3,796	4,197		-
Statutory & Mandatory Training	>85%	83.1%	77.61%	79.87%		A
PADR/Medical Appraisal	>85%	52%	61.10%	59.28%		R
Ambulance Response FTEs in Post	1700	1702	1587	1585		A
Ambulance Care, Integrated Care, Resourcing & EMS Coordination FTEs in Post	-	1117	1447	-		-
Value						
Financial balance - annual expenditure YTD as % of budget expenditure YTD	100%	100%	100.00%	100.00%		G
EMS Utilisation metric	57%	-				-
Post-Production Lost Hours	Reduction Trend	8747	15,747	17,180		R
Partnerships / System Contribution						
111 Consult and Close	Improve	5,612	7,670	6,722		G
999 Hear & Treat	10.2%	9.9%	9.4%	9.7%		A
% Incidents Conveyed to Major EDs	<48.6%	44.58%	29.80%	30.00%		G
Number of Handover Lost Hours	< 150 hrs per day	6,093	14,202	18,234		R





CoVID-19 Circuit Breaker Dashboard

Data Source: Welsh Government CoVID-19 Dashboard
Updated: 22/11/21



Headline Indicators



Figure 1



Figure 2



Figure 3



Figure 4



Figure 5

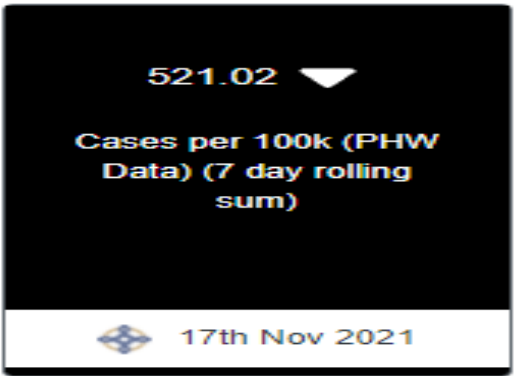


Figure 6

Transmission, Incidence and/or prevalence of the virus



Figure 14

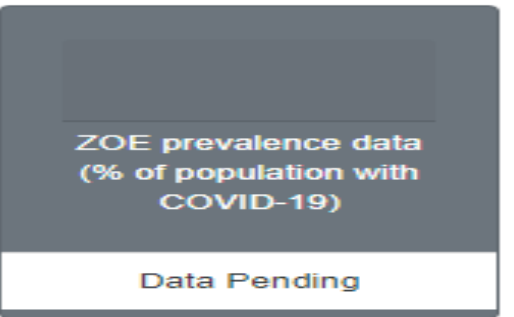


Figure 15

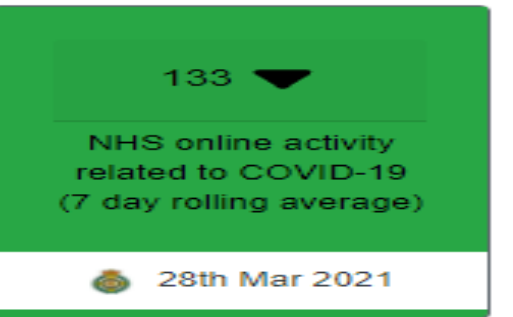


Figure 16

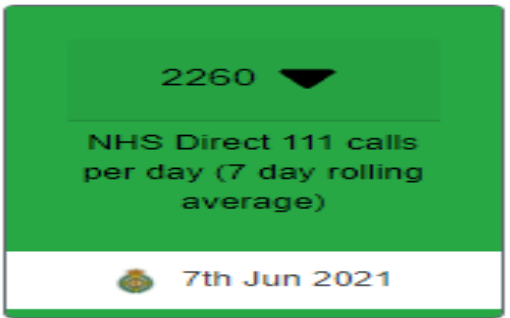


Figure 17

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

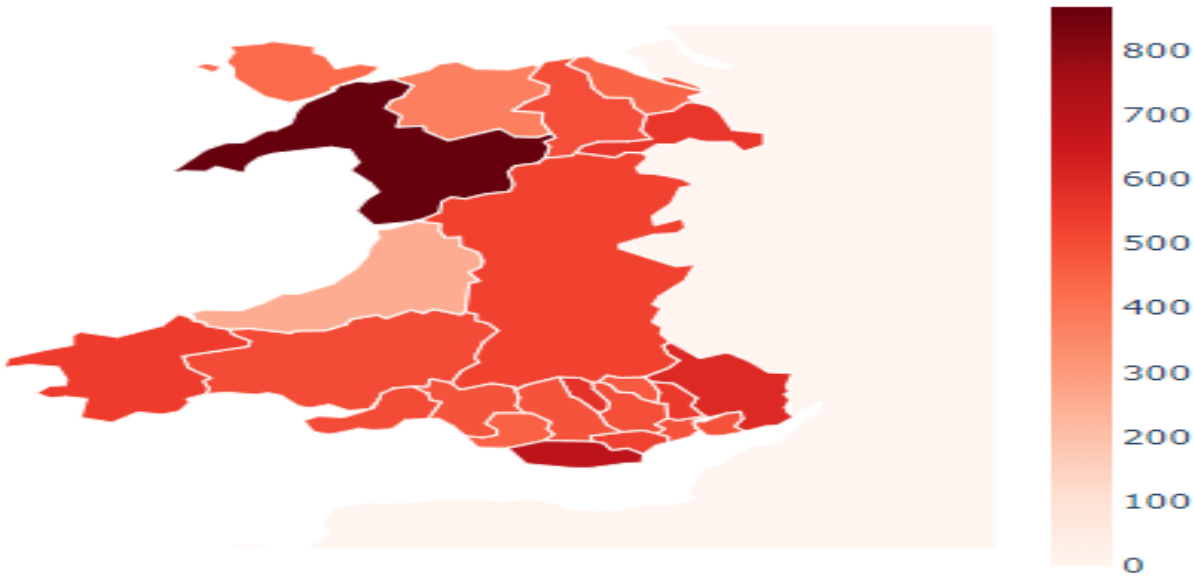


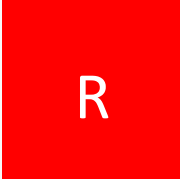
Figure 22 - 21st Nov 2021





Our Patients: Quality, Patient Safety & Experience

111 Call Answering/Abandoned Performance Indicators



NB: 111 Roles data correct at 19/10/21

Influencing Factors – Demand and Call Handling Hours Produced

Analysis

111 call abandonment is a key patient safety indicator for the service. Although these improved slightly in the early part of the year, they have deteriorated, and Oct-21 saw an **abandonment rate of 30.1%**.

The percentage of 111 calls answered within 60 seconds of the end of the message also declined in Oct-21 to 28.9%. Given very large numbers of calls per month, this represents a significant number of people who receive a poor patient experience

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

111 call demand increased in Oct-21 compared to the previous month, as seen in the graph,. Demand for the service is higher than had been forecast following the BCU roll-out in June 2021 This increase in demand may be for many reasons and is not fully understood.

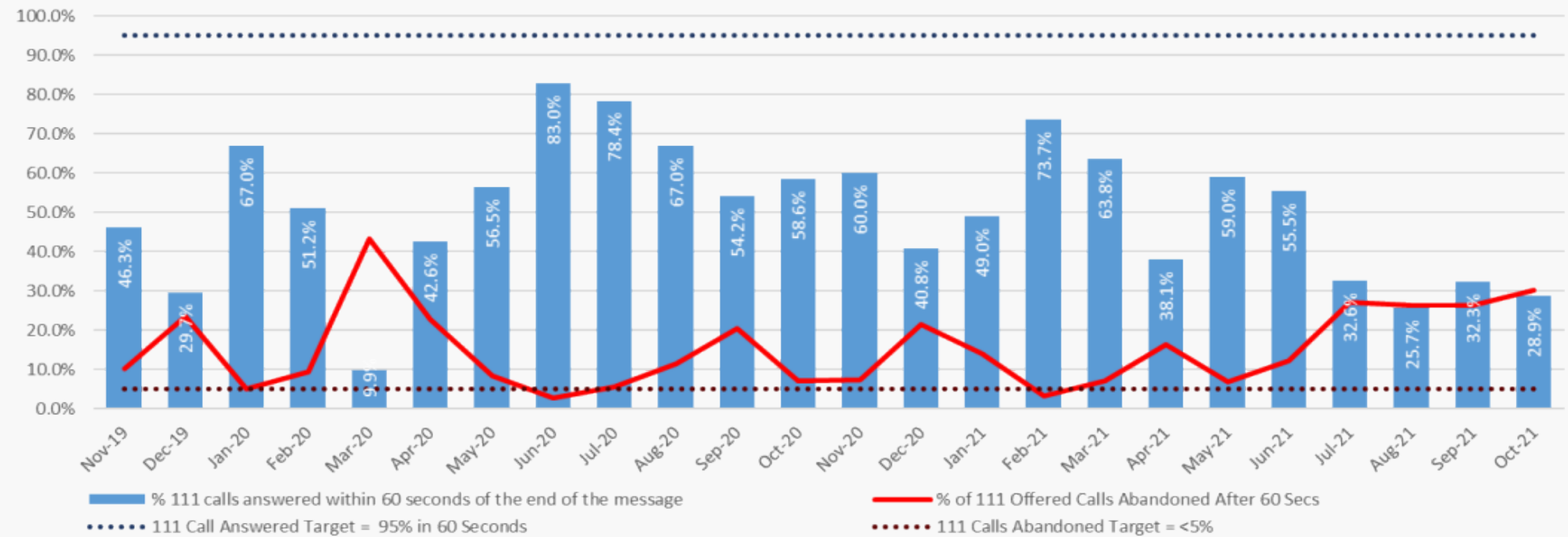
The graph alongside also shows that **capacity (staff hours) has been increasing** in line with the roll-outs and as planned; however, despite recruiting significant numbers of additional staff as agreed with commissioners, there are very high sickness absences (which include CoVID-19 Sickness), which sat at 17.4% for NHS111 in Oct-21. This means that demand is higher than forecast, capacity is lower than planned leading to the longer response times as seen.

Communication to 'Think 111 First' is regularly circulated to the public, which includes utilising online 111 Wales; in Oct-21 there were 399,826 visits to the website. Searches for CoVID remain the top reason for visits, accounting for 39,945 hits.

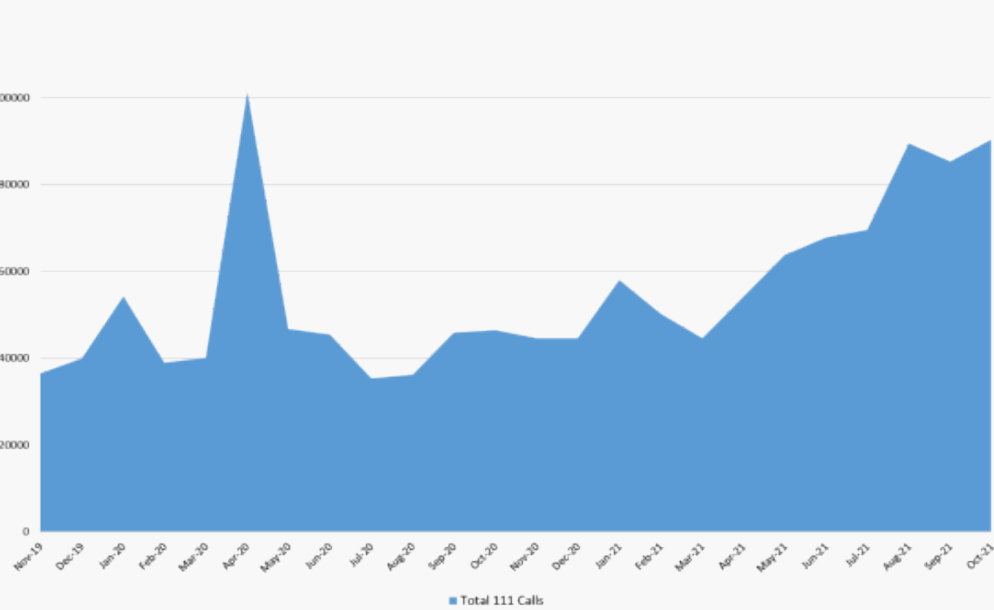
Remedial Plans and Actions

- 111 service previously over recruited call handlers to support the 111First roll out programme. Due to expected attrition, 111 have moved from a position of having 26 additional staff as reported in Aug- 21 (mainly call handlers) to a position where there is currently 3 vacancies (as of Oct-21), the anticipated vacancy position is -5 FTE by Nov-21.
- The service is considering all possible options to increase workforce numbers in readiness to roll out Cardiff and Vale before the end of 2021.
- Clinical Advisor recruitment continues with a planned training course on 20 Dec-21 (for up to 10) in addition 3 courses are planned for Feb-22 across the 3 sites for up to 29; subject to workforce supply and ability to recruit.
- Up to 23/30 WTE Call handlers are being recruited; this is currently 12 short of C&V establishment.

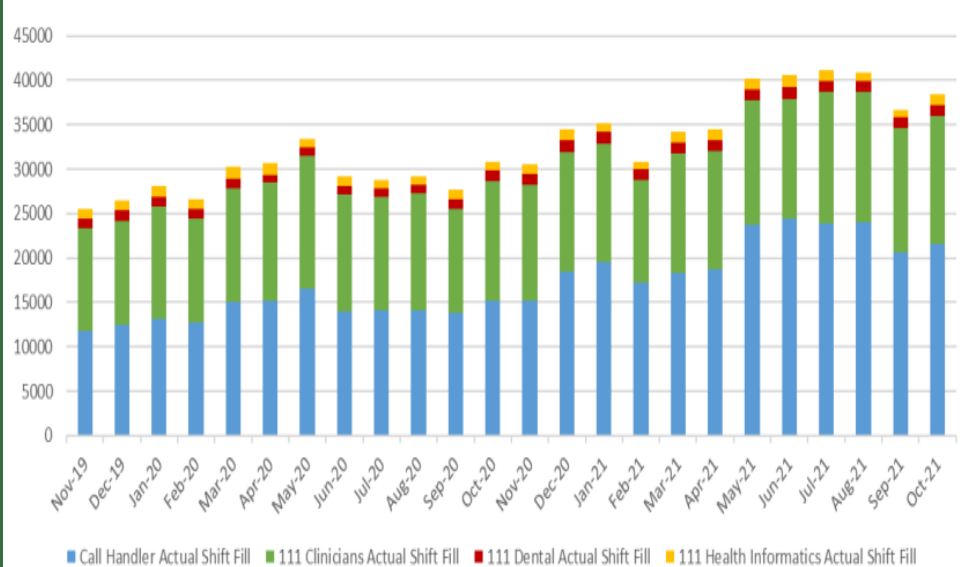
111 Calls Answered vs Calls Abandoned within 60 Seconds



Total Calls for 111



111 Shift Fill - Total Actual Hours



111 Roles	FTE Budgeted	FTE Actual	FTE Variance
Call Handler (Band 3) incl. HI advisor	166.37	167.77	1.4
Clinical Advisor - Paramedic	4.00	5.40	1.40
Nurse Advisor/ Clinical Advisor - Nurse	122.48	115.17	-7.3
Dental Health Advisor	8.52	7.2	-1.32
Senior Clinical Advisor - Nurse	13.20	15.60	2.40
Total for above roles	314.57	311.14	-3.42

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

Discussions continue with commissioners to review numbers of call handlers to determine whether there is approval / funding to increase further. In addition, a new telephone system recently implemented with interactive voice response capability will allow patient experience to be improved through use of providing call answer times for callers and options in the future for them to be called back rather than stay on the line. Work is being done through the Gateway to Care Transformation Board to develop longer term sustainable solutions which include expanding horizons in terms of recruitment searches, improving retention and improving productivity and efficiency in terms of how staff work to release time for them to undertake core patient facing roles

Expected Performance Trajectory

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



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust



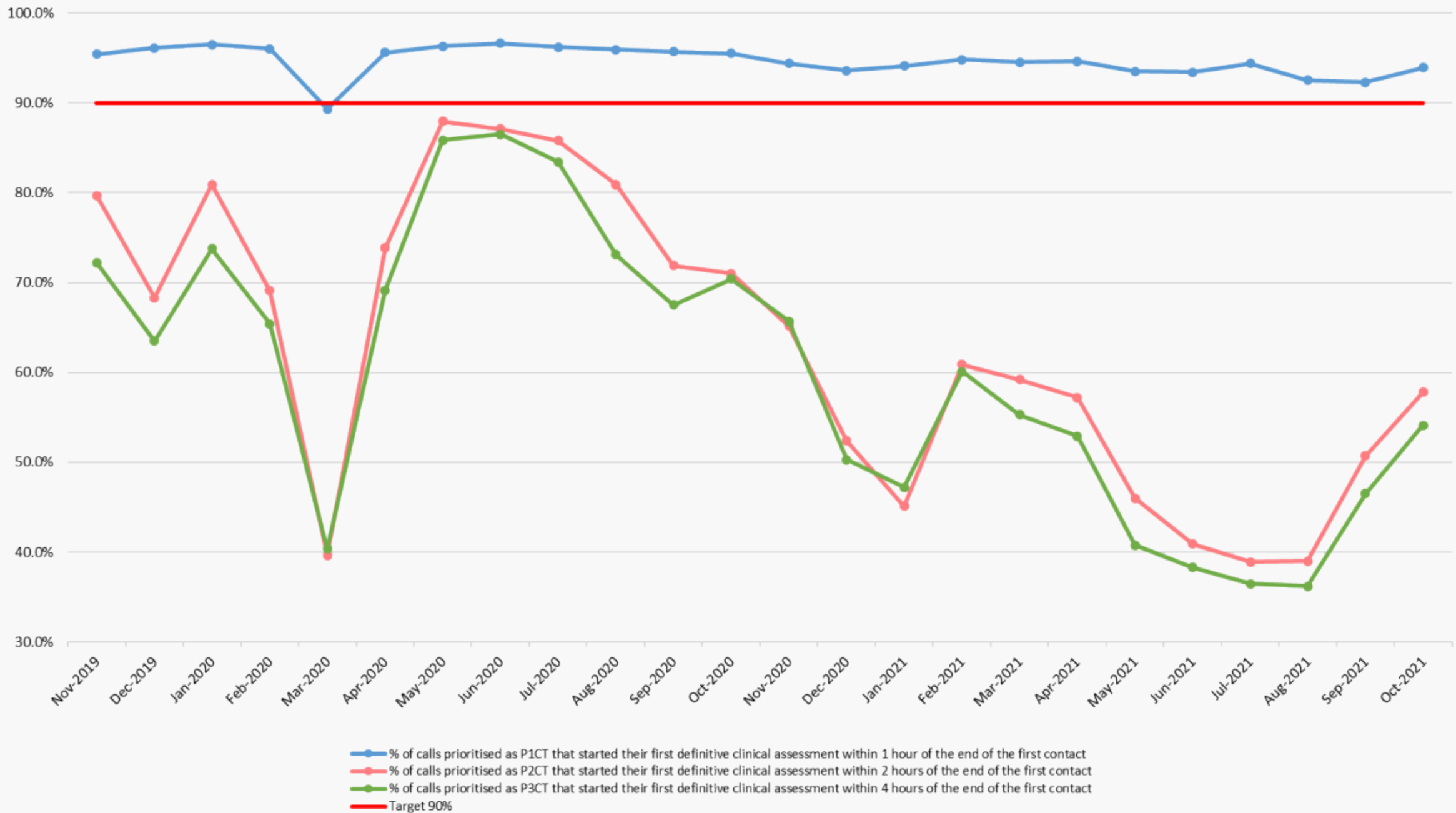
Our Patients: Quality, Safety & Patient Experience

111 Clinical Assessment Start Time Performance Indicators

Influencing Factors – Demand and Clinical Hours Produced



111 Timely Clinical Triage of Patients



Analysis

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

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

For lower category calls, we are not meeting the 90% target, however improvements were seen in Sep and Oct-21.

Demand for the service continues to grow (see previous slide) which will affect performance, but in addition, recruitment and retention of clinical staff also remains problematic, (see previous slide, now at 115.17 WTE for clinical Advisors (Nurse) against an FTE budgeted of 122.48), these are insufficient to meet demand.

A deep dive of 111 performance was carried out in Sept-21 and presented to F&P committee to highlight specific areas and focusses for improvement.

Remedial Plans and Actions

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

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

Expected Performance Trajectory

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



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust



Our Patients: Quality, Safety & Patient Experience

999 Call Performance Indicators

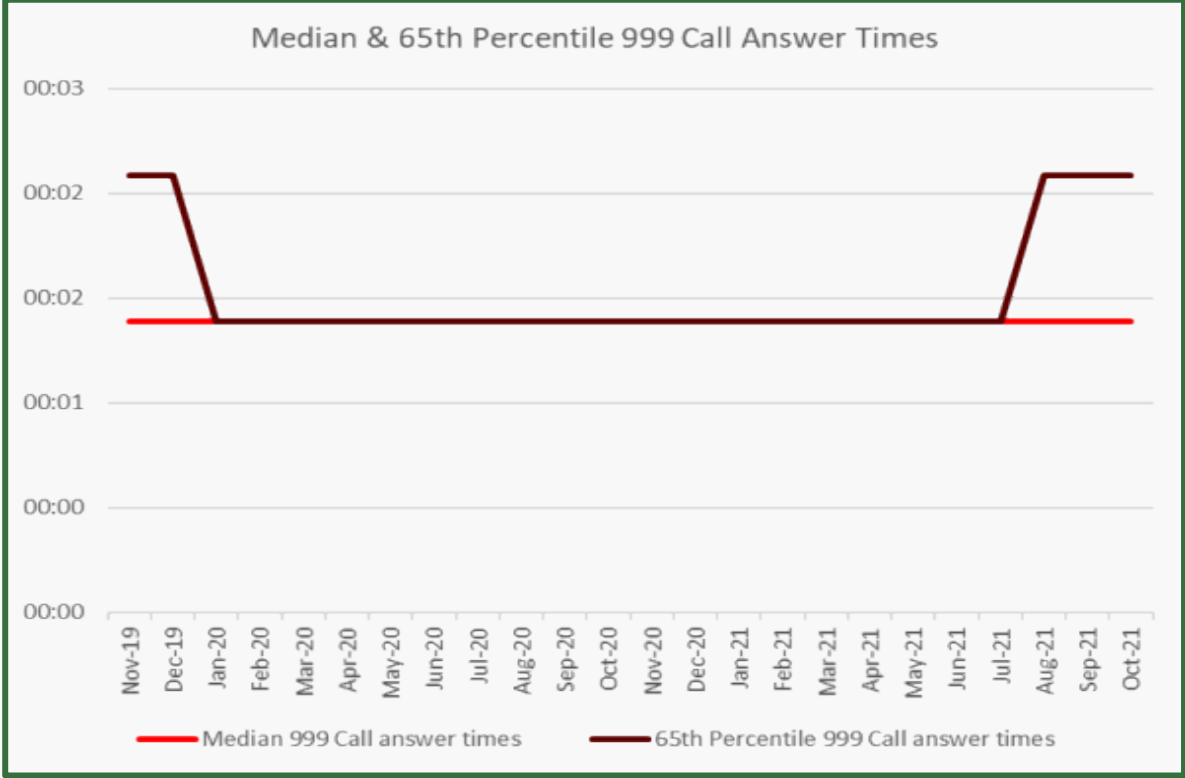
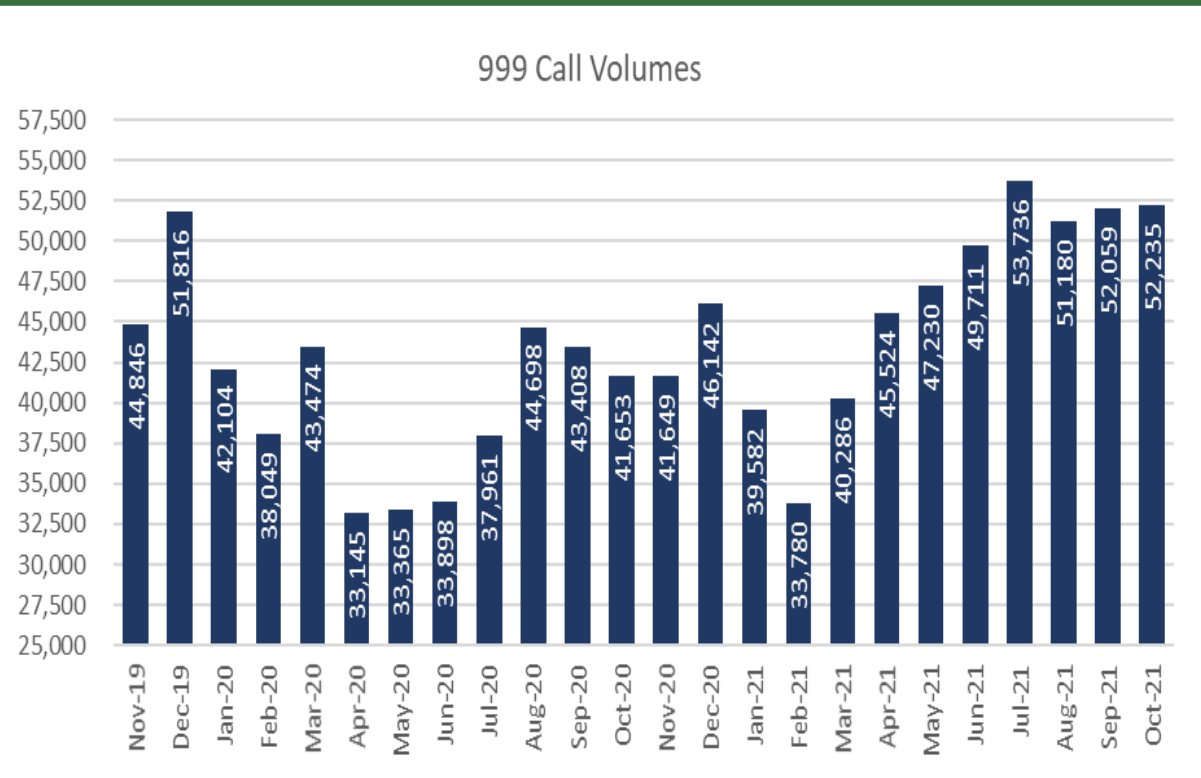
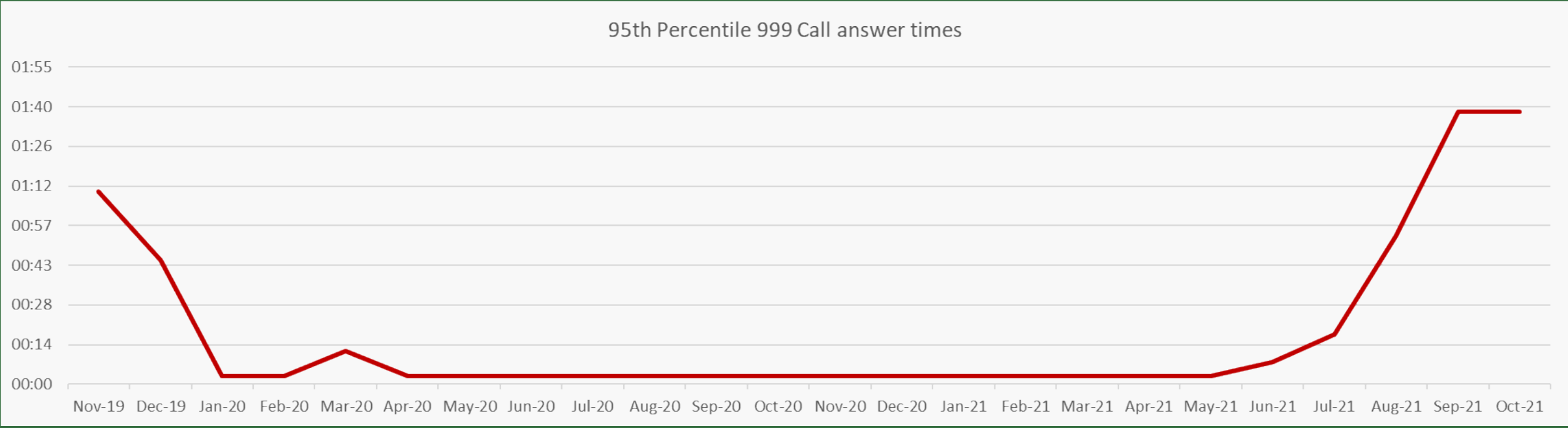
Influencing Factors – Demand and Clinical Hours Produced

R

FPC

CI

NB: Oct-21 data not yet available to report



Analysis

The 95th percentile 999 call answering performance has remained at one minute and 39 seconds in Oct-21, the same as Sep-21, therefore continuing to fail to meet the 5 second answer target for the fourth consecutive month largely as a result of increased call demand, particularly at weekends. Increasing call answering times are a significant concern in relation to patient safety.

The median call answer times for 999 services remains consistently at 2 seconds. In Oct-21 65th percentile averaged at 3 seconds falling from the previously consistent 2 second average prior to Aug-21.

The Trust received 52,235 emergency 999 calls in Oct-21, an increase when compared to Sep-21, the volume of calls is considerably higher than both Oct-19 and Oct-20. The continued high call volumes are likely to be a result of public activity returning to normal levels, along with the impact of the continuing pandemic. Although not shown here, there are increasing levels of staff abstraction due to sickness and COVID (17%) in the call centres which is reducing capacity.

Remedial Plans and Actions

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

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

- 7 EMDs went live WC 25/10/21 at VPH and a further 15 are expected to start training In Dec-21, with expected go live dates in the new year (2022).
- Carmarthen currently has 7 new EMDs in training, these are expected to go live by the end of Nov-21. A further recruitment campaign for 12 EMDs is being released this week with expected start dates in the new year and go live planned for Feb-22.
- The North is in the process of recruiting, with scheduled start dates for 8 EMDs mid-Nov-21 and expected go live in late Dec-21. Additional recruitment is planned for mid-Nov.

Expected Performance Trajectory

Performance is expected to continue to be difficult until additional staff are recruited. In addition additional call handler numbers are being reviewed to support the move to dispatch and concerns recruitment in Jan-22, however based on our current recruitment trajectory the Trust expects to meet the revised EMD figures by mid-Feb-22.



(Responsible Officer: Rachel Marsh)

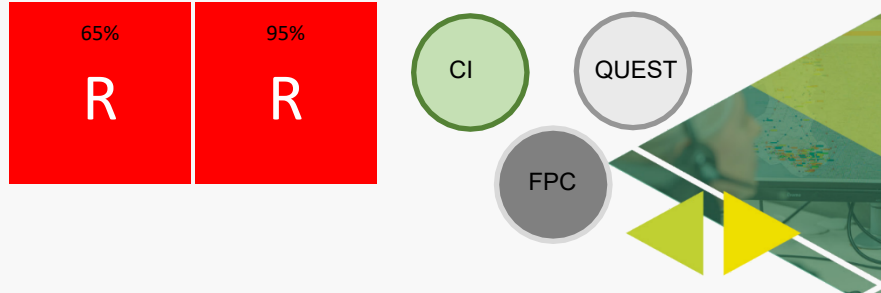
Welsh Ambulance Services NHS Trust



Our Patients: Quality, Safety & Patient Experience

Red Performance Indicators

Influencing Factors – Demand, Hours Produced and Hours Lost



Analysis

Red performance did not achieve the 65% target in Oct-21 and the target has not been achieved since Jul-20. There was also significant health board level variation and only one (Cardiff & Vale (65.3%)) of the seven health board areas achieved the 65% target. This level of performance was forecast in the summer plan based on predictions of demand, lost hours and hours produced. Ongoing poor performance is continuing to affect Red 9 minute responses, which achieved 56.3% and Red 10 minute performance which also declined, achieving 61.8% in Oct-21.

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

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

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

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

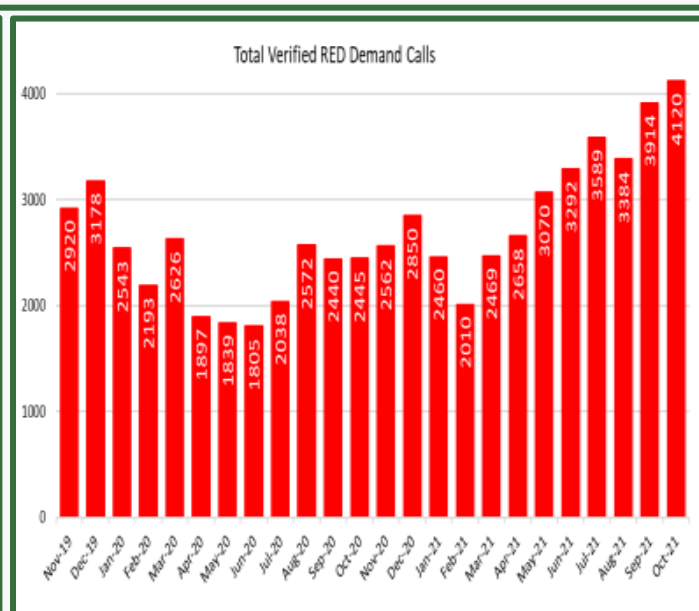
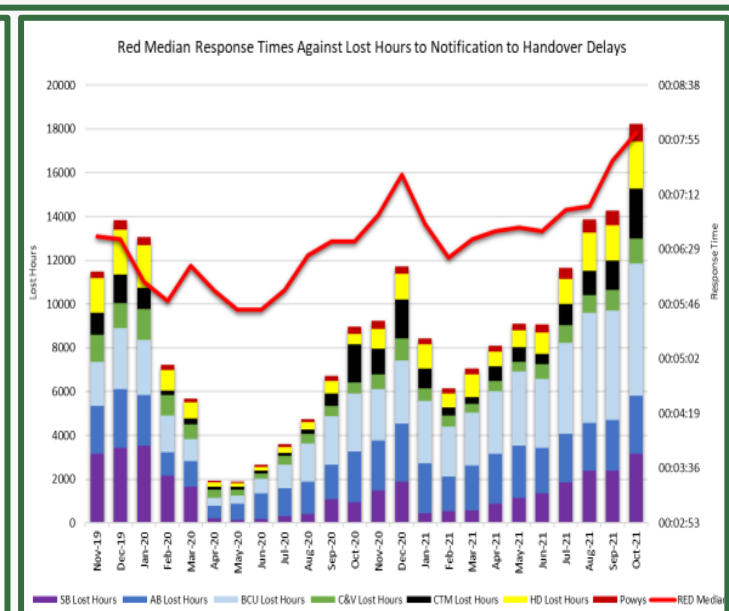
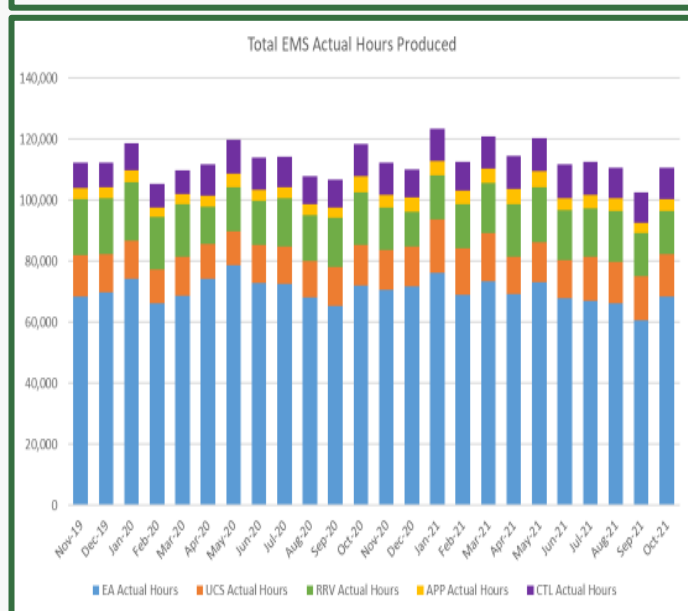
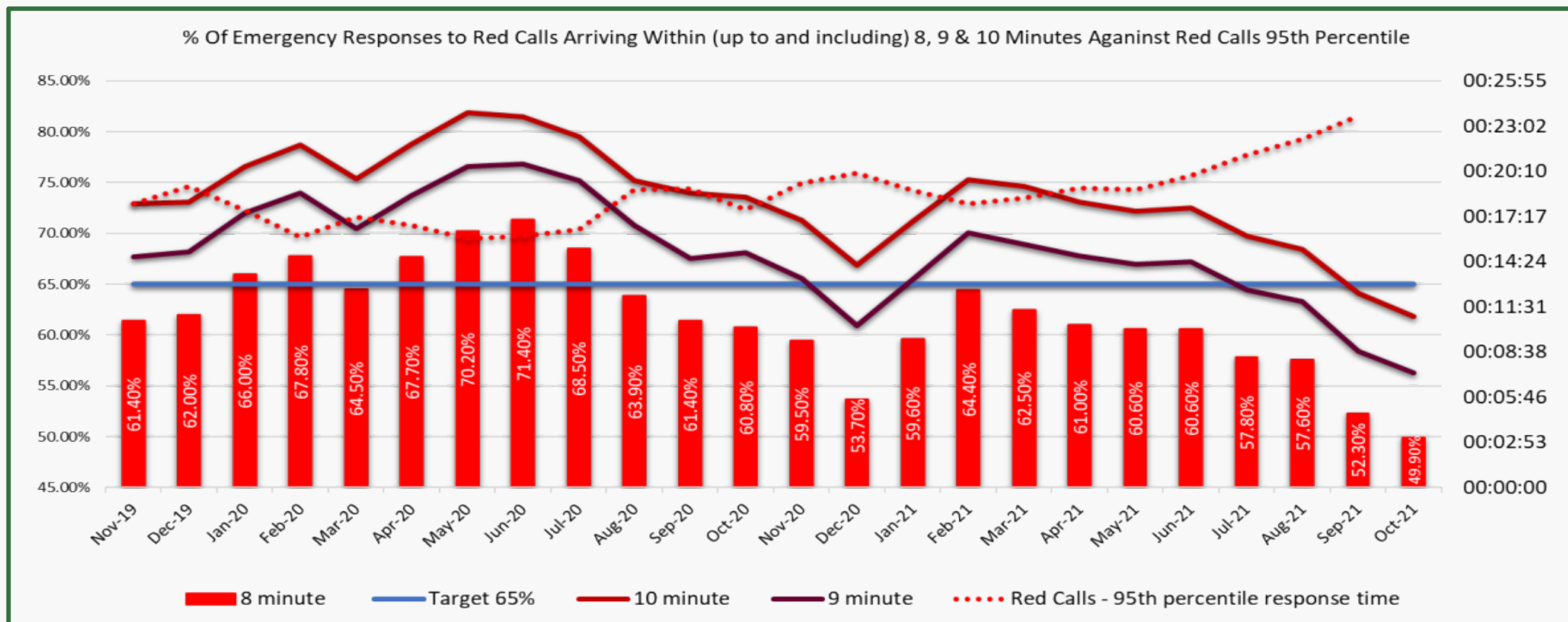
Remedial Plans and Actions

The main improvement actions are:

- Increase capacity – 136 WTE were recruited by end of Mar-21. This will be complemented by a further 127 by the end of Mar-22. This will close the relief gap and, other factors aside, would allow UHP / hours produced closer to 95%. Additional capacity is also being sought non-recurrently through St John Ambulance, Fire Services and the military.
- Implement a rural model through 21/22 to increase Red performance in Powys (initially) and hence reduce variation. A proposal has been developed for Powys and has been shared with commissioners.
- Reduce hours lost through modernisation of practices and supporting staff well-being.
- Working with partners to reduce hours lost at hospital (to a maximum 150 lost hours per day, 95% of the year). This is not within the gift of the Trust to achieve, although it continues to take all actions possible to influence this agenda.
- A very detailed set of strategic and more tactical actions have been pulled together into a performance improvement plan, many of which are also included in an action plan for the Ministerial oversight through the commissioning process. This is monitored every 2 weeks at EMT.

Expected Performance Trajectory

The EMS Demand & Capacity Review modelled Dec-21 position for Red pan-Wales is 67.3% with all health boards above 65%. Further modelling has been undertaken for the winter period and further modelling beyond the Dec-21 position has also recently been completed.



(Responsible Officer: Lee Brooks)

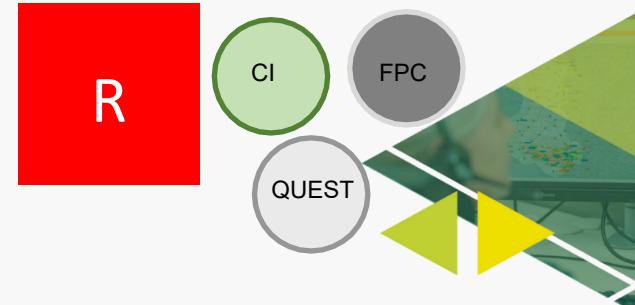
Welsh Ambulance Services NHS Trust



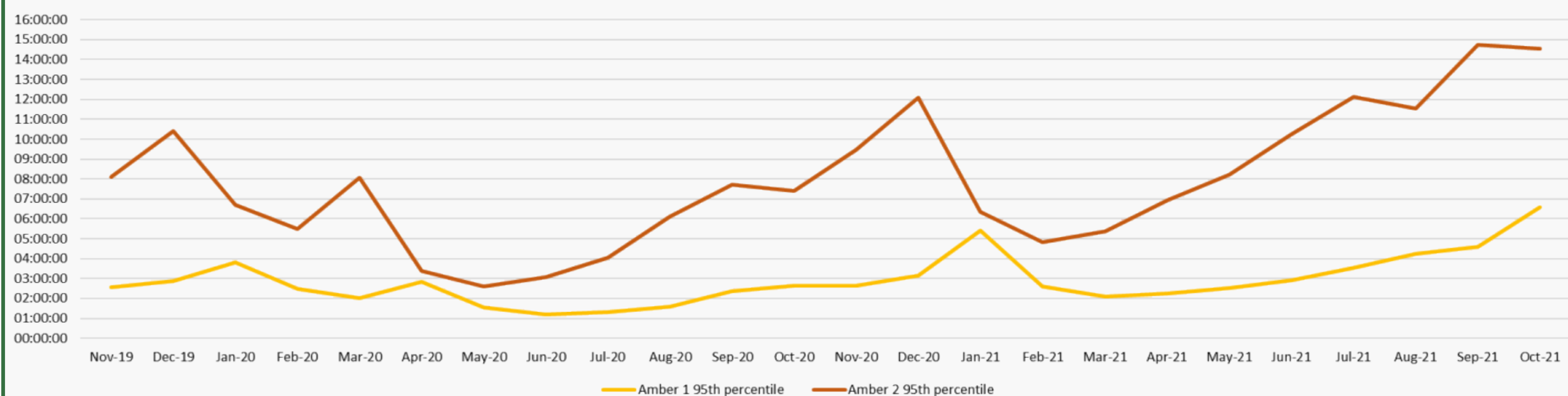
Our Patients: Quality, Safety & Patient Experience

Amber Performance Indicators

Influencing Factors – Demand, Hours Produced and Hours Lost



Amber 1 & 2 - 95th Percentile



Analysis

Amber Median & 65th; Amber 1 Median & 65th and Amber 2 95th percentiles all improved in Oct-21, but the patient waiting times remain very long. The ideal Amber 1 median response time is 18 minutes.

In Oct-21, 662 patients (all categories, not just amber) waited over 12 hours, an increase when compared to 586 in Sep-21, continuing to represent a very poor quality and experience of service. 576 of these patients were in the Amber category.

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

There is strong correlation between Amber performance and lost hours due to notification to handover delays, as demonstrated in the graph on the bottom left of this page. The number of hours lost to notification to handover delays in Oct-21 increased to 18,234. This is now higher than the worst recorded in Dec-19 (13,820).

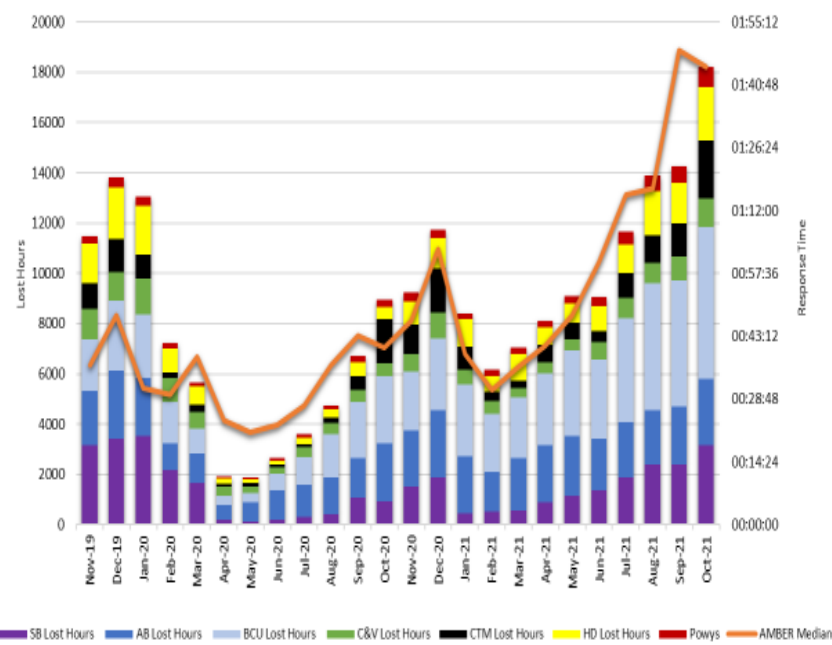
Remedial Plans and Actions

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

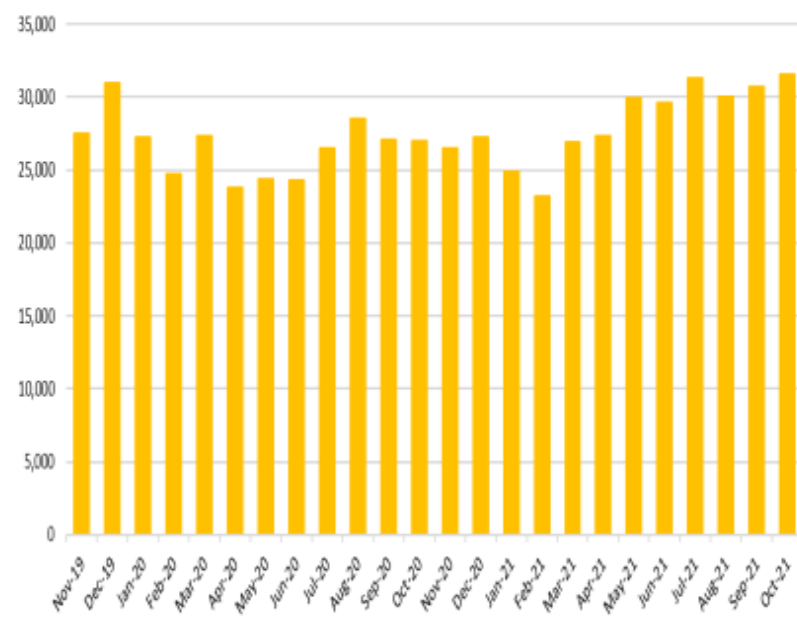
Expected Performance Trajectory

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

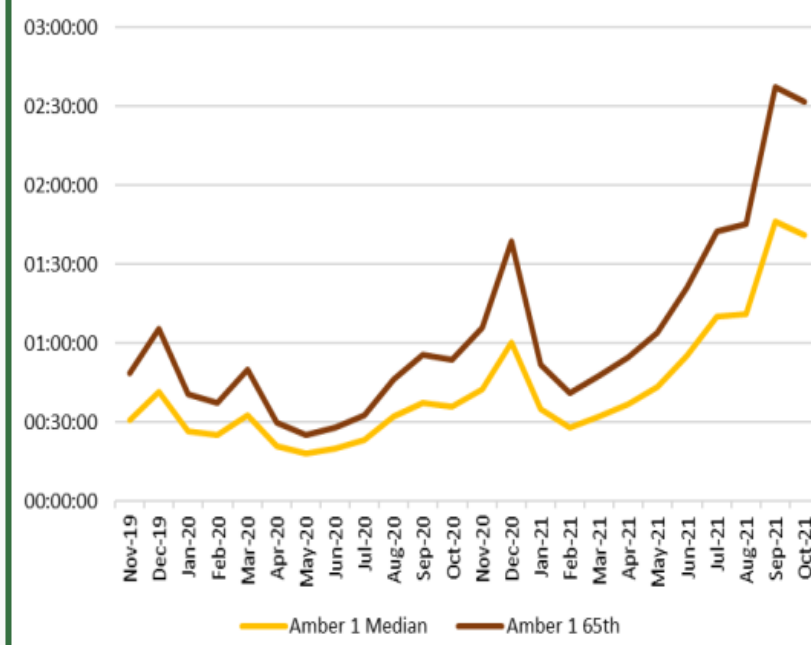
Amber Median Response Times against Lost Hours to Notification to Handover Delays



Total Verified AMBER Demand



Amber 1 & 2 - Median and 65th Percentile



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust



Our Patients: Quality, Safety & Patient Experience

Clinical Outcomes Indicators

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

Stroke/ROSC/
Sepsis &
Febrile Con.
G

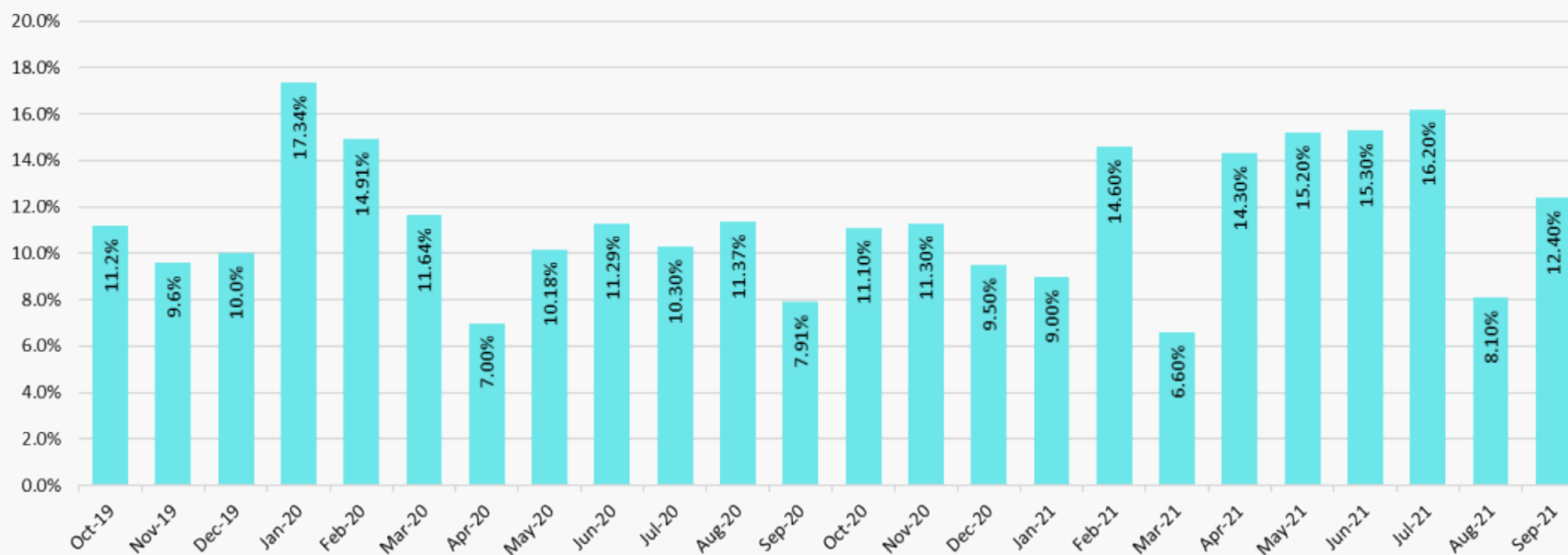
Hypoglycaemic
& Hip fracture
A

(STEMI)
Acute
Coronary
R

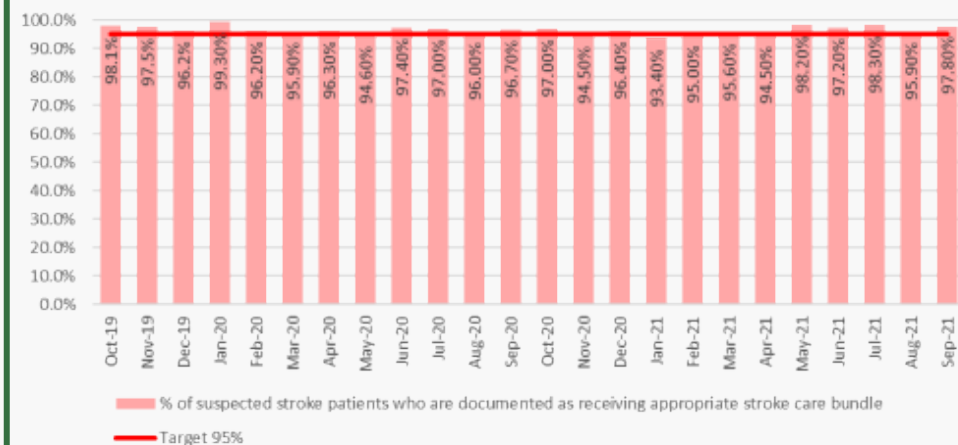
QUEST

NB: Next Clinical Indicator Reporting due Jan-22 (Oct-Dec-21)
Mortality Reviews - No update received for Quarter 3

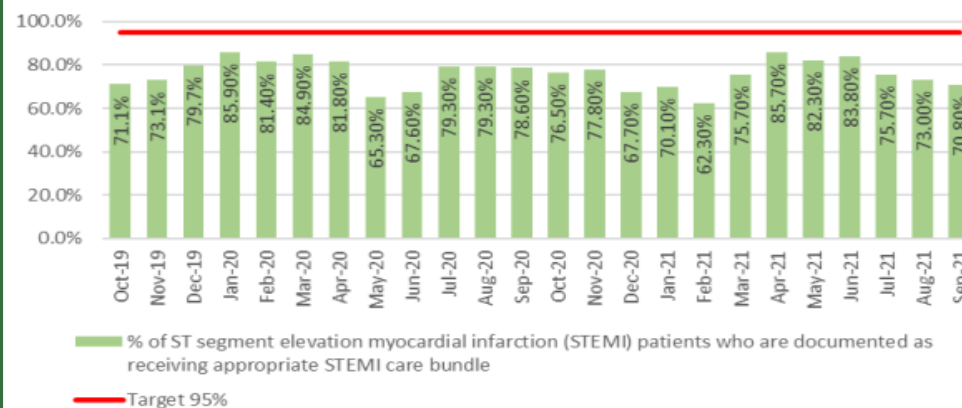
% of patients with attempted resuscitation following cardiac arrest, documented as having a return of spontaneous circulation (ROSC) at hospital door



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



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



Analysis

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

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

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

Remedial Plans and Actions

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

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

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

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

Expected Performance Trajectory

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

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

Mortality Reviews Data source: Internal Web Application



(Responsible Officer: Brendan Lloyd)

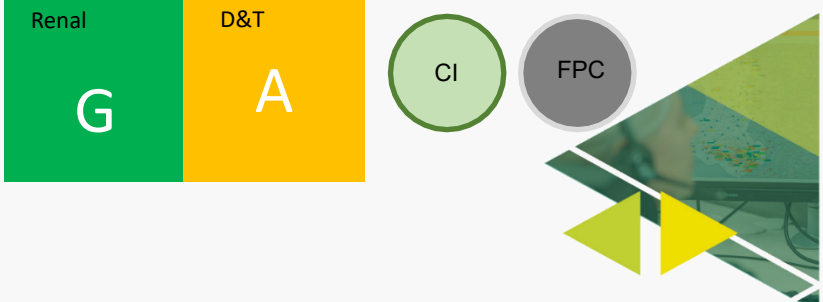
Welsh Ambulance Services NHS Trust



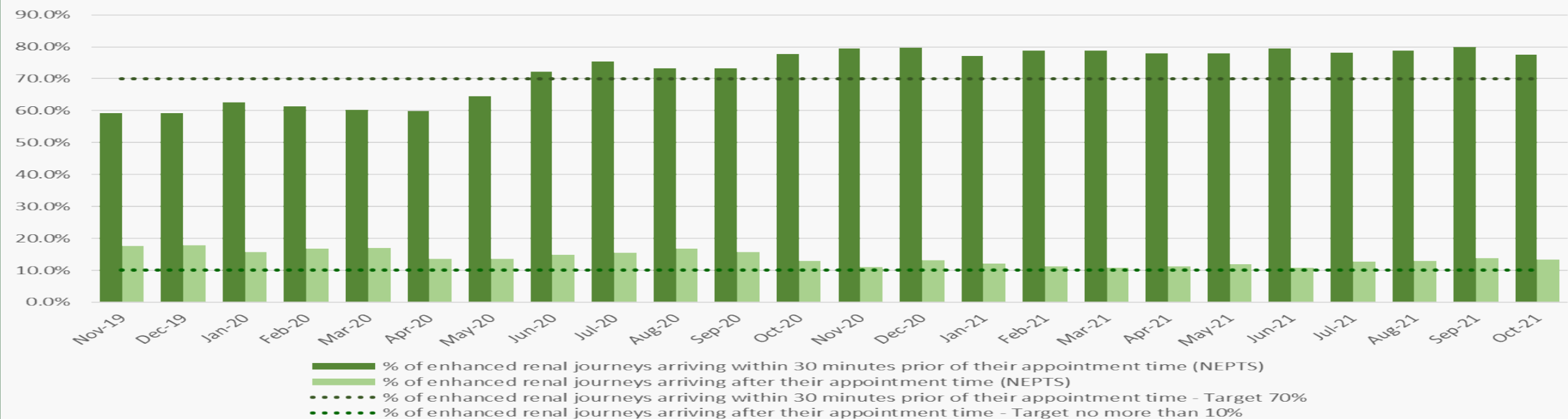
Our Patients: Quality, Safety & Patient Experience

Ambulance Care Indicators

Patient Experience



% Of Enhanced Renal Journeys - Arrival Times (NEPTS)



Analysis

Ambulance Care has seen a continued improvement in key areas of service delivery affecting patient experience. In Oct-21 89% of discharge & transfer journeys were collected within 60 minutes of their booked ready time, a continued increase (Sep-21 78%). 77.5% of enhanced renal journeys arrived within 30 minutes prior to their appointment time, achieving the 70% target and 13.3% arrived after their booked appointment time, falling just outside of the 10% target.

Key factors affecting these indicators are demand and capacity:

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

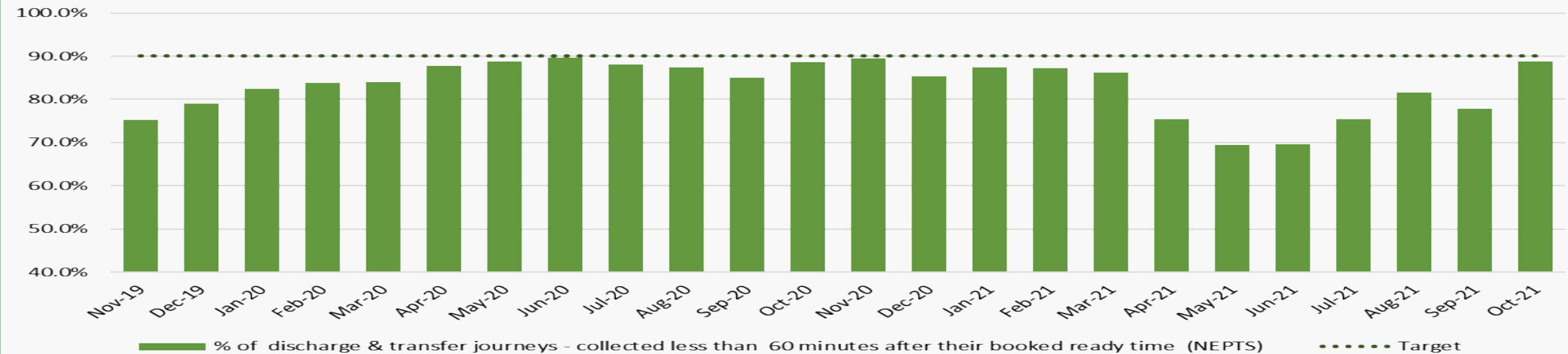
Remedial Plans and Actions

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

Expected Performance Trajectory

At present, the uncertainty around demand means that it is difficult to forecast performance. Work will continue to maximise capacity and reduce non-eligible demand.

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



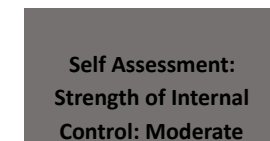
(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust



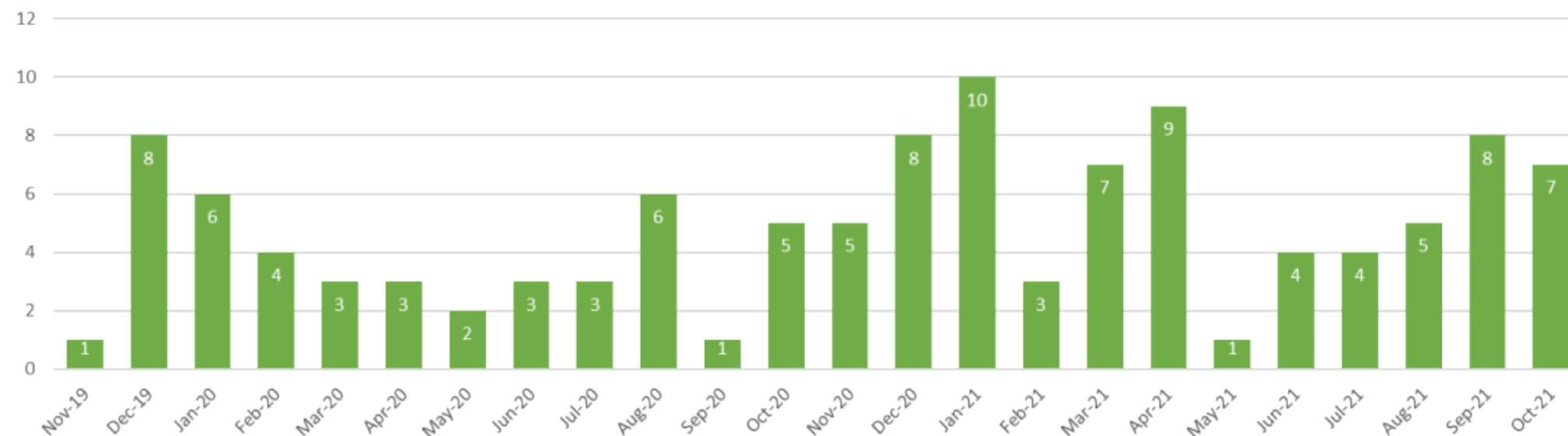
Our Patients: Quality, Safety & Patient Experience

Patient National Reportable Incidents & Patient Concerns Responses Indicators



Health & Care Standard
Health - Safe Care / Timely Care

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



Analysis

The **percentage of responses to concerns** improved in Oct-21 to 57%, compared to 45% in Sep-21, although this is still lower than the Trust would like, this is the result of several factors, including, overall increased demand, a rise in the number of inquests, continuing volumes of SAI's and the availability of other departments to provide a timely response to requests for information. The number of total concerns decreased in Oct-21 (56) when compared to Sep-21 (79).

There were 7 SCIF forums held in Oct-21, during which 56 cases were discussed, 8 of these cases were reported to the Delivery Unit and 17 were passed to Health Boards as National Reportable Incident Framework 'Appendix B' incident referrals.

Year on year the overall volumes of NRIs are on an increasing trend. The sharp increase seen in Dec-20/Jan-21 and Mar-Apr-21 and now into Sep-Oct-21 is concerning and has been linked to the significant delays across the system along with the continued levels of NRIs. In Oct-21 there was 1 NRI relating to Red calls, 4 in relation to Amber calls and 1 NRI prioritised Amber that should have been Red.

The cases within the Complex Case Panel and Redress figures, indicate the number of cases within the reporting period, where the Trust has potentially breached its duty of care to the patient. At Aug-21 there were 5 complex cases (0 of these were redress).

In Oct-21 662 patients waited over 12 hours an increase compared to 226 in Oct-20 and 296 in Oct-19.

44 Compliments were received from patients and/or their families in Oct-21, a decrease compared to previous months (65).

Remedial Plans and Actions

A range of actions are in place:-

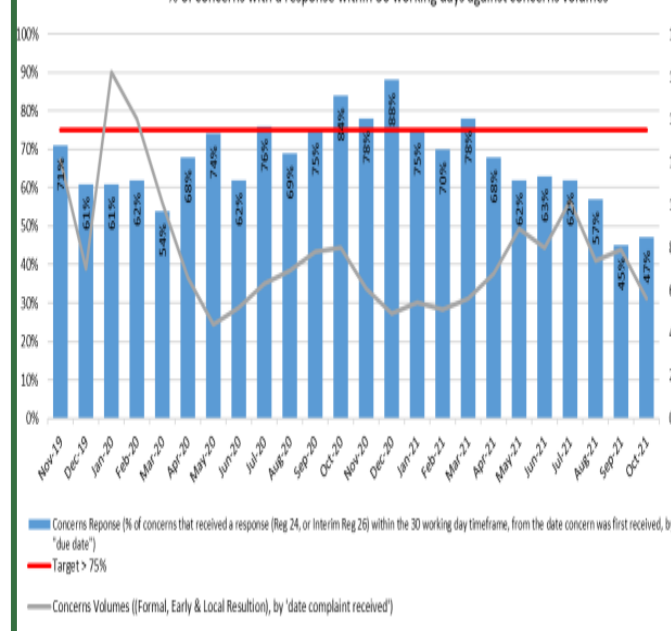
- The general theme in relation to the Trust's concern's portfolio is timeliness to respond.
- There is continued engagement with Health Boards in relation to Joint SI investigations where the primary causal factor is in relation to delayed handover.
- The Trust continues to draw the learning from our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

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

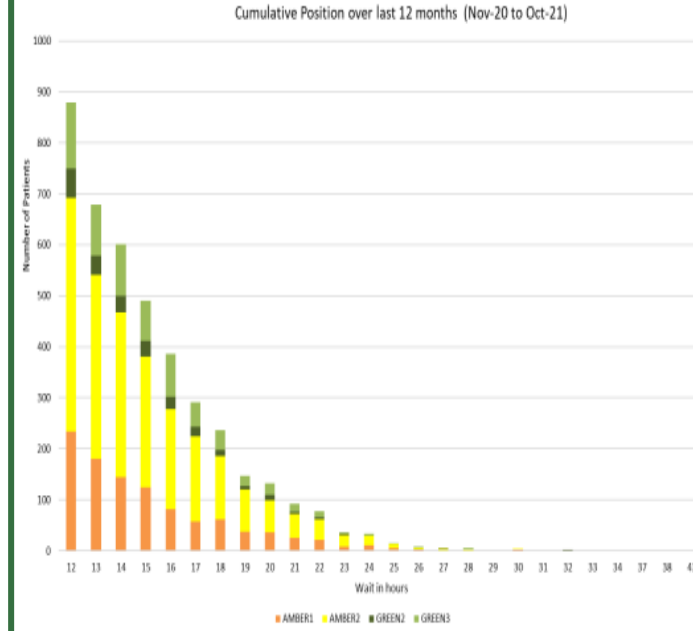
Expected Performance Trajectory

Would expect an upward (worsening) trajectory as the Trust moves into the winter period; however, the support from the FRS and military may mitigate this.

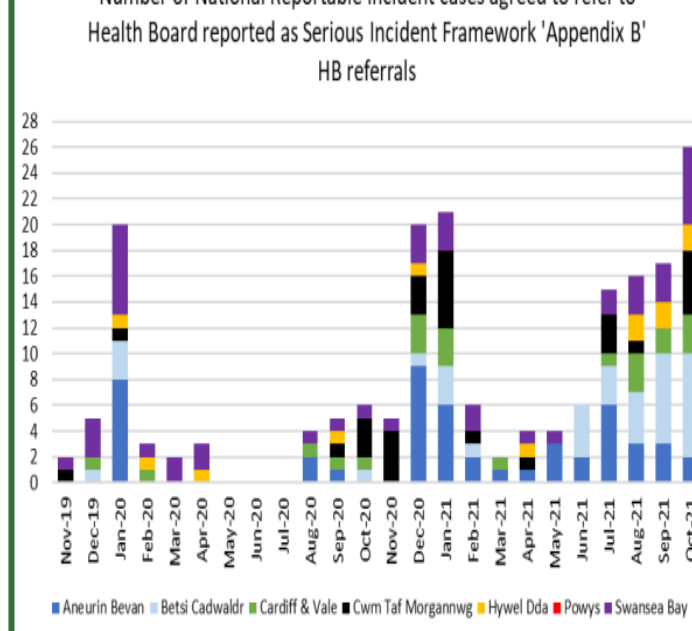
% of concerns with a response within 30 working days against concerns volumes



Number of Patient Waits over 12 hours by Priority Type
Cumulative Position over last 12 months (Nov-20 to Oct-21)



Number of National Reportable Incident cases agreed to refer to Health Board reported as Serious Incident Framework 'Appendix B' HB referrals



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



(Responsible Officer: Claire Roche)

Welsh Ambulance Services NHS Trust



Our Patients: Quality, Safety & Patient Experience

Patient Safety Indicators

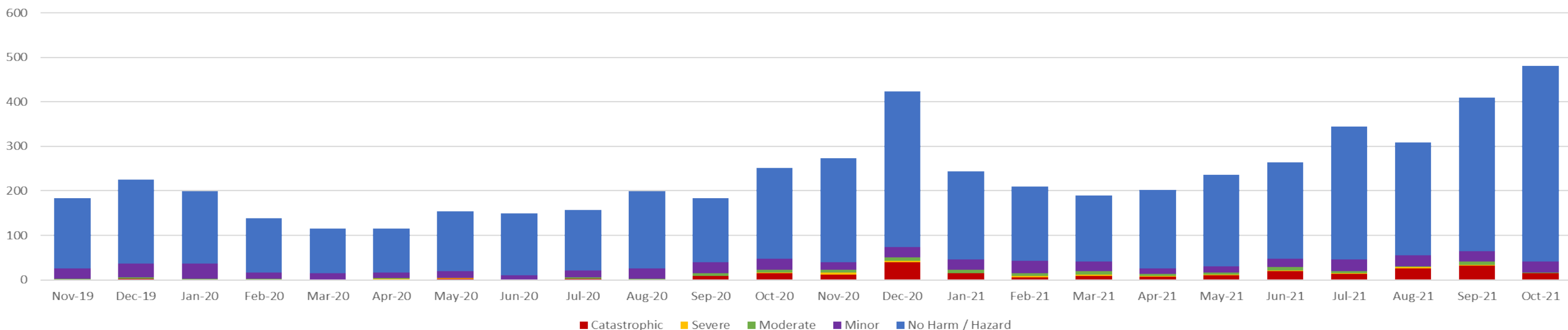
Self Assessment:
Strength of Internal
Control: Moderate

QUEST

Health & Care
Standard
Health – Safe Care



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



Analysis

Patient Safety: The number of patient safety adverse incidents submitted within Oct-21 increased to 481, 440 of these were in relation to incidents where there was no harm or hazard, 24 were minor, 2 were moderate, 1 was severe and 14 incidents were catastrophic. 327 cases were closed in Oct-21 in comparison to 301 in Jul-21.

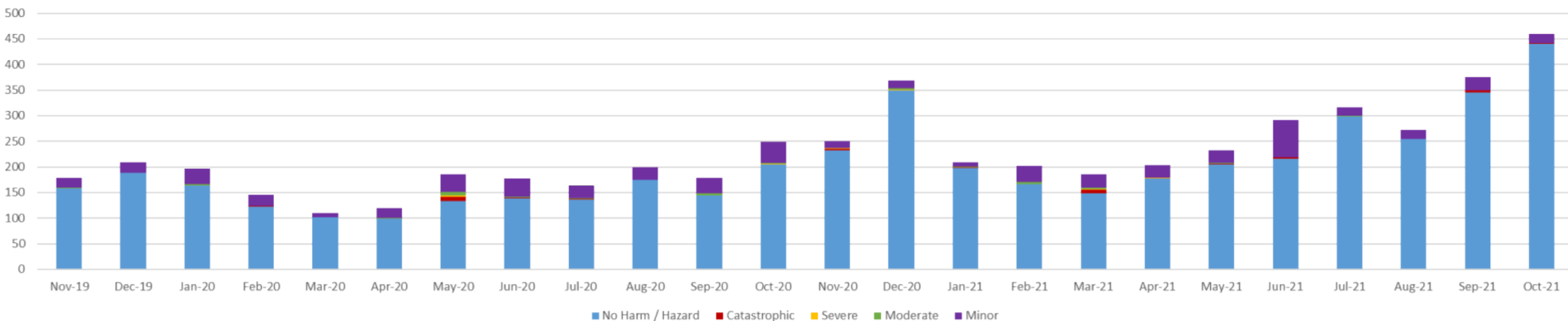
Remedial Plans and Actions

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

Expected Performance Trajectory

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

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



Data source: Datix



(Responsible Officer: Claire Roche)

Welsh Ambulance Services NHS Trust



Our Patients: Quality, Safety & Patient Experience

Coroners and Ombudsmen Indicators

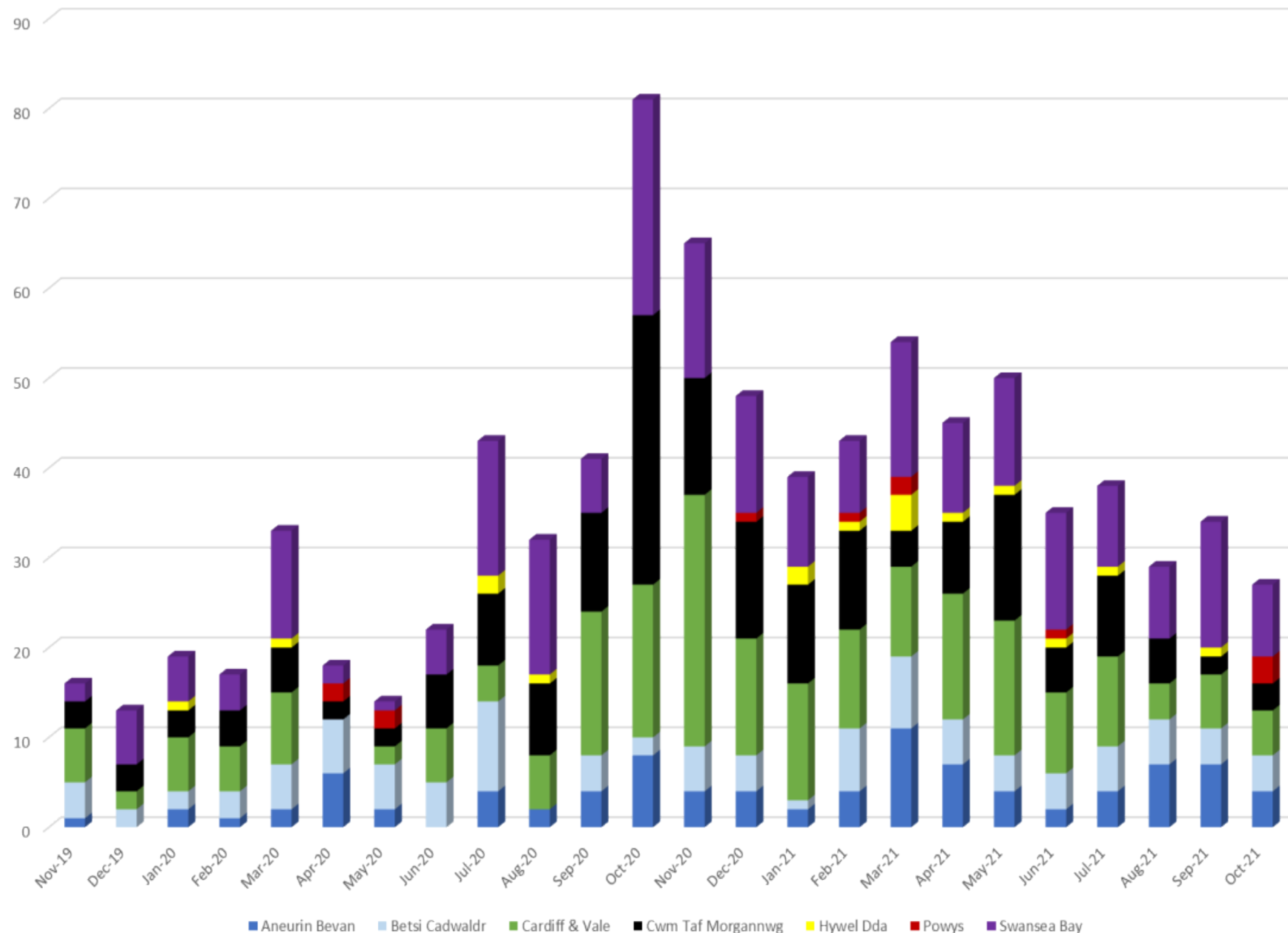
Self Assessment:
Strength of Internal
Control: Strong

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Standard
Health – Safe Care



Number of Coroner Requests by Health Board



Analysis

Coroners: In Oct-21 there continues to be no Coroners Cases which resulted in ongoing Regulation 28 cases. The number of in month requests has returned to pre-CoVID-19 numbers (equal to October 2019). The timeliness of our response and self-harming remain the main themes. Of these 139 cases, 76 are requests for information, 7 are cases where staff are giving evidence, but the Trust is an interested party, 11 are cases where the Trust is known to be an interested party and 475 are cases where there is a potential for the Trust to become an interested party.

Ombudsmen: There are currently 9 open Ombudsman cases in Oct-21, with all information having been shared with the Ombudsman's office. 2 cases continue where the Trust is gathering information to share with the Ombudsmen's Office.

Remedial Plans and Actions

Coroners: The Team is recovering from the unprecedented number of requests for information from Coroner's courts, that have been received from July 2020. There has been an increase in the number of cases in which staff attend to provide continuity evidence. The complexity of the requests remains to be high, with multiple statements being requested for each inquest. The pandemic has brought many challenges in relation to these requests, however inquests, where possible, continue to be heard remotely or hybrid (mixture of video, telephone, in person). Part of the additional staff i.e. that have been allocated to the team (until the end of the financial year) will be allocated to the handling of the coroner cases.

Ombudsmen: All cases are recorded and monitored on the Datix System. A new RL Datix system is planned which will allow the Trust to more precisely monitor cases.

Expected Performance Trajectory

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

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

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

We also continue to engage with our Health Board colleagues where we have utilised the Joint Investigation Framework and/or where there is a focus on joint investigations and learning.

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

Data source: Datix



(Responsible Officer: Claire Roche)

Welsh Ambulance Services NHS Trust



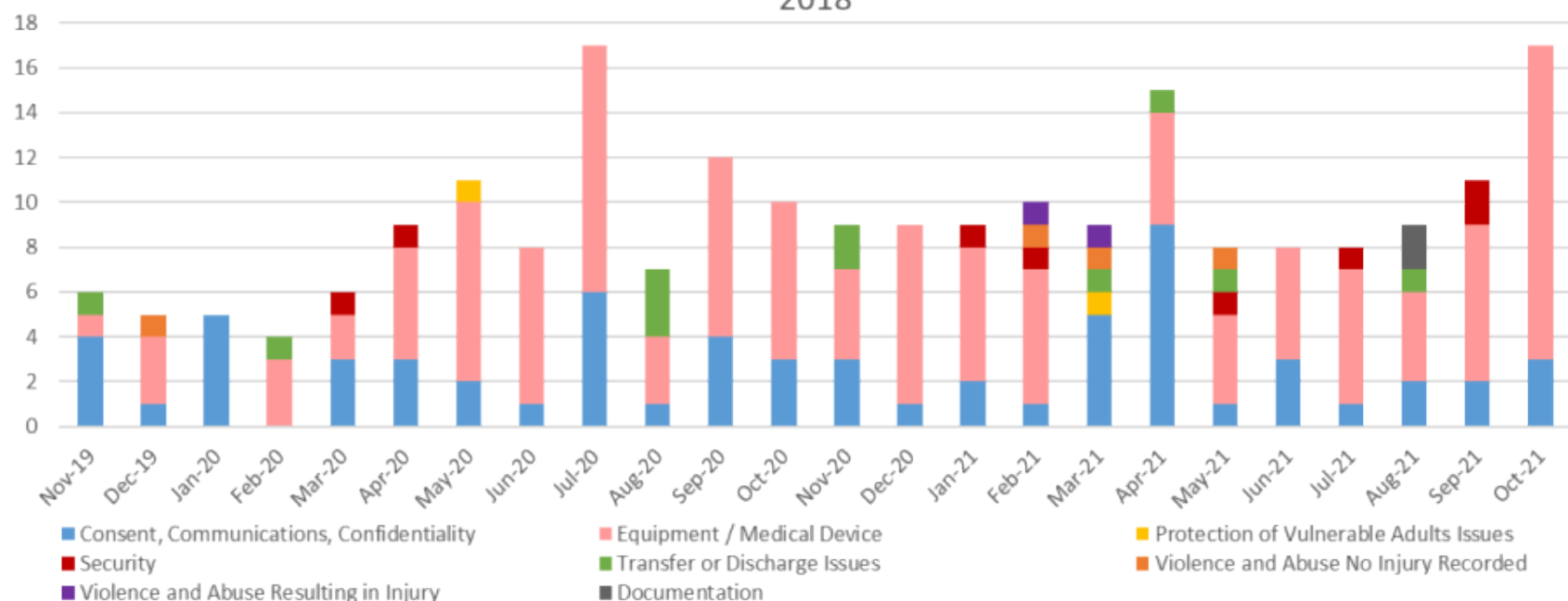
Our Patients: Quality, Safety & Patient Experience Safeguarding, Data Governance & Public Engagement Indicators

Health & Care
Standard
Health – Safe Care

Self Assessment:
Strength of Internal
Control: Strong

QUEST

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



Analysis

Safeguarding: In Oct-21 staff completed a total of 74 Adult at Risk Reports, a decrease compared to Sep-21 when 80 were reported. 94% of these were processed within 24 hours in Oct-21.

There have been 131 Child Safeguarding Reports in Oct-21, a decrease from Sep-21 when 148 reports were made. In Oct-21 93% were sent within 24 hours.

Data Governance: In Oct-21 there were 20 information governance (IG) related incidents reported on Datix categorised as an Information Governance (IG) breaches, an increase when compared to Aug-21. 3 related to Consent, Communications or Confidentiality; 14 related to Medical Devices or Equipment and 3 related to 111 Call Handling issues. All have been investigated by the IG team and received feedback on the IG Policy and practice elements, and where appropriate learning has been put in place.

Public Engagement: There were 27 engagement events held this quarter (July – September 21), allowing engagement with 426 people. 75 surveys relating to the 111 website were returned. Working with colleagues in NEPTS Team we have also begun to regularly survey NEPTS users, asking them for feedback about their most recent journey with us. In this reporting period 286 NEPTS patient experience surveys were returned. 157 compliments were also logged and processed. Throughout this period the PECI Team have continued to engage with communities digitally, attending online events where we have been able to talk to children and young people, carers and care groups and people with a learning disability.

Remedial Plans and Actions

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

Data Governance: During the reporting period of the 20 information governance related incidents reported on Datix all incidents have been reviewed and investigated where necessary by the IG team and remedial actions taken where appropriate. 1 incident was deemed to meet the risk threshold for reporting to the Information Commissioner's Office where sensitive information was sent to an incorrect external recipient. Remedial actions taken in relation to this breach include obtaining confirmation from the recipient of its deletion, individual user awareness being provided, and additional organisational awareness to be provided to help prevent reoccurrence.

Public Engagement: Due to the ongoing pandemic, a majority of our engagement work is still continuing to happen virtually using online and digital platforms; however, as coronavirus restrictions have started to ease over recent months, we have begun to receive requests to attend events in the community again. To help us plan for how we can safely resume some face-to-face engagement activities, we have reviewed our existing processes and have updated our risk assessments to incorporate coronavirus safety elements, helping to ensure that our Team members and communities are as safe as possible during any face-to-face engagement events we may choose to attend. We will continue to monitor the current coronavirus situation and will attend engagement events in the community where we feel it is safe and appropriate to do so.

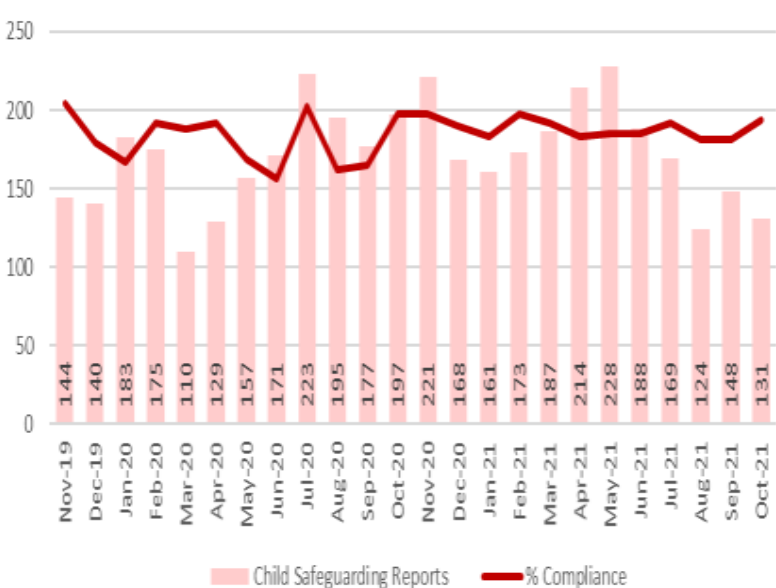
Expected Performance Trajectory

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

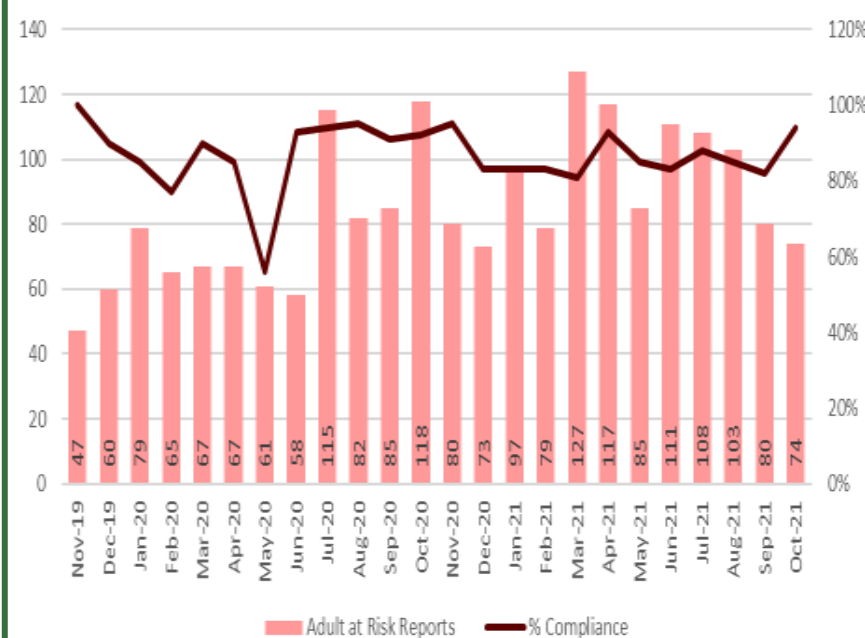
Data Governance: An annual assessment of compliance using the Welsh NHS IG Toolkit; an individual evidence based assessment consisting of 255 items will continue to be utilised to measure the Trust against National Information Governance and Security Standards.

Public Engagement: The PECI Team will continue to share good practice with health boards, other stakeholders and colleagues at Ambulance Services across the UK. An informal network of Ambulance Service Patient Experience & Engagement Managers has been established to help better facilitate the sharing of information and best practice ideas. We continue to promote the recently launched People & Community Network, which will allow members of the public to become more involved in developing the quality of services we deliver. 73 People from communities right across Wales have now signed up to be Network members. We are beginning to plan the first activities which Network members will be invited to participate in, these include a 'Mystery Shopper' exercise to review usability of the NHS 111 Wales website. Network members are also being asked to review NHS 111 Wales telephony messaging and will be invited to participate in a workshop to influence the direction of the Trust's new IMTP.

Number and Percentage of Child Safeguarding Reports sent within 24 Hours



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



Safeguarding Data source: Doc Works



(Responsible Officer: Claire Roche)

Welsh Ambulance Services NHS Trust



Our Patients: Quality, Safety & Patient Experience

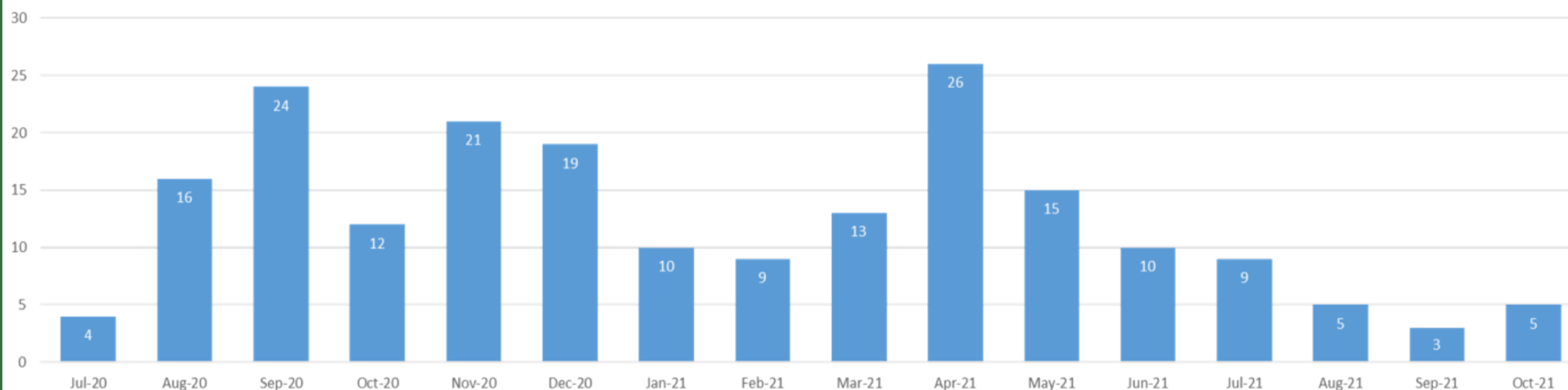
Health & Safety (RIDDORS) Indicators

Self Assessment:
Strength of Internal
Control: Moderate

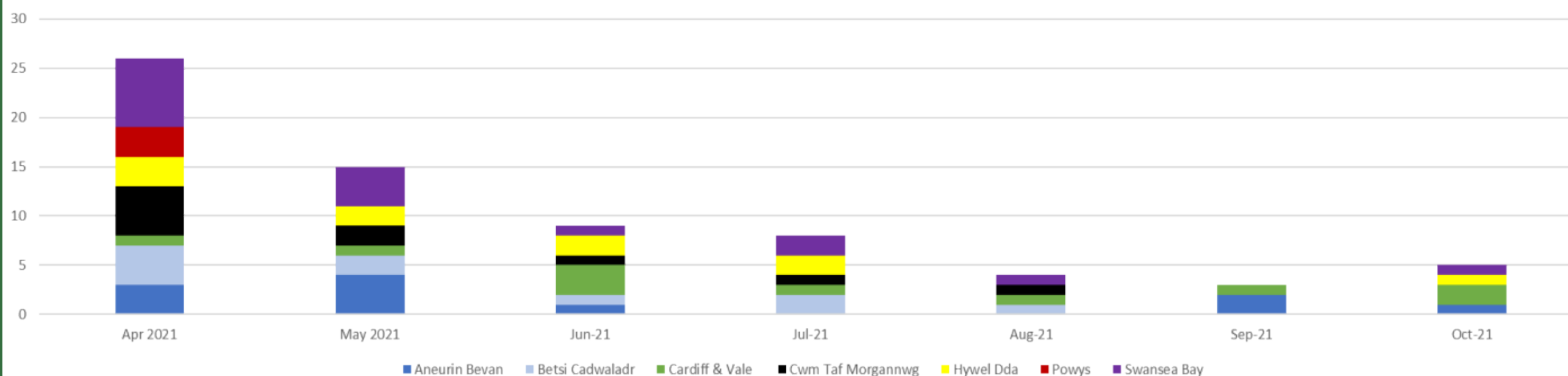
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Health & Care
Standard
Health – Safe Care

Volume of RIDDOR Reports by Month



Volume of Riddor Reports by Health Board



Analysis

Whilst there is a strong level of internal control with respect to GL1 Metrics provided by the Health & Safety Executive (HSE). There are moderate levels of internal control. Challenges around obtaining staff details are impacting on timeliness of Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDORS) to the Health and Safety Executive (HSE).

In Oct-21 RIDDORS reported were for ABUHB (1); CVUHB (2), HDUHB (1) and SBUHB (1)

Remedial Plans and Actions

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

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

Expected Performance Trajectory

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

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

****NB: Oct-21 data is correct on the date and time it was extracted; therefore, these figures are subject to change (05/11/21)**

Data source: Datix



(Responsible Officer: Claire Roche)

Welsh Ambulance Services NHS Trust



Our Patients: Quality, Safety & Patient Experience

Corporate Risk Indicators

Self Assessment: Strength
of Internal Control:
Moderate - Strong

See
Table

Health & Care
Standard
- GLA3

CORPORATE RISK REGISTER: Summary

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

Analysis

The Assistant Directors Leadership Team (ADLT) reviewed the existing and proposed new corporate risks during the last quarter and undertook a deep dive into the highest scoring risks during July 2021; the results of which were presented to QuEST, the Finance & Performance and Audit Committees during Sep-21. The full Corporate Risk Register will be presented to Trust Board on 30th September 2021.

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

Remedial Plans and Actions

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

- QuEST Committee: 09th September 2021
- Audit Committee: 16 September 2021
- Finance and Performance Committee: 23rd September 2021

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

Data source: Electronic Risk Register



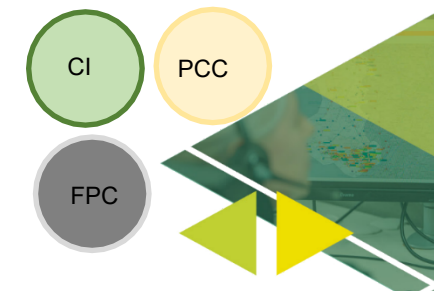
(Responsible Officer: Claire Roche)

Welsh Ambulance Services NHS Trust

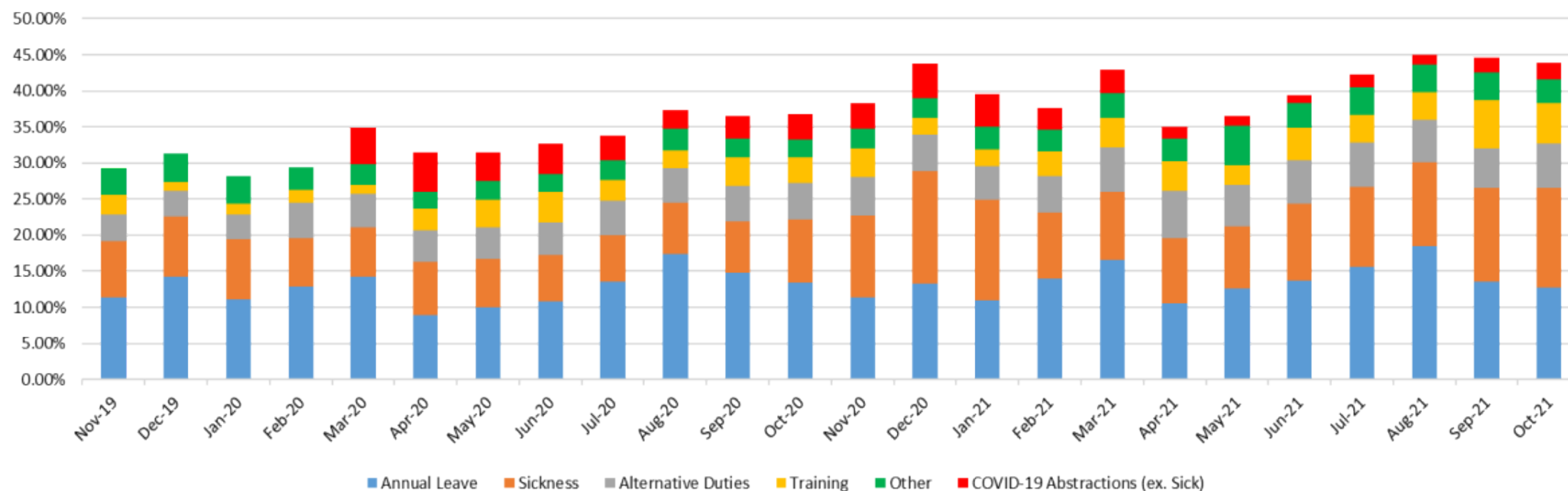


Our People

Ambulance Abstractions and Production Indicators



Pan Wales EMS Total Rota Abstraction Hours



Analysis

Emergency Ambulance Unit Hours Production (UHP) was 90% in Oct-21 (68,489 Actual Hours), therefore not achieving the 95% benchmark. RRV UHP achieved 72% (14,340 Actual Hours) compared to 73% in Sep-21. The total hours produced is a key metric for patient safety (included on slide 7 red performance). In Oct-21 the Trust produced 110,605 hours, but the graph shows that even despite significant funding for increased substantive numbers of staff, total hour produced has not risen sustainably. In mid-Oct-21 Military support was re-introduced, providing an additional 5,095 hours with the full impact occurring in Nov-21

Monthly abstractions from the rosters are key to managing the number of hours we produce. In Oct-21, total abstractions stood at 43.97%. This compares to a benchmark set in the Demand & Capacity Review of 30%. The highest proportion was sickness at 14% and Annual Leave at 13%. Sickness abstractions in Oct-21 remain higher than the previous year (8.71%). CoVID-19 related abstractions increased in Oct-21 accounting for 2.43% of overall abstractions.

The Trust moved to maximum escalation on 24 Aug-21 (REAP 4). The Trust has introduced a Performance Improvement Plan bringing together all tactical and transformative actions across the three services. Additional capacity options are now being sought to help offset the level of abstractions.

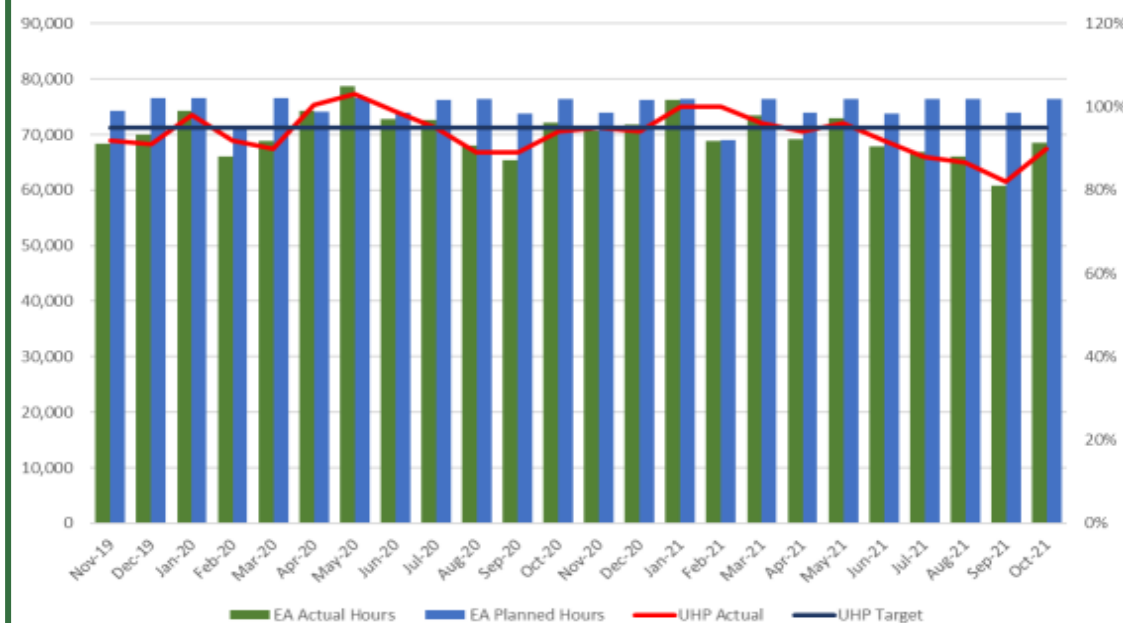
Remedial Plans and Actions

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

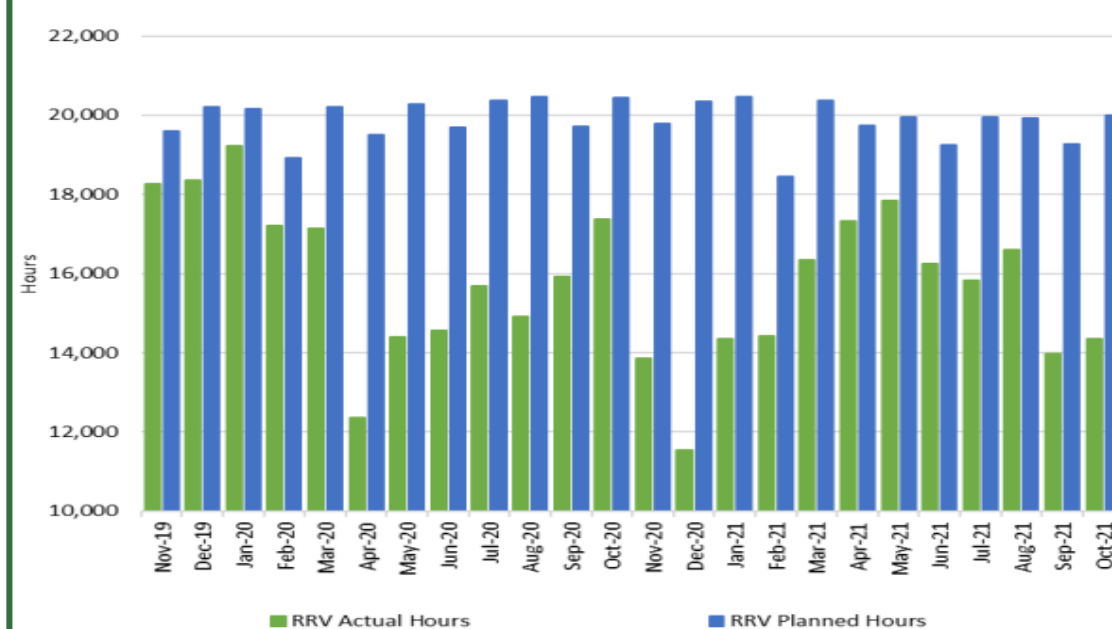
Expected Performance Trajectory

Subject to the longer-term impact of CoVID-19 the benchmark is a UHP of 95% across the Trust's three main resource types and an abstraction rate of 30%. Given all of the pressures outlined this is going to be very difficult to achieve.

Emergency Ambulance Unit Hours Production



RRV Hours Planned vs Actual



(Responsible Officer: Lee Brooks)

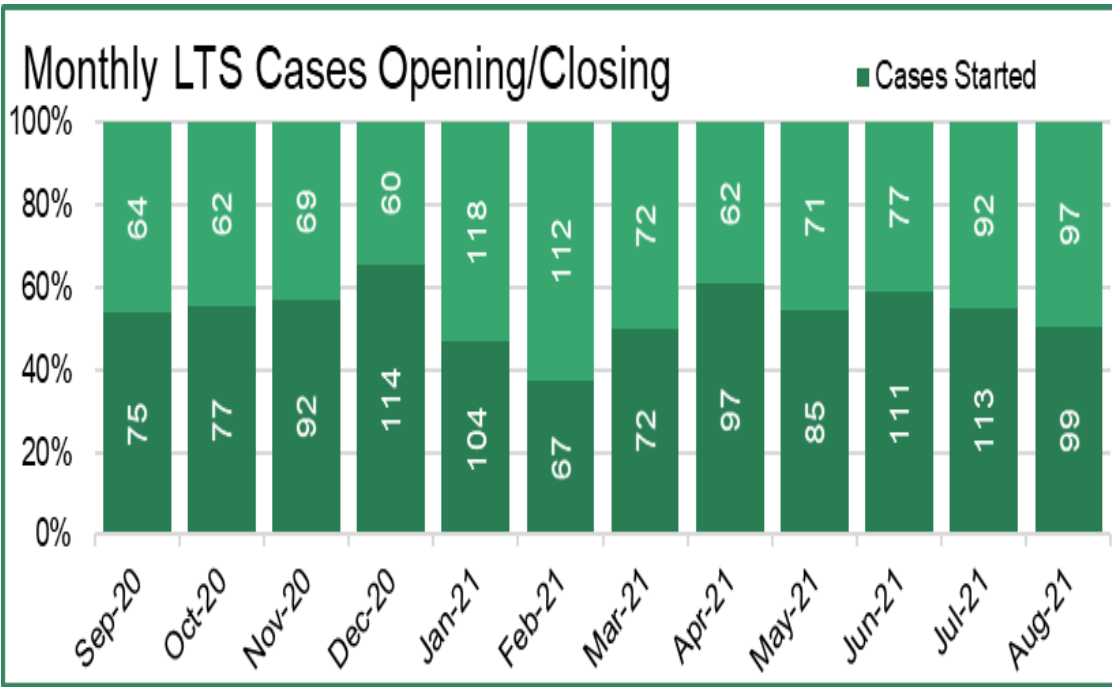
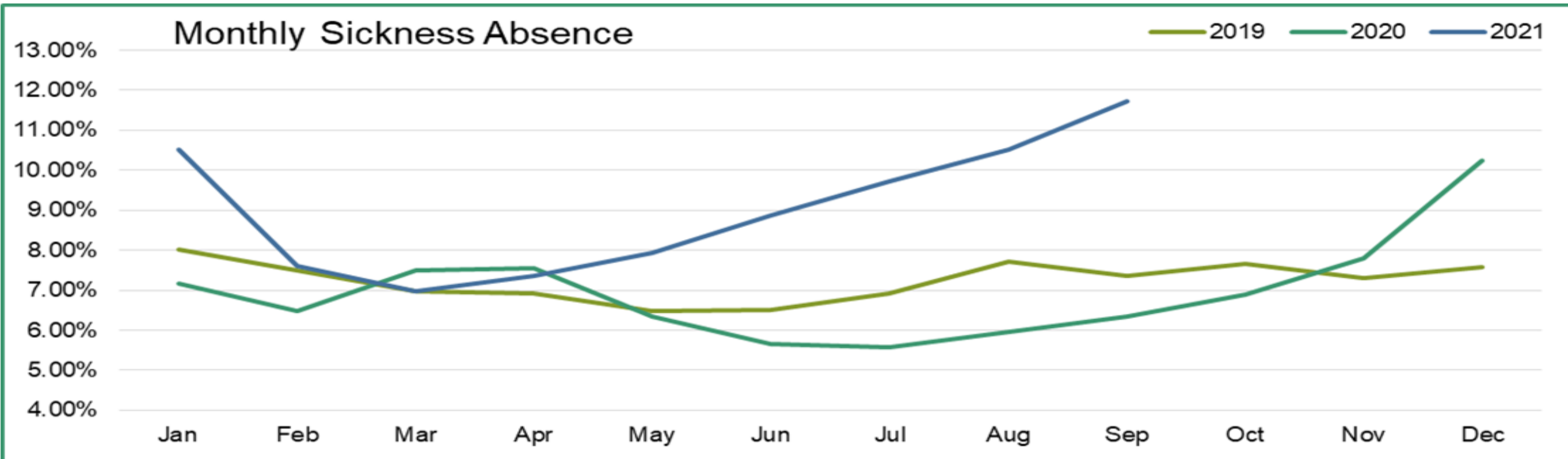
Welsh Ambulance Services NHS Trust



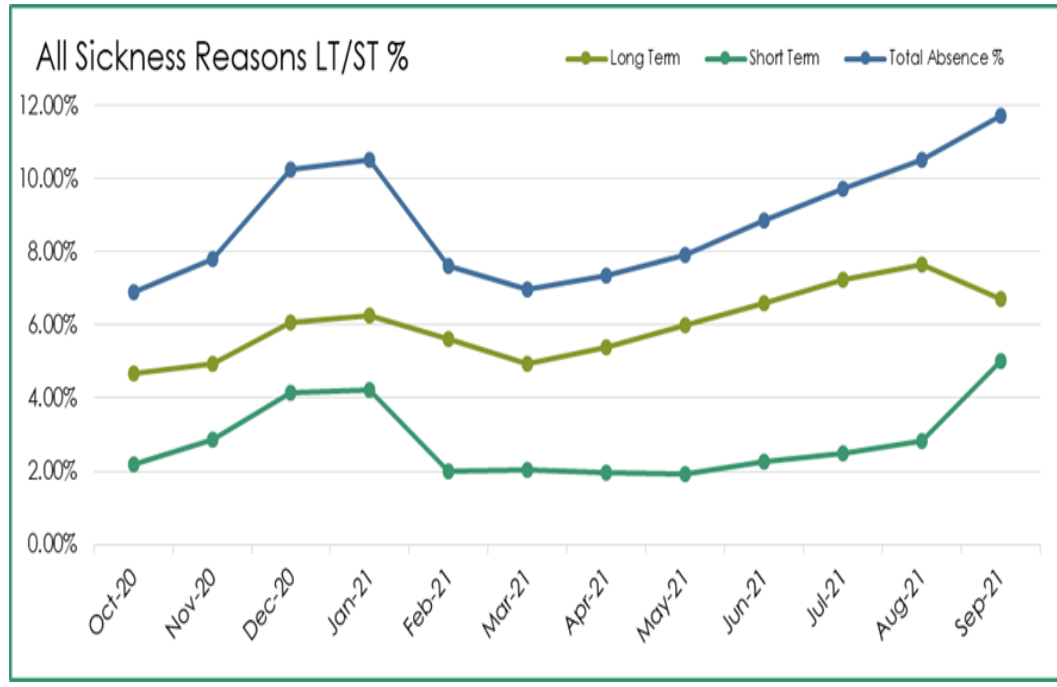
Our People Sickness Absence Indicators



NB: Oct-21 data not yet available to report



Average working days lost per FTE (Annual)	
20.22 days	
Single month Absence %	
11.74%	
Long Term	Short Term
6.72%	5.02%
Mental Health	Other MSK
(S10 Stress/Anxiety) 2.91%	(excluding Back) 1.55%



Analysis
The monthly sickness absence figure for Sep-21 was 11.74%, an increase of 1.22% from last month.

- In Sep-21 **24.8%** of absence was attributable to Stress and Anxiety
- The average length of all LT cases closing in Sep-21 was **74** days
- The number of open all LT cases at the end of Sep-21 was **229**
- The average length of open all LT cases in Sep-21 is **126** days

Remedial Plans and Actions

- The Trust is continuing to see a rise in overall absence and September saw the highest percentage since the start of the pandemic.
- Covid-19 absence rose to 2.60% in September and self-isolation rates are also rising.
- The restructuring of the Operations Directorate on ESR has seen Integrated Care (NHSD111) and EMS Co-ordination (CCC) rise above EMS.
- Physiotherapy fast track referrals increased in September with 46% absent from work at the time of referral
- Employee Assistance Provider (EAP) suggests the majority of employees request counselling as a result of work related stress

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



(Responsible Officer: Claire Vaughan)

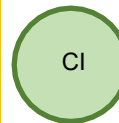
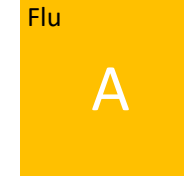
Welsh Ambulance Services NHS Trust



Our People Staff Vaccination Indicators

Self Assessment:
Strength of Internal
Control: Moderate

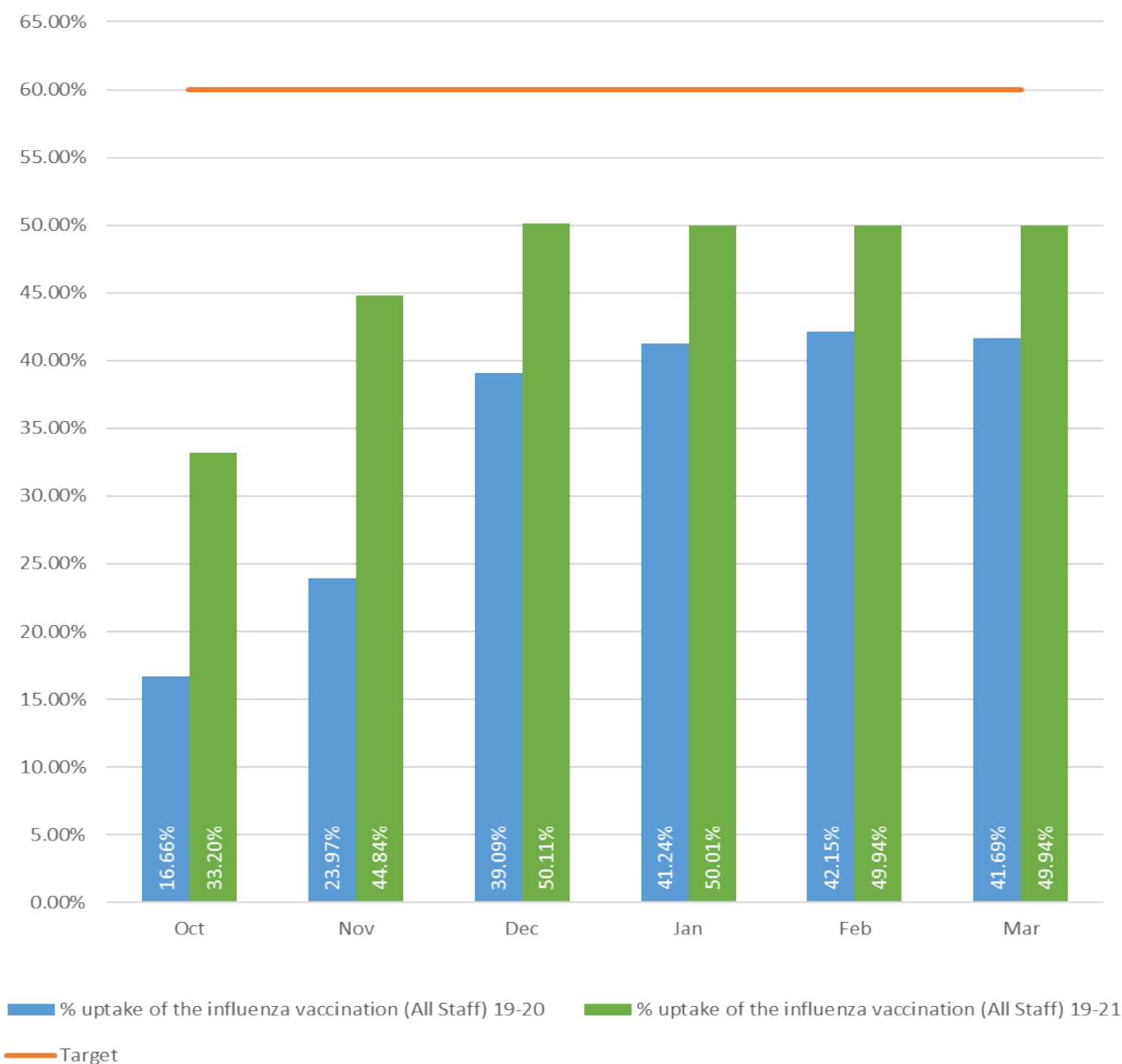
Health & Care
Standard
- Health (PPI)



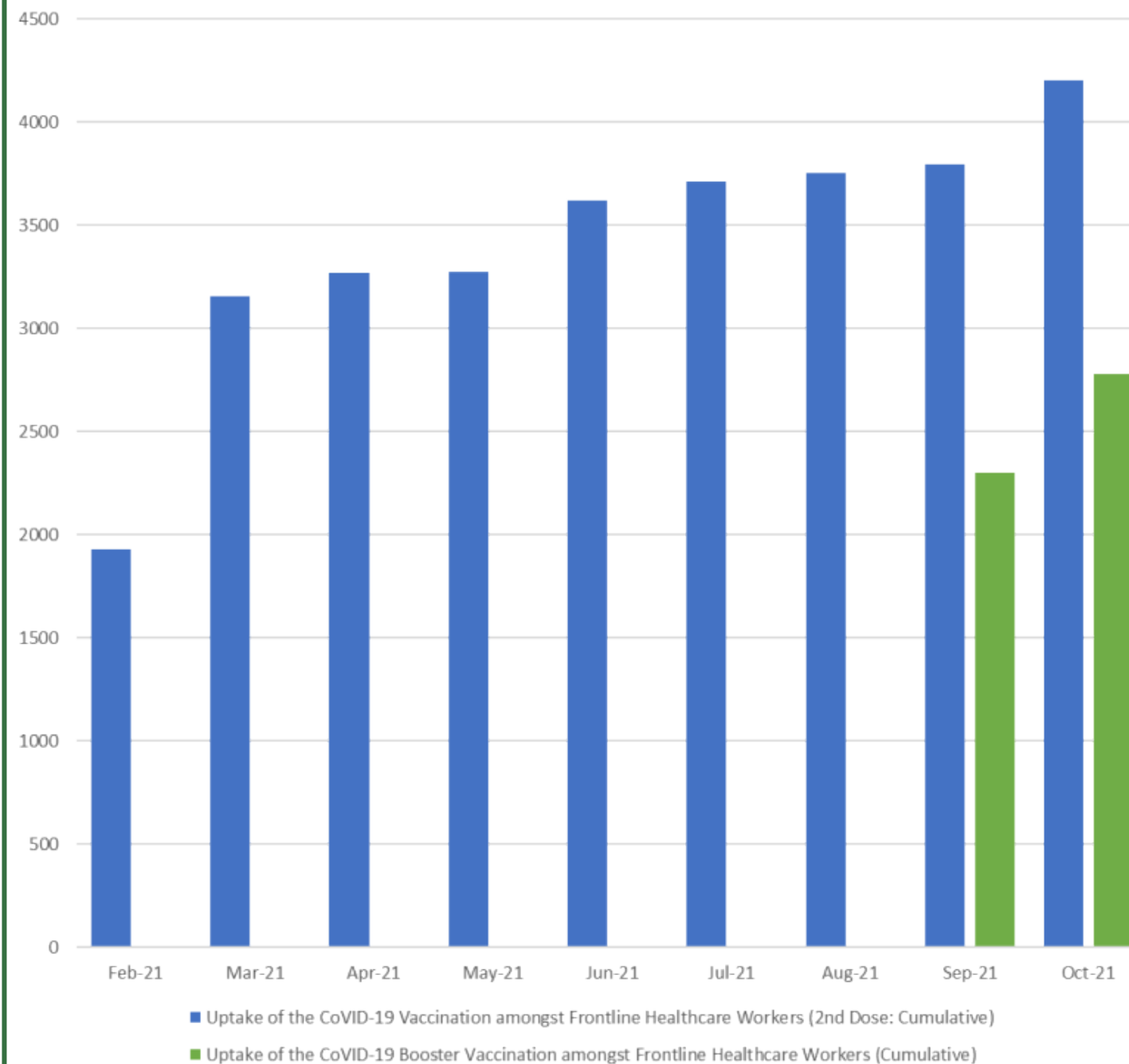
NB: Flu Campaign – next
reporting Nov-21



% Uptake of the Influenza Vaccination amongst Healthcare Workers who
have Direct Patient Contact



Uptake of the CoVID-19 Vaccination Programme Amongst Frontline Healthcare
Workers (Cumulative)



Analysis

The graph to the left indicates that the 2020-21 Flu campaign saw a bigger uptake for Flu vaccines than the previous years campaign for ambulance response and NEPTS staff. The 2020-21 campaign has now concluded and will recommence in Oct-21 for reporting in Nov-21.

Of the 4,500 staff currently employed (All staff), 95% of frontline (Patient Facing), 94% frontline (Not Patient Facing) staff have received a first dose vaccination and 2,776 of all staff employed have received a booster dose of the CoVID-19 vaccination; 64% of these are frontline.

Remedial Plans and Actions

Staff data is currently being updated to realign staff numbers and therefore offer a more accurate presentation of vaccination numbers, as current data is based on data from May-21.

Expected Performance Trajectory

Due to the easing of lockdown measures in Wales, flu rates are expected to see a surge over the 2021/22 winter period, therefore it is expected that there will again be an increased uptake of the vaccine. Winter planning is key.

****Please note this section is under development**

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



(Responsible Officer: Claire
Vaughan)

Welsh Ambulance Services NHS Trust



Our People

PADR and Training Rates Indicators

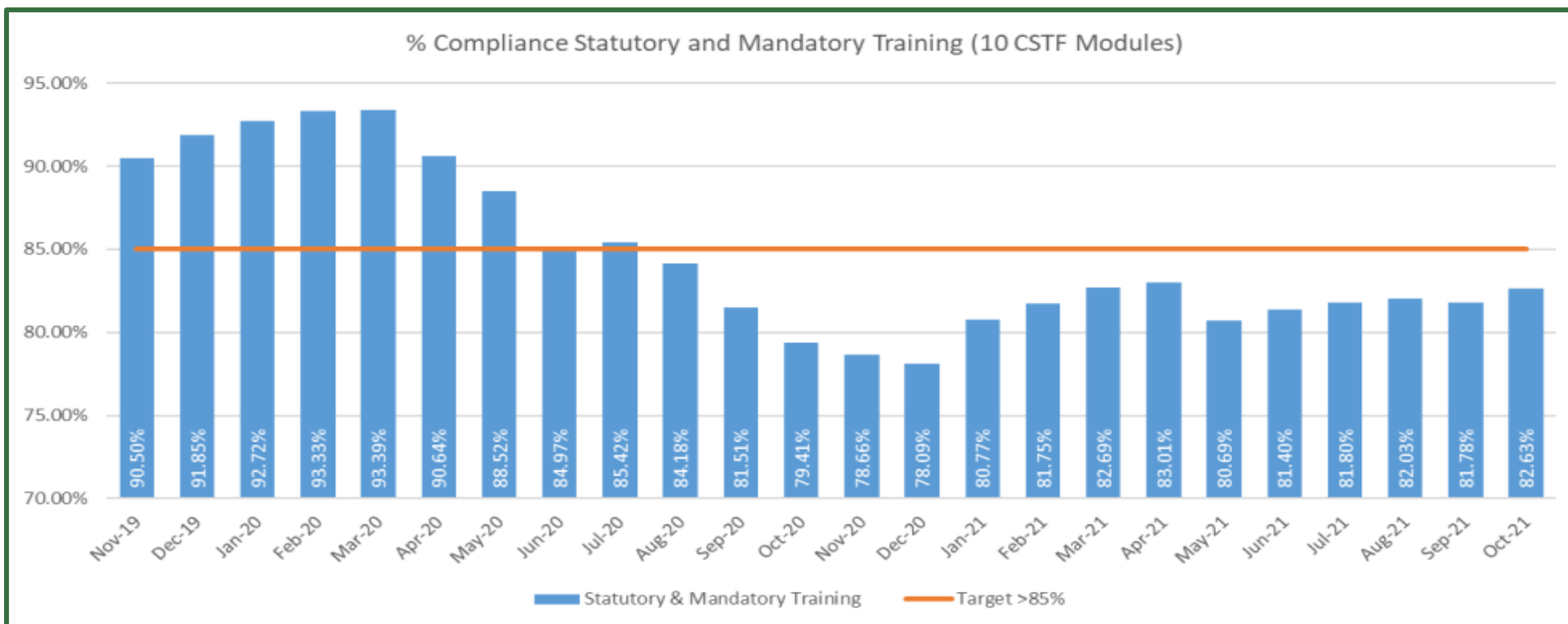
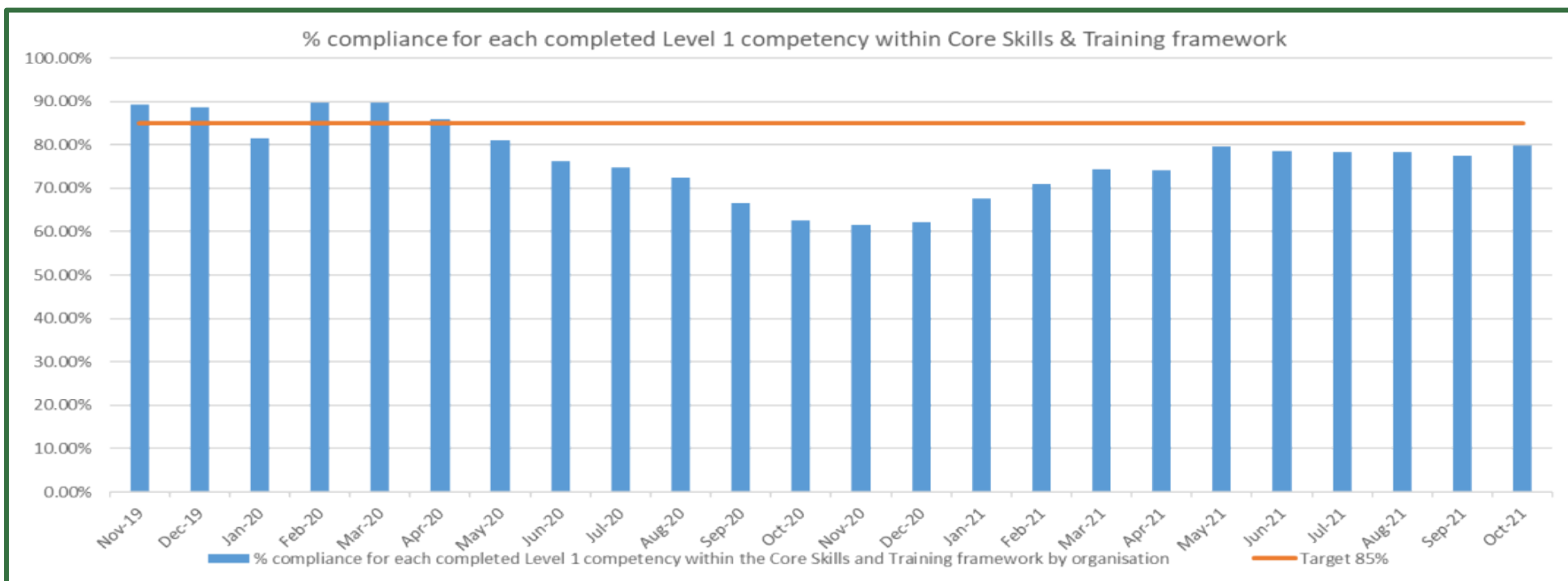
R

Self Assessment:
Strength of Internal
Control: Strong

CI

PCC

Health & Care
Standard
Health – Staff &
Resources



Analysis

PADR rates for Oct-21 declined to 69.28%, continuing to remain below the 85% target.

Oct-21 Statutory & Mandatory Training rates increased by 0.85% from the Sep-21 figure, however it still fell short of achieving the 85% target. Fire Safety (57.27%), Information Governance (82.13%) and Moving & Handling (67.05 %) all failed to achieve the 85% target; however Safeguarding Adults (85.96%) did achieve the target in Oct-21.

Continuing Professional Development was suspended due to the Coronavirus Pandemic. In Oct-21 Band 6 Paramedic Competency rates are 85.75% for year 1, 80.31% for year 2 and 28.38% for year 3. These figures exclude newly qualified Paramedics and staff on Long-Term Sickness and Maternity.

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

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

Remedial Plans and Actions

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

Expected Performance Trajectory

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

Data source: ESR



(Responsible Officer: Claire
Vaughan)

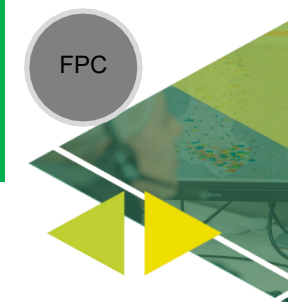
Welsh Ambulance Services NHS Trust



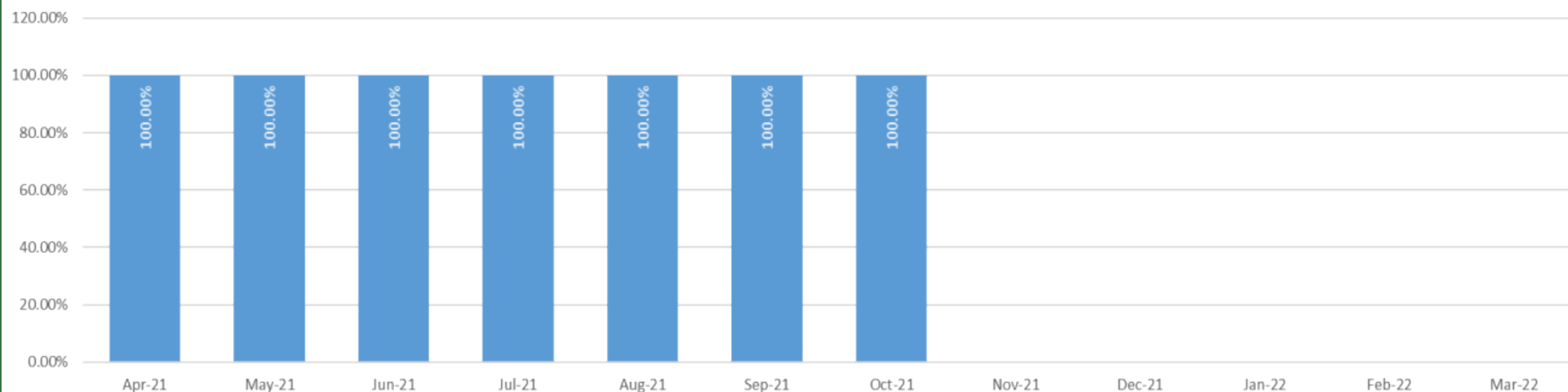
Finance and Value Finance Indicators

G

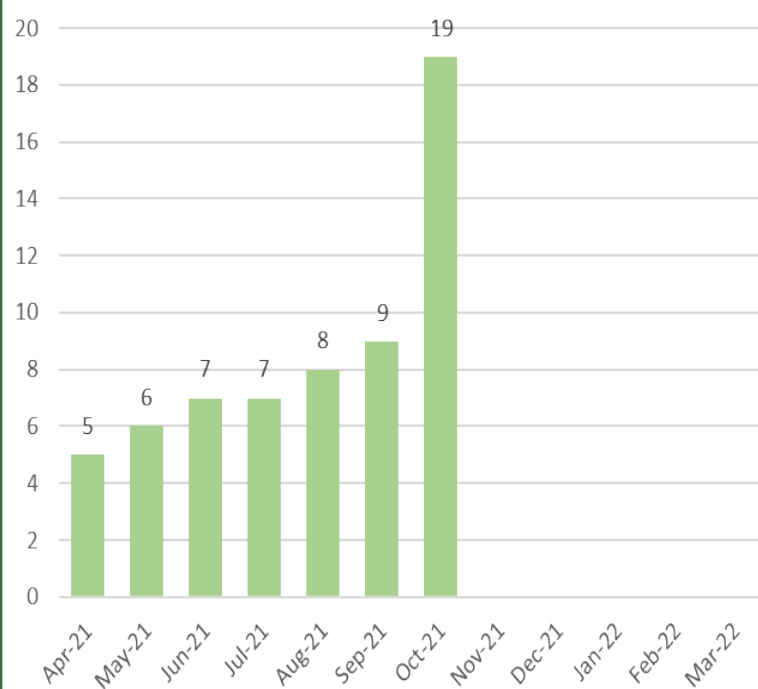
FPC



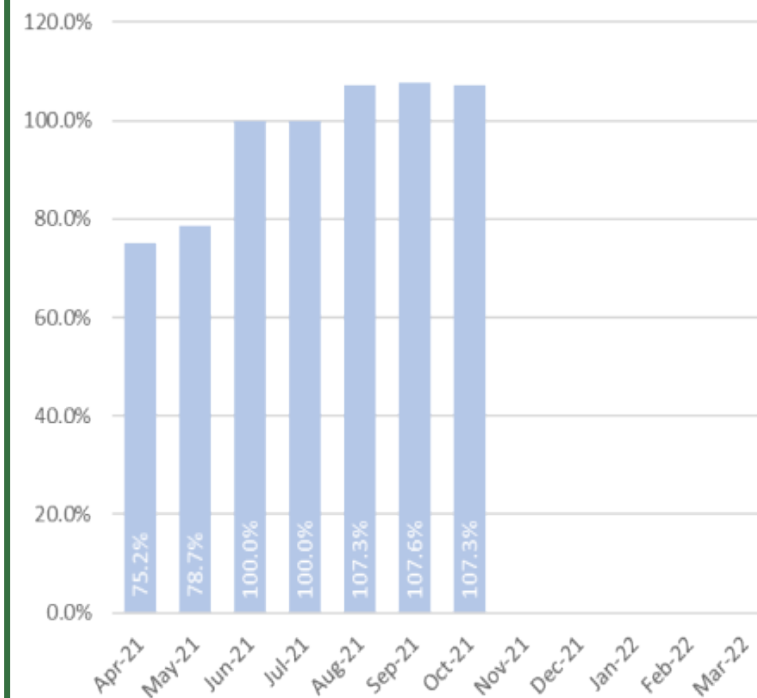
Financial balance - annual expenditure YTD as % of budget expenditure YTD



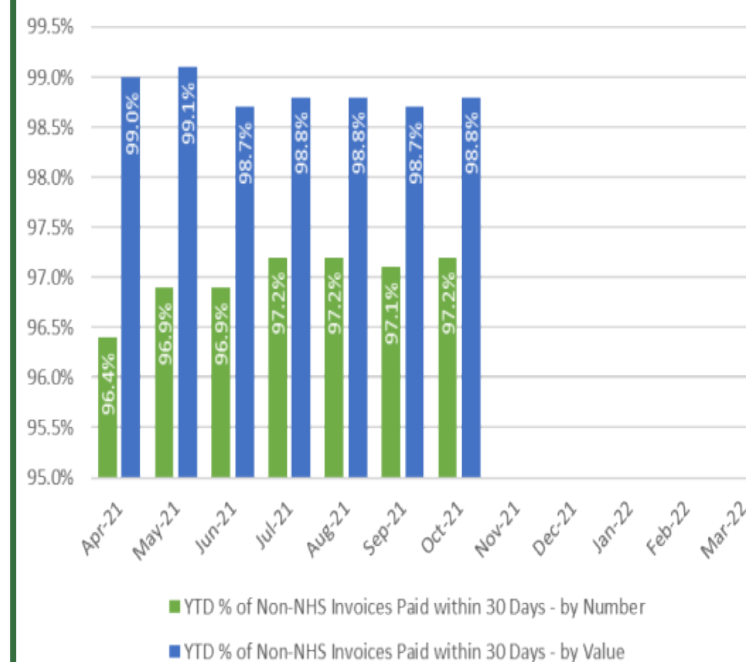
Actual Trust Surplus/(Deficit) YTD - £000



Actual Savings YTD as % of Planned Savings YTD



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



Analysis

As of Oct-21 the reported outturn performance at month 7 is a surplus of £19k.

For month 7 the Trust is reporting planned savings of £2.061m and actual savings of £2.211m, an achievement rate of 107.3%.

Cumulative performance against the Public Sector Purchase Programme (PSPP) as of Oct-21 was 98.8% against a target of 95%.

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

Remedial Plans and Actions

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

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

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

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

Expected Performance Trajectory

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



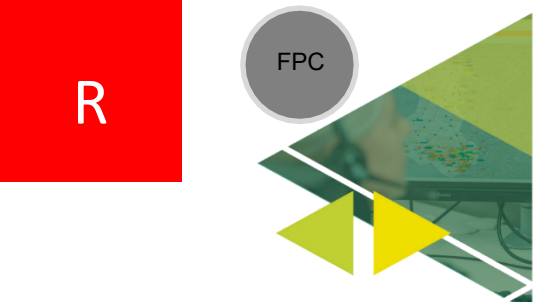
(Responsible Officer: Chris
Turley)

Welsh Ambulance Services NHS Trust

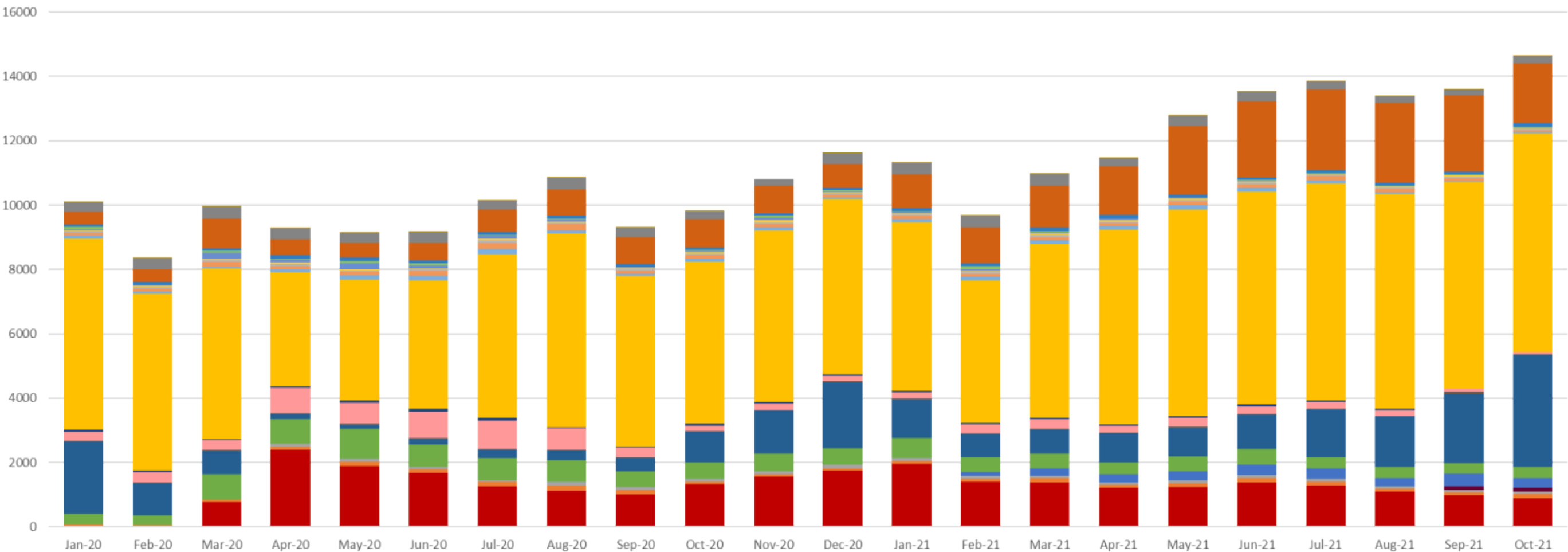


Value / Partnerships & System Contribution

EMS Utilisation & Post Production Lost Hours Indicators



Post Production Lost Hours - By Unavailability Reason



- CLEANING – CoVID19

Duty Operations Manager Duties

LEAVE - NOT AVAILABLE

SAFEGUARDING/POVA - NOT AVAILABLE

TRAINING ON BASE - NOT AVAILABLE

VEHICLE DEFECT - NOT AVAILABLE
- COMMUNICATIONS - NOT AVAILABLE

EQUIPMENT - NOT AVAILABLE

Paper Operations

SOILED UNIFORM - NOT AVAILABLE

TRAINING VEHICLE

VEHICLE DEFECT NOT AT W/SHOPS
- CoVID 19 RTB/ Awaiting Decontamination Cleaning

HALO DUTIES

POLICE INTERVIEW - NOT AVAILABLE -

STAFF ILLNESS - NOT AVAILABLE

TRAUMATIC STAND DOWN - NOT AVAILABLE
- Crew Documentation

L3 PPE Cool Down

RTB S/D MEALBREAK - NOT AVAILABLE

STAFF INJURY - NOT AVAILABLE

VEHICLE CLEANING - NOT AVAILABLE

Analysis
There were 14,644 hours lost in Oct-21 to APP, EA, RRV and UCS vehicles which continues to show high levels compared to previous months (PPLH). The highest number of hours were lost to EA vehicles, accounting for 10,545 in Oct-21.

In Oct-21 hours lost through PPLH can be down to numerous factors, including, but not limited to Return to Base, Meal Breaks (6,785 Hours), Vehicle cleaning (1,860 hours), HALO duties (3,474 hours) and Cleaning CoVID-19 (890 Hours). It can also be as a result of different processes at hospital sites causing variation in process in flow throughout the system that contribute towards post- production lost hours.

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

Expected Performance Trajectory
The current data needs to be treated with a degree of caution, for example, there are good reasons for post production lost hours. The Trust benchmarked well on non-RTB meal break PPLH. And further work is required on data accuracy. A clear benchmark needs to be identified before a trajectory can be set.

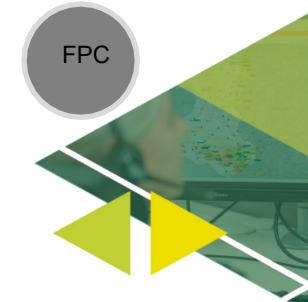


(Responsible Officer: Lee Brooks)

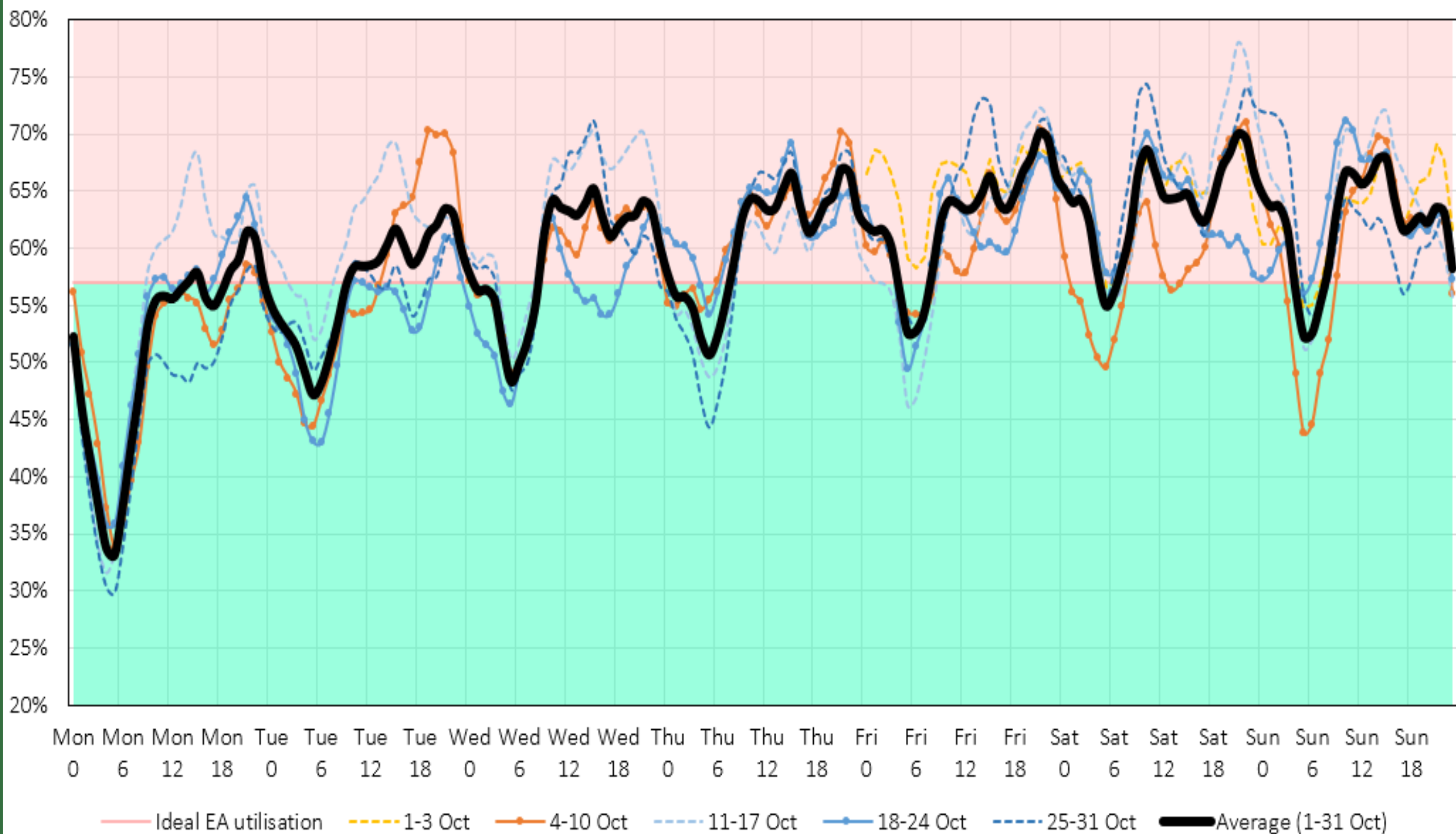
Welsh Ambulance Services NHS Trust



Value & Partnership Contribution Utilisation Indicators



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



Analysis

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

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

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

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

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

Remedial Plans and Actions

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

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

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

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

Expected Performance Trajectory

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



(Responsible Officer: Lee
Brooks)

Welsh Ambulance Services NHS Trust



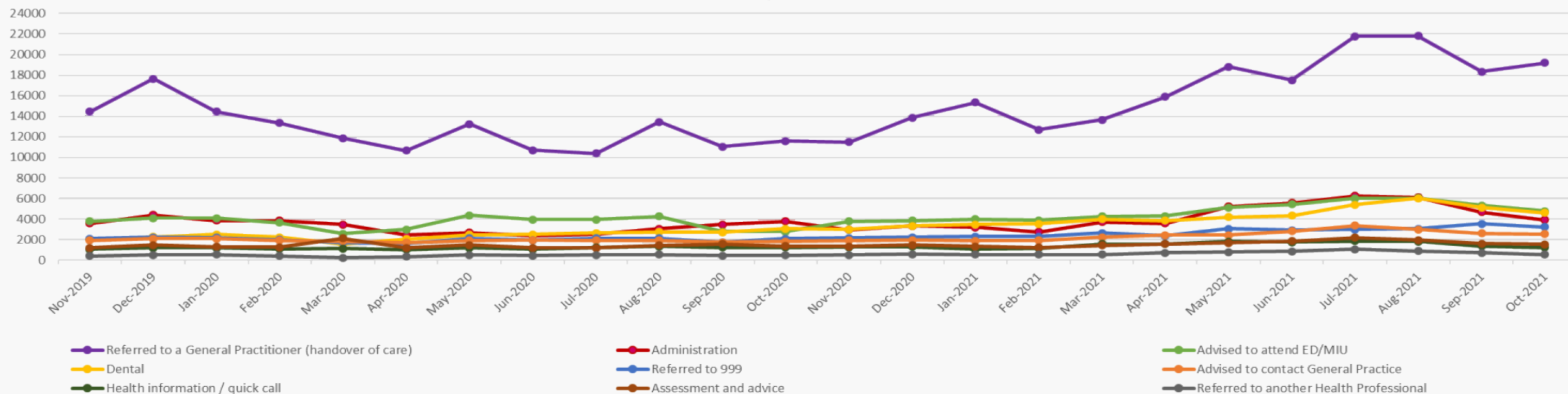
Our Patients: Quality, Safety & Patient Experience

111 Hand Off Metrics and 111 Consult & Close Indicators

Influencing Factors – Demand and Clinical Hours Produced



111 Calls By Final outcome



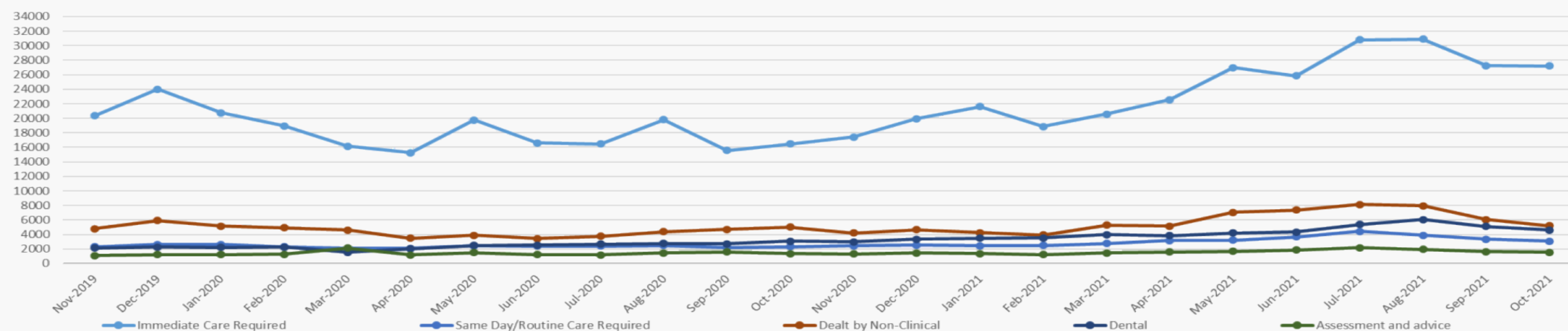
Analysis

In Oct-21 calls Referred to General Practitioner (handover of care) continued to be the top outcome for NHS111 accounting for 46% of calls.

Calls falling in the Immediate Care Required category saw the highest volume; this includes calls referred to General Practitioner (19,186), advised to attend ED/MIU (4,793) and calls referred to 999 (3,219).

In Oct-21 41,616 calls were received in the 9 categories displayed in the top graph, a minor decrease when compared to 43,350 in Sep-21, but an increase when compared to 28,879 in Oct-19 and 28,223 in Oct-20.

111 Calls by Final Outcome



Remedial Plans and Actions

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

Expected Performance Trajectory

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



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust

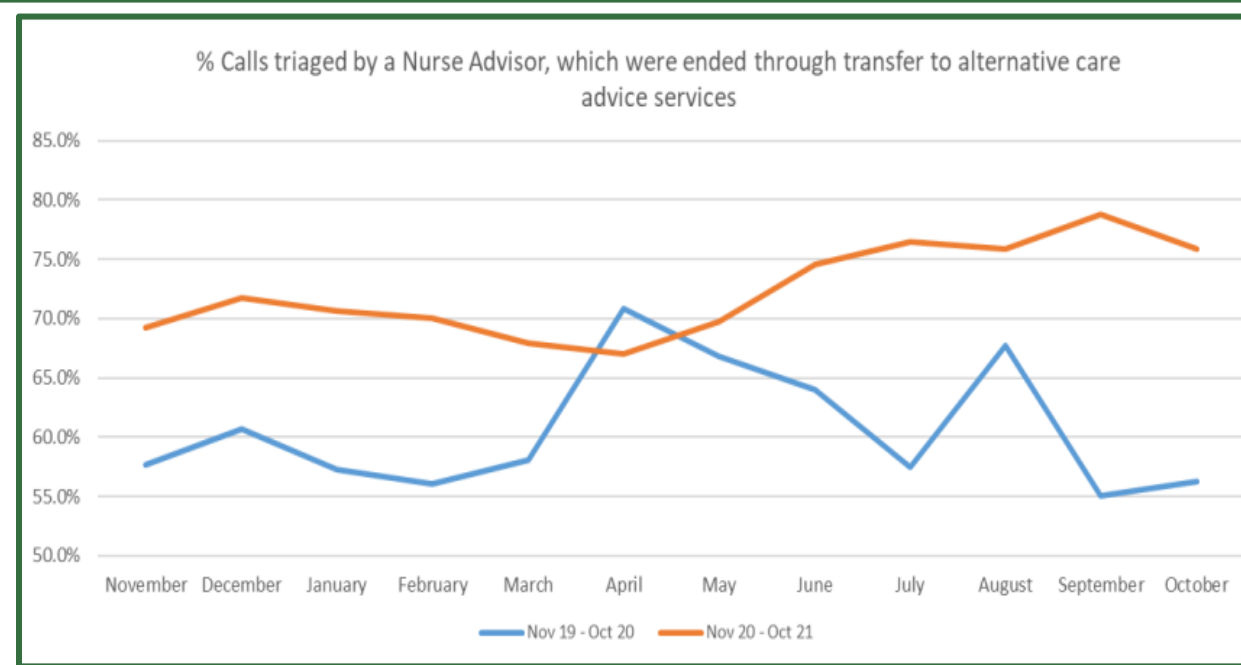
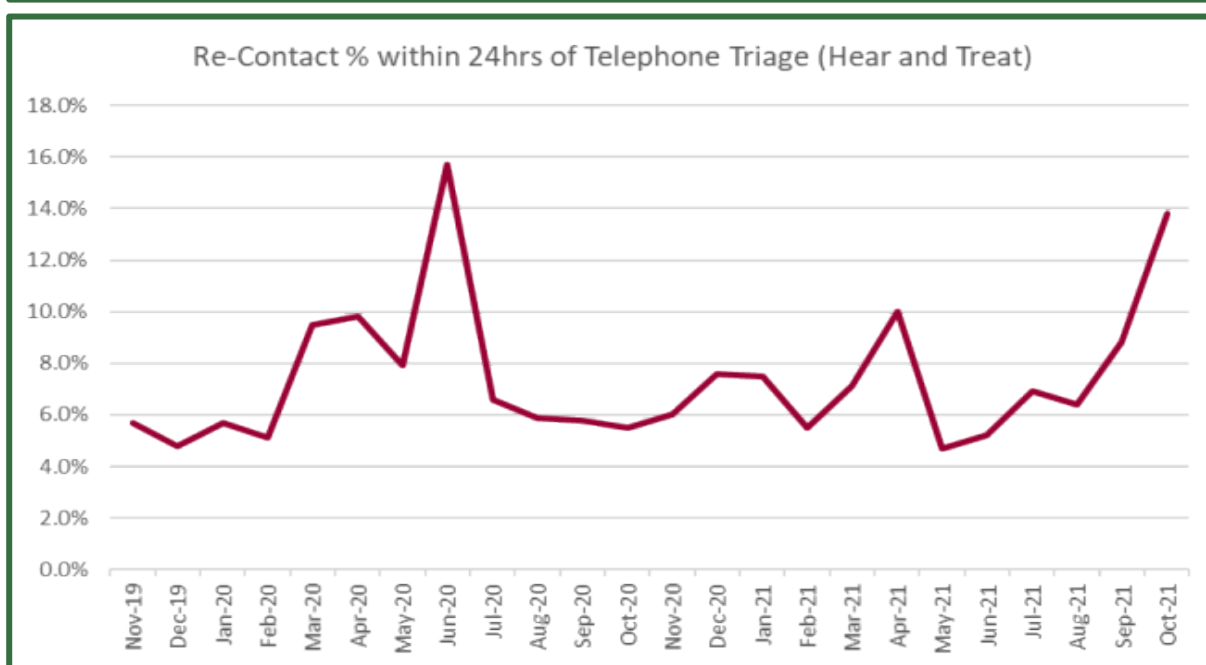
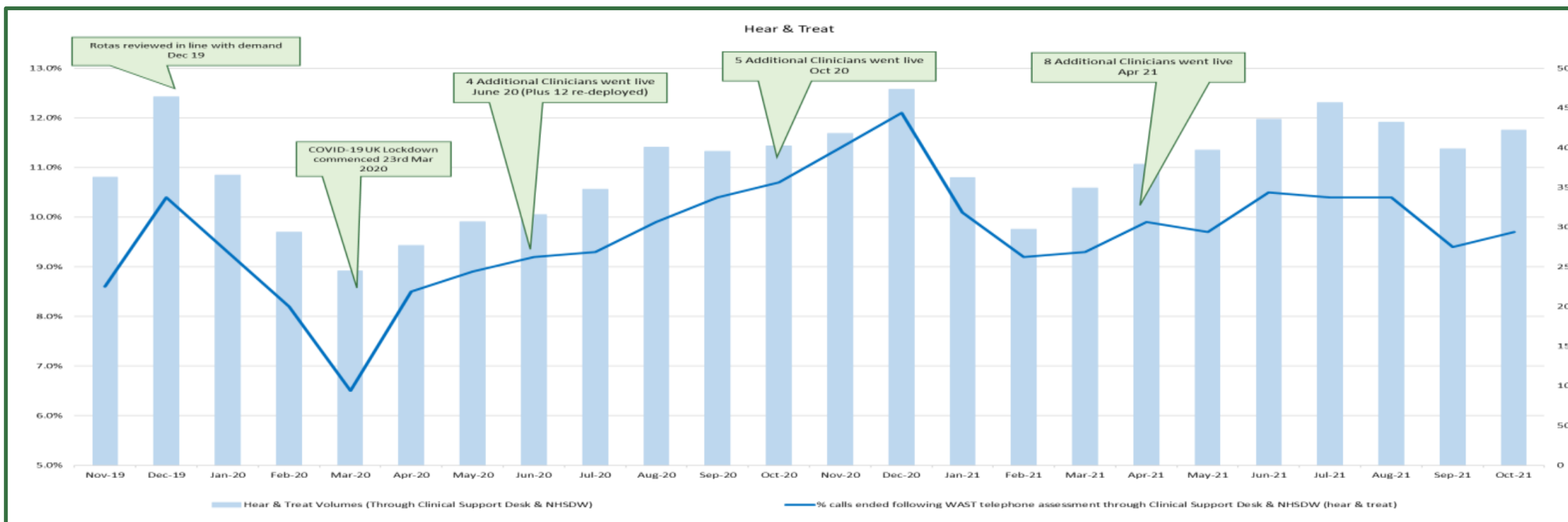
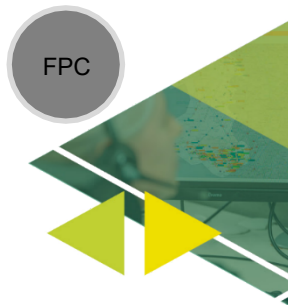


Partnerships / System Contribution

Hear & Treat Indicators

A

FPC



Analysis

The **Clinical Service Desk (CSD)** and **NHSDW (Hear & Treat)** achieved 9.7% performance in Oct-21, falling just below the 10.2% target.

5.8% of hear & treat volumes were achieved by the CSD in Oct-21. In comparison, 3.9% of hear & treat was by NHSDW/111.

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

Re-contact rates in Oct-21 were 13.8% an increase compared to 8.8% in Sep-21 and when compared to 5.5% in Oct-20.

The percentage of calls triaged by nurse advisor ended through transfer of alternative care advice services increased to 75.9% in Oct-21; by comparison, this figure was 56.3% in Oct-20.

Remedial Plans and Actions

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

Expected Performance Trajectory

The expectation from the Demand & Capacity Review is that we ought to be able to achieve a 10.2% hear and treat rate (achieved in some recent months). This benchmark is currently under review and expected to increase as part of the development of the 2022-25 IMTP and associated forecasting and modelling.



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust

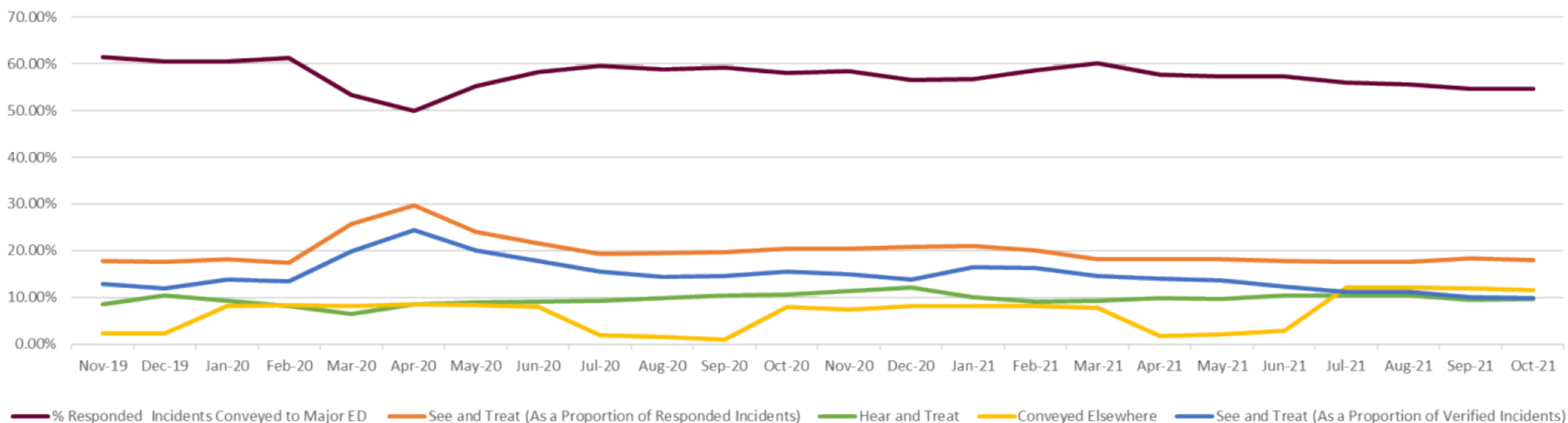


Partnerships / System Contribution Conveyance to ED Indicators

G

FPC

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



Analysis

The percentage of patients conveyed to EDs decreased compared to the same period last year. In Oct-21 conveyance to EDs as a proportion of total verified incidents was 30% (compared to 44.16% in Oct-20).

The combined number of incidents treated at scene and referred to alternate providers increased in Oct-21 when compared to Sep-21. 1,879 incidents were referred to alternative providers in Oct-21 and 2,441 incidents were treated at scene. However, a review of other outcomes (see graph) shows that the number of incidents where there was a no send, patient cancelled or went via their own transport increased significantly which may mean patients reaching hospital via another route. In Oct-21 13,033 ambulances were cancelled by patients, 778 fell in the unable to send category due to the escalation of the Clinical Safety Plan (CSP) and 317 patients made their way to hospital using their own transport. Overall this is a 47% increase when compared to Aug-19.

Remedial Plans and Actions

This indicator captures the impact of all “shift left” activity, for example hear & treat, see & treat (APPs, Band 6 Paramedics), pathways and conveyance to other hospital locations e.g. minor injury units (MIUs), direct admissions etc. Years 3-5 of the EMS Operational Transformation Programme offer the potential to take a more transformative look at options for further reducing conveyance, where it is clinically safe and appropriate to do so. Initial scoping work on this transformative modelling will take place in quarter four.

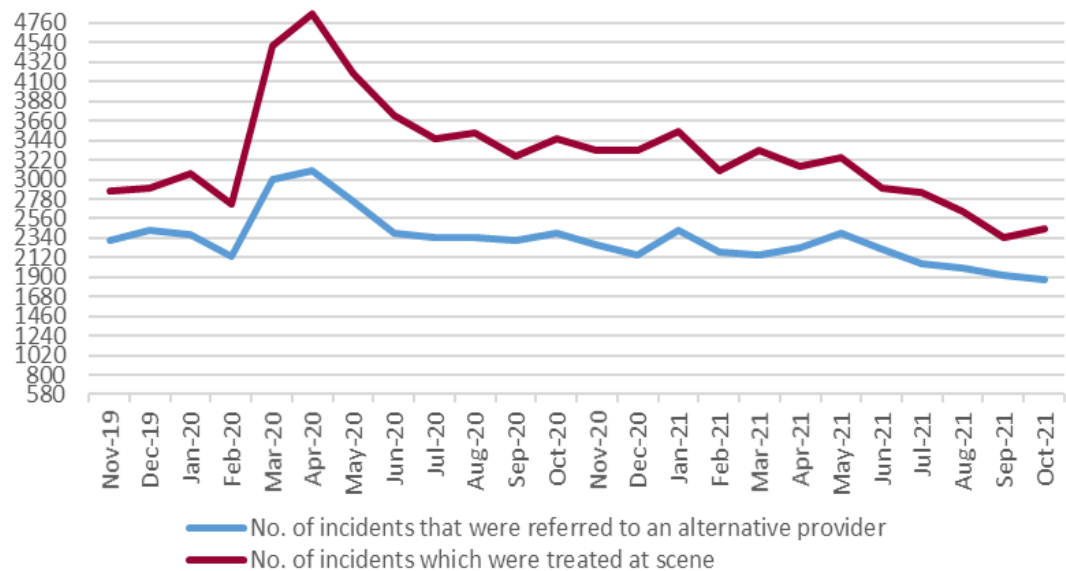
As part of the IMTP and working with partners across the health system. WAST has been asked to lead on the development of a National Respiratory work stream. A four phased proposal has been designed to deliver sustainable service level improvement for respiratory patients across Wales aligned to the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

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

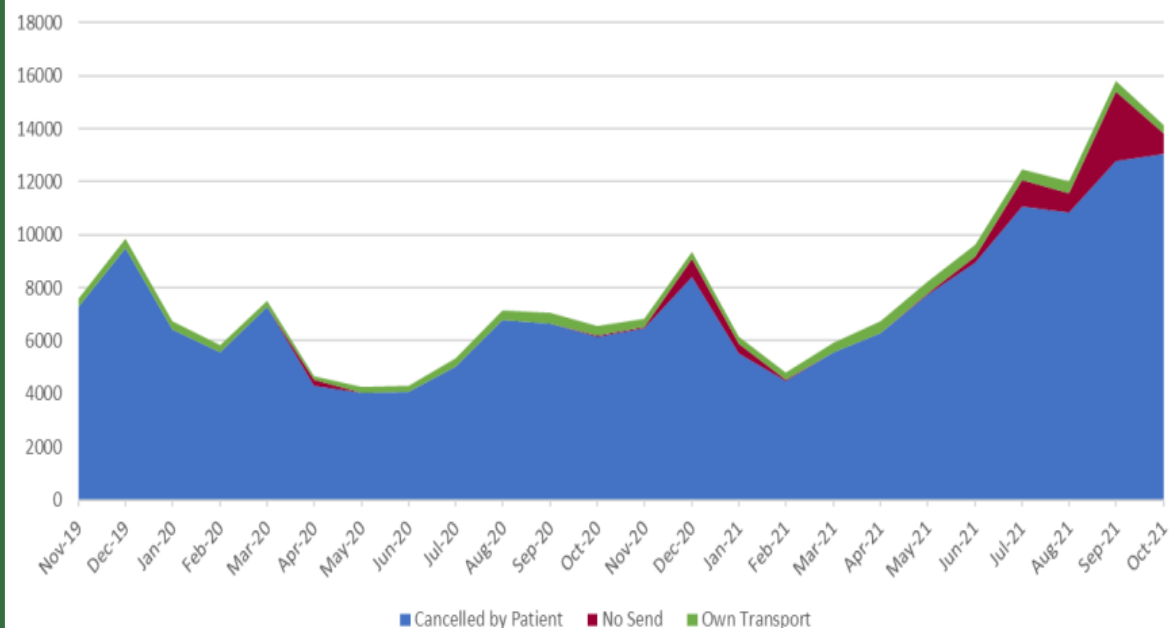
Expected Performance Trajectory

No targets are set for see and treat or conveyance rates, but the expectation that the range of actions being taken across the system will continue to incrementally improve these. More modelling will be done this year to determine whether this can be forecast.

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



Number of Incidents Stopped by Reason



(Responsible Officer: Brendan Lloyd)

Welsh Ambulance Services NHS Trust



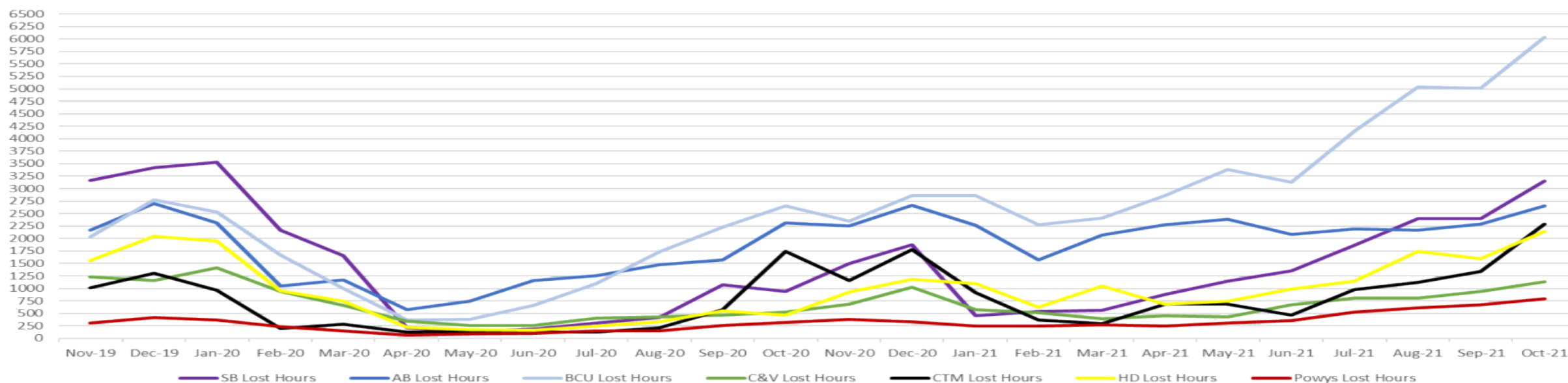
Partnerships / System Contribution Handover Indicators

R

CI

QUEST

Notification to Handover Lost Hours by
Health Board



Analysis

126,830 hours were lost to Notification to Handover, i.e. hospital handover delays, over the last 12 months, compared to 81,799 in same period a year ago (Nov-19 to Oct-20). 18,234 hours were lost in Oct-21, a 49% increase compared to 9,004 lost hours in Oct-20 also an increase when compared to 11,132 in Oct-19. The hospitals with highest levels of handover delays during Oct-21 were Morriston Hospital (SBUHB) at 2,930 lost hours, Glan Clwyd Hospital Bodelwyddan (BCUHB) at 2,633 lost hours, Grange University Hospital (ABUHB) at 2,286 lost hours and Maelor General Hospital (BCUHB) at 1,809 lost hours.

Notification to handover lost hours averaged 587 hours a day in Oct-21, 291% higher than the commissioning intention of no more than 150 hours per day.

Lost hours remain a challenge for the Trust, in Oct-21 40,368 hours combined hours were lost to UHP shortfalls (under 95% UHP), handover, post production lost hours and hospital to clear lost hours.

Remedial Plans and Actions

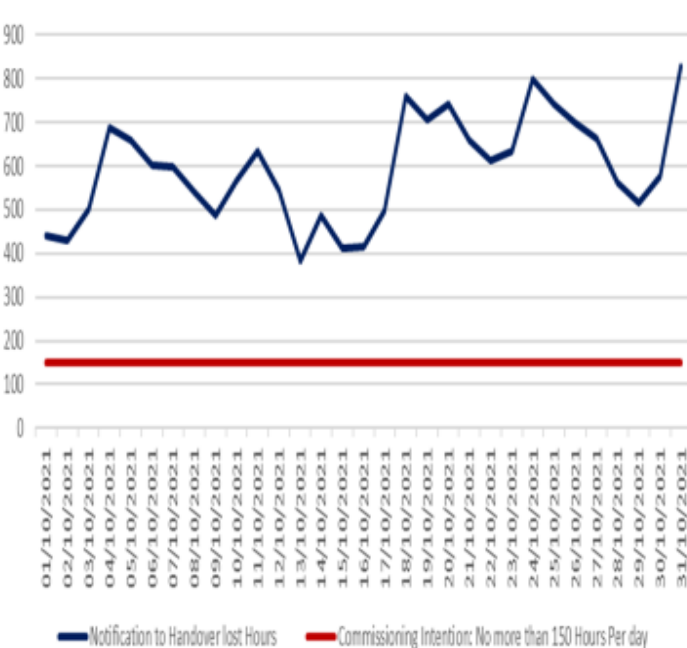
Significant time has been spent by all Executives and non-Executives highlighting this patient safety issue to EASC, Health Boards and to Welsh Government / Minister, and this will continue through the year as we seek to influence and put pressure on the system to improve.

Healthcare Inspectorate Wales (HIW) has undertaken a local review of WAST to consider the impact of ambulance waits outside Emergency Departments, on patient dignity and overall experience during the CoVID-19 pandemic. The relaunch of the WIIN platform has focused on handover reduction and supporting patient and staff dignity whilst waiting outside EDs. 35 ideas have been received through the WIIN platform from staff in Aug-21

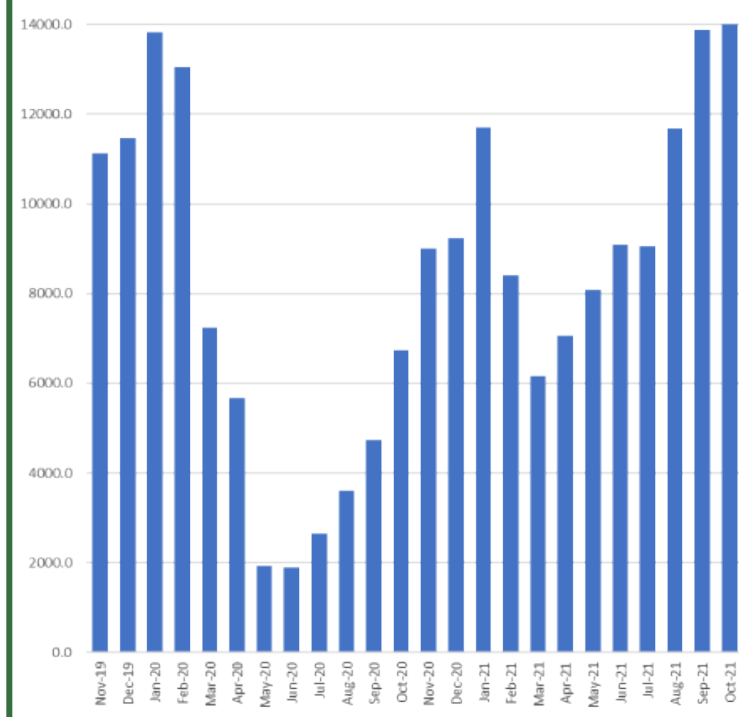
Expected Performance Trajectory

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

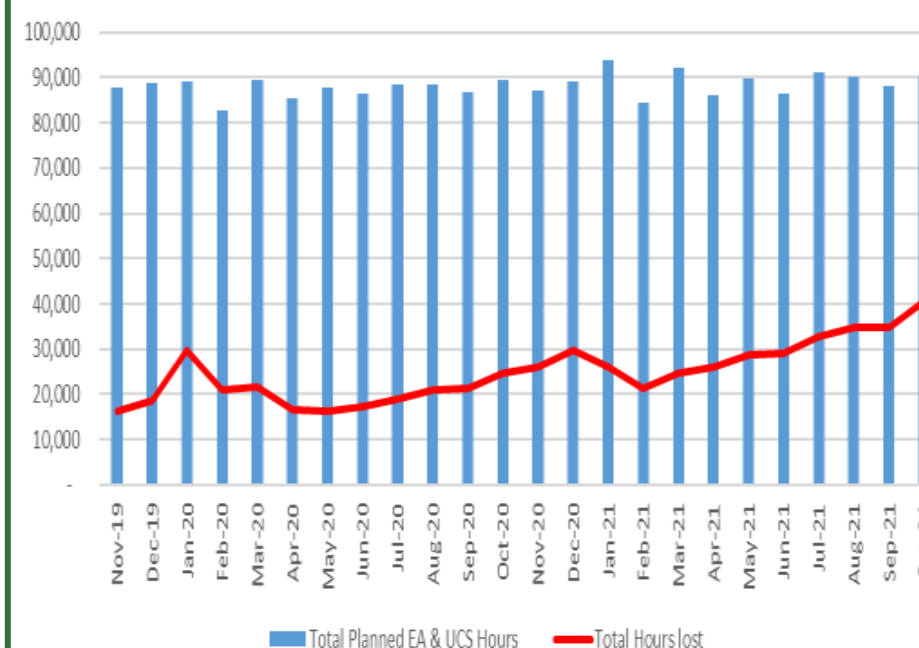
Notification to Handover Lost Hours - October 2021



Pan-Wales Notification to Handover Lost Hours



Total Planned hours VS Total Hours Lost



(Responsible Officer: Health
Boards)

Welsh Ambulance Services NHS Trust

Term	Definition	Term	Definition	Term	Definition	Term	Definition	Term	Definition
AB / ABHB	Aneurin Bevan / Aneurin Bevan Health Board	C&V / C&VHB	Cardiff & Vale / Cardiff & Vale Health Board	HIW	Health Inspectorate Wales	NHSDW	National Health Service Direct Wales	RRV	Rapid Response Vehicle
AOM	Area Operations Manager	D&T	Discharge & Transfer	HI	Health Informatics	NPUC	National Programme for Unscheduled Care	SB / SBUHB	Swansea Bay / Swansea Bay Health Board
APP	Advanced Paramedic Practitioner	DU	Delivery Unit	H&W	Health & Wellbeing	NQPs	Newly Qualified Paramedic	SCIF	Serious Concerns Incident Forum
BCU / BCUHB	Betsi Cadwaladr / Betsi Cadwaladr university Health Board	EASC	Emergency Ambulance Service Committee	HR	Human resources	NRI	National Reportable Incident	SPT	Senior Pandemic Team
CASC	Chief Ambulance Services Commissioner	EAP	Employee Assistance Provider	HSE	Heath and Safety Executive	OBC	Outline Business Case	STEMI	ST segment Evaluation Myocardial Infarction
CC	Consultant Connect	ED	Emergency Department	IG	Information Governance	OD	Organisational Development	TPT	Tactical Pandemic Team
CCC	Clinical Contact Centre	EMD		IMTP	Integrated Medium Term Plan	ODU	Operational Delivery Unit	UCA	Unscheduled Care Assistant
CCP	Complex Case Panel	EMS	Emergency Medical services	IPR	Integrated Performance Report	OH	Occupational Health	UCS	Unscheduled Care System
CEO	Chief Executive Officer	EMT	Executive Management Team	KPI	Key Performance Indicator	P / PHB	Powys / Powys Health Board	UFH	Uniformed First Responder
CFR	Community First Responder	ePCR	Electronic Patient Care Record	LTS	Long Term Strategy	PCR / PCR's	Patient Care Record(s)	UHP	Unit Hours Production
CI	Clinical Indicator	EPT	Executive Pandemic Team	MACA	Military Aid to the Civil Authority	JRCALC	Joint Royal Colleges Ambulances Liaison Committee	VPH	Vantage Point House (Cwmbran)
COOs	Chief Operating Officers	FTE	Full Time Equivalent	MIU	Minor Injury Unit	PECI	Patient Engagement & community Involvement	WAST	Welsh Ambulance Services NHS Trust
COPD	Chronic Obstructive Pulmonary Disease	GPOOH	General Practitioner Out of Hours	MPDS	Medical Priority Dispatch System	POD	Patient Offload department	WG	Welsh Government
CoVID-19	Corona Virus Disease (2019)	GTN	Glyceryl Trinitrate	NCCU	National Collaborative Commissioning Unit	PPLH	Post Production Lost Hours	WIIN	WAST Improvement & Innovation Network
CSD	Clinical Service Desk	HB	Health Board	NEPTS	Non-Emergency Patient Transport Services	PSPP	Public Sector Purchase Programme		
CSP	Clinical Safety Plan	HCP	Health Care Professional	NEWS	National Early Warning Score	QPSE	Quality, Patient Safety & Experience		
CTM / CTMHB	Cwm Taf Morgannwg Health Board	HD / HDHB	Hywel Dda / Hywel Dda Health Board	NHS	National Health Service	ROSC	Return Of Spontaneous Circulation		





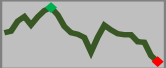





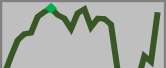



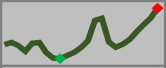
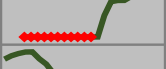






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Welsh Ambulance Services
NHS Trust



Welsh Ambulance Services NHS Trust
Integrated Performance Report
2020/21

Top Monthly Indicators	Target 2021/22	Baseline Position (2020/21)	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	2 Year Trend	RAG
Our Patients - Quality, Safety and Patient Experience																
111 Abandoned Calls	< 5%	11.00%	7.3%	21.4%	14.0%	3.2%	7.2%	16.3%	7.0%	12.4%	27.2%	26.3%	26.5%	30.1%		R
111 Patients called back within 1 hour (P1)	90%	95.30%	94.4%	93.6%	94.1%	94.8%	94.5%	94.6%	93.5%	93.4%	94.4%	92.5%	92.3%	93.9%		G
999 Call Answer Times 95th Percentile	95% in 00:00:05	0:03	0:03	0:03	0:03	0:03	0:03	0:03	0:03	0:08	0:18	0:54	1:39	1:39		R
999 Red Response within 8 minutes	65%	63.6%	59.5%	53.7%	59.6%	64.4%	62.5%	61.0%	60.6%	60.6%	57.8%	57.6%	52.3%	49.9%		R
Red 95th percentile	00:14:00	00:17:59	00:19:26	00:20:04	00:18:56	00:18:04	00:18:29	00:19:06	00:18:58	00:19:53	00:21:12	00:22:11	00:23:42	00:24:48		R
999 Amber 1 95th percentile	01:18:00	02:24:10	03:09:18	05:23:51	02:35:53	02:06:03	02:15:15	02:31:11	02:53:55	03:32:46	04:13:36	04:36:38	06:34:08	06:58:05		R
Return of Spontaneous Circulation (ROSC)	Improve	9.97%	10.97%	9.26%	9.00%	14.60%	6.60%	14.30%	15.20%	15.30%	16.20%	8.10%	12.40%	-		G
Stroke Patients with Appropriate Care	95%	95.83%	94.50%	96.40%	93.40%	95.00%	95.60%	94.50%	98.20%	97.20%	98.30%	95.90%	97.80%	-		G
Acute Coronary Syndrome Patients with Appropriate Care	95%	73.50%	77.80%	67.70%	70.10%	62.30%	75.70%	85.70%	82.30%	83.80%	75.70%	73.00%	70.80%	-		R
Renal journeys arriving within 30 minutes of their appointment (NEPTS)	70%	74%	80%	80%	77%	79%	79%	78%	78%	79%	78%	79%	80%	78%		G
Discharge & Transfer journeys collected less than 60 minutes after booked time (NEPTS)	90%	88.00%	90%	85%	87%	87%	86%	75%	69%	68%	73%	79%	78%	89%		A
National Reportable Incidents reports (NRI)	-	4	5	8	10	3	7	9	1	4	4	5	8	7		R
Concerns Response within 30 Days	75%	75%	78%	88%	75%	70%	78%	68%	62%	63%	62%	57%	45%	47%		R
Our People																
EMS Abstraction Rate	29.92%	37.00%	38%	44%	40%	38%	44%	35%	36%	39%	42%	45%	45%	44%		R
Hours Produced for Emergency Ambulances	95%	96.0%	95%	94%	100%	100%	96%	94%	96%	92%	88%	87%	82%	90%		A
Sickness Absence (<i>all staff</i>)	5.99%	7.30%	7.78%	10.25%	10.51%	7.61%	6.98%	7.35%	7.93%	8.87%	9.73%	10.52%	11.74%	-		R
Frontline CoVID-19 Vaccination Rates	-	-	-	-	3	1,927	3,157	3,268	3,275	3,620	3,710	3,751	3,796	4,197		-
Statutory & Mandatory Training	>85%	83.1%	78.66%	78.09%	80.77%	81.75%	82.69%	83.01%	78.52%	78.62%	78.34%	78.49%	77.61%	79.87%		A
PADR/Medical Appraisal	>85%	52%	47.44%	44.71%	46.95%	46.95%	56.60%	61.42%	63.19%	65.27%	64.55%	63.23%	61.10%	59.28%		R
Ambulance Response FTEs in Post	1700	1702	1753	1751	1783	1777	1767	1602	1585	1587	1584	1585	1587	1585		A
Ambulance Care, Integrated Care, Resourcing & EMS Coordination FTEs in Post	-	1117	1157	1142	1144	1163	1176	1226	1487	1468	1468	1461	1447	-		-



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AGENDA ITEM No	12
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	2

IMTP 2021-2024 Progress Report

MEETING	Trust Board
DATE	25 November 2021
EXECUTIVE	Rachel Marsh- Director of Strategy, Planning and Performance
AUTHOR	Alexander Crawford - Assistant Director of Strategy and Planning
CONTACT	Alexander.Crawford2@wales.nhs.uk

EXECUTIVE SUMMARY

The purpose of this paper is to update the Finance and Performance Committee of progress and delivery of actions in the IMTP 2021-24. This is the end of quarter two position but includes those actions that will span into future quarters. An interim quarter three position has been presented at Strategic Transformation Board (STB) on 22 December 2021.

RECOMMENDED:

That the Board:

Notes the progress on IMTP delivery.

KEY ISSUES/IMPLICATIONS

Finance and Performance Committee has reviewed the detailed assurance report on delivery of the IMTP on 18th November 2021.

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

- **EMS Operational Transformation** – builds upon the EMS D&C Programme to deliver wider projects to improve performance and transform services, also address commissioning intentions;
- **Ambulance Care** – this incorporates the implementation of the NEPTS D&C Review, ongoing NEPTS transformation projects and the emerging work around a Transfer and Discharge model for Wales, again in line with NEPTS commissioning intentions;
- **Gateway to Care** – this establishes a programme to bring together transformative projects around 111 and the CCC clinical review, including the

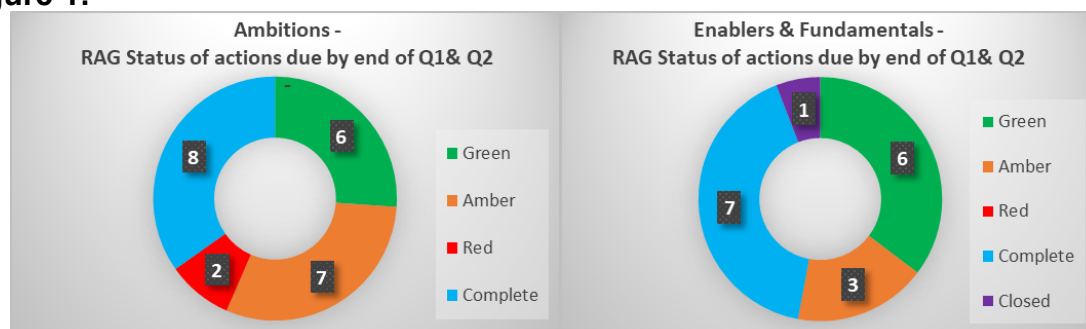
ambitions for an Integrated Clinical Hub and now incorporated 111 Digital workstreams;

- **Clinical Transformation** – this has been established to drive forward the Clinical Strategy and our ambitions for mobile urgent care and mental health.

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

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

Figure 1:



Two actions are considered RED.

- **Level 2 Falls Response Model Business Case:** Now being resolved through Clinical transformation programme board and feature within the Trust’s EMS transitional plan.
- **Implement the new 111 system:** SALUS delivery has slipped until at least May 22. Potential for further delay as no commercial agreement on new dates at this stage. New web functionality is now being delivered through alternative means but not called out as separate IMTP deliverable in the current year.

Deliverable tracker - Extract of actions with milestones due by end of Quarter 1 & Quarter 2

The following table summarises the actions due by end of quarter one and quarter two with assurance or remedial action for Amber rated actions.

Key: Red (Urgent attention required), Amber (In progress, off track), Green (In progress, on track), Blue (Complete).

Ambitions		
Actions in 2021-22 with milestones due in Q1 and Q2	Due By	RAG
EMS Operational Transformation Programme		
Develop demand and capacity strategy for the future (Forecasting & Modelling)	Q2	A
Develop a rural model and pilot in one area of Wales, aimed at improving red response times	Q2	G

Ambulance Care Transformation Programme		
Establish a NEPTS Transformation Programme Board	Q1	C
Bring all non-emergency healthcare transport services in Wales under WAST management and oversight by completing transfers from ABUHB and BCUHB	Q1	A
Identify the transport needs of non-eligible patients across Wales	Q1	C
Work in partnership with the patient and alternative service providers to deliver solutions that meet patient transport needs	Q2	A
Undertake a review of the transfer and discharges services in Aneurin Bevan	Q1	C
Undertake evaluation of MTN	Q2	A
Gateway to Care Programme		
Roll-out core 111 service to BCU Health Board	Q1	C
Complete the roll out of Contact First across Wales, including robust governance agreements	Q2	A
Introduce mental health practitioners, integrated across 111/999 clinical teams (subject to funding)	Q2	A
Develop a case for change for discussion with stakeholders on the integration of clinical teams	Q2	A
Recruit to operational and clinical leadership and governance structures and embed them fully	Q2	G
Clinical Transformation Programme		
Reviewing the Clinical Strategy and incorporating learning from the Covid-19 pandemic	Q1	C
Consolidate the CCC rotation for the APP model and explore the most effective dispatch model	Q2	G
Increase our Independent Prescribing capacity (min 5 new IPs funded)	Q2	G
Continue evaluation of the impact of Independent prescribing	Q2	C
Establish a programme for delivery for "Care Closer to Home"	Q1	C
Develop a business case to support Level 2 Falls Response Model across Wales	Q1	R
Develop a clinical indicator plan and audit cycle	Q2	G
Review of clinical response model (comparison with England)	Q2	G
Deliver new Mental Health and Dementia Plan setting out in detail how we will improve WAST services	Q2	C
111 Digital Programme		
Implement the new 111 system: SALUS	Q2	R

Enablers & Fundamentals		
Actions in 2021-22 with milestones due in Q1 and Q2	Due By	RAG
Our People		
Encourage the organisation to take time to pause and support a process of healing as we recover from the pandemic response	Q1	Closed
Closed – Not complete Concept of "PAUSE" was not feasible. The objective is being progressed pursued via culture, behaviours, and wellbeing strands of work.		

Review and refresh out Partnership Working arrangements building on the achievements of Go Together Go Far (GTGF)	Q2	G
Shape the plan for a technology enabled workforce (as part of Strategy delivery), to include agile working model	Q2	A
Deliver the organisational change required to support the restructure of the Operations Directorate	Q2	G
Deliver the Duty Operations Manager development programme to support new leadership model in operations supporting our front-line colleagues	Q2	C
Innovation & Technology		
Roll out improved corporate communications, including Yammer	Q2	A
OnClick Major Incident training and Everbridge communication platform rolled out	Q2	C
Infrastructure		
Implementation of 111 solution for BC UHB (Ty Elwy)	Q1	C
Partnerships & Engagement		
Engage with new Government and opposition party representatives post 2021 Senedd elections	Q2	G
Support the review of national, regional and local escalation arrangements	Q2	G
Secure recurrent funding for continuation of the Operational Delivery Unit (ODU) in support of future escalation arrangements	Q1	C
Extend existing contracts and recruit to fill vacancies in ODU (subject to funding)	Q2	G
Continue to deliver safe and efficient Welsh reserve MTU operations up till 31st August 2021	Q2	C
Potentially extend the contract in agreement with the Welsh Government, Test Trace Protect (TTP) Wales and Department of Health and Social Care (DHSC) if service is required beyond August 2021	Q1	C
Fundamentals		
Revise the Trust Quality Strategy to align with the Bill	Q1	C
Continue to have discussions in partnership with Velindre Trust and PHW regarding a joint appointment to lead the public health plan	Q2	A
Work with the NCCU and Finance Delivery unit to develop a strategy and approach to Value-Based healthcare which links outcomes, patient experience and use of resources	Q2	G

Welsh Government Parameter Letter

On 22nd October 2021 Welsh Government issued a parameter letter which asked WAST to ensure the Board is assured on the delivery of its annual plan, particularly:

- Ensure plan is reviewed against current expectations and commissioning intentions of EASC;
- Review workforce challenges of recruitment vs retention and implement mitigating actions;

- Review risks associated with Grange University Hospital and handover issues;
- Identify clear actions to recover services paused/ reduced as a result of the pandemic;
- Finance: Allocations for additional COVID funding are being worked through and forecasts will continue to be reviewed and tested as part of the mid-year review process;
- Recovery - the Board must assure itself that:
 - Plans continue to optimise delivery and that innovative and transformational approaches are being implemented to achieve this
 - Plans are in place to re-establish and improve on pre –pandemic levels of activity by March 2022.

Generally, these issues are addressed through the assurance report (by programme) received at STB and Finance and Performance Committee. The issues specific to the Grange University Hospital would be part of the refocus on operational pressures and the next section on prioritisation offers an insight into the activity required and/or to be paused to support operational pressures over the coming months. This prioritisation has balanced the need to address immediate demands whilst recognising the need to continue to transform services to ensure recovery and sustainability going forward.

Prioritisation

WAST set out an ambitious plan, which was considered deliverable based on the forecast improvement in the COVID-19 pandemic in 2021. However a third wave, coupled with the indirect impact of COVID-19, and growing pressure across the health and care system has impacted our ability to deliver a safe operational response alongside transformational aspects of the plan. As set out in the plan, the mitigating actions to respond with agility to these pressures has required response structures to be set up during winter and as such a prioritisation exercise has been undertaken through Strategic Transformation Board to release operational and clinical staff to focus on frontline delivery.

Actions within each deliverable of the IMTP were prioritised on the basis:

- Those changes that are intended to have an immediate impact this winter – this includes key pieces of work to add capacity into EMS, stabilisation and transformation in the 111 service, and continued transformation in Ambulance Care;
- Those changes that have an externally set deadline or contractual obligations – this includes key commissioning intentions and delivery of ePCR, capital programmes for estate fleet and digital and the implementation of core elements of the Once for Wales Datix system;
- Those changes that if paused would de-stabilise the response, recovery or transformation agenda in the second year of the IMTP – this includes the programme to embed a working safely culture and the continued focus on the health and wellbeing of the workforce.

Commissioning Intentions

EASC Management Group (a sub-committee of EASC) reviewed an update on progress against commissioning intentions at its meeting on 26th August 2021, noting progress across both EMS and NEPTS. Strategic Transformation Board will receive

an update on our position against commissioning intentions at its meeting on 22nd November 2021 and this update will be brought to the next Finance and Performance Committee.

Planning for 2022 and beyond

Despite the need to prioritise and pause some aspects of the current IMTP, we need to ensure a continued focus on recovery from the pandemic and we will aim to drive forward the strategic ambitions within the trust that will ultimately lead to sustainable improvement for our colleagues and the communities we serve. In order to move from the current focus on operational challenges towards our strategic ambitions we will be developing a Transition Plan which will feed into the next IMTP.

The NHS Wales Planning Framework was published on 9th November 2021. This will require WAST to submit a Board approved IMTP to Welsh Government for ministerial approval by 28th February 2021. The CEO will be required to confirm WAST's ability to submit in this timeframe by 15th January 2021. We set out in our last update to the Board a timetable for producing an IMTP by end of January 2021. To submit in February will require additional governance arrangements to be established, which the Board Secretary is arranging.

The additional month allows for the production and engagement on the Transition Plan in order to secure the required support ahead of producing the full IMTP. Therefore, a revised timetable will be developed, taking account of the need for engagement, governance and assurance both within WAST and externally with our partners.

The revised timetable for finalising the IMTP is therefore as follows:

Date	Meeting/Deadline
15 th January	Chief Exec Accountability Letter
18 th January	TBC EASC meeting
TBC January	EMT
20 th January	F&P Committee
25 th January	Board Development
27 th January	Trust Board
TBC February	EMT
18 th February	Board Development
TBC February	F&P Endorsement
25th February	Trust Board approval
28th February	Submission to WG

REPORT APPROVAL ROUTE

Strategic Transformation Board 18th October 2021
Finance and Performance Committee 18th November 2021

REPORT APPENDICES	

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

Appendix 1

IMTP Delivery Programmes – Assurance Report

Quarter 2 End Position

Programme Structure Governance:

All key transformation delivery programmes (**EMS Operational Transformation, Ambulance Care Transformation, Gateway to Care , Clinical Transformation**) have established programme boards and necessary governance arrangements are in place to deliver and monitor the IMTP 2021-22 deliverables mapped back into each accountable programme. All the programmes now have draft Programme definition document (PDD), risk and issue logs and product delivery trackers in place and regular highlight reports.

111 Digital programme already had delivery arrangements and governance routes into the national programme and for purposes of internal assurance reporting into the Strategic Transformation Board (STB) it was proposed to form an assurance and information reporting line into Gateway to Care programme. This is agreed in principle and needs concluded at next Gateway to Care programme board.

All the enabling programmes (**Our People-WOD, Infrastructure – Estate & Fleet SOP, Innovation & Technology-Digital, Partnerships & Engagement, Fundamentals-Quality & Value**) continue to be monitored via their respective directorates and mechanisms are established to report progress into STB.

Working safely programme has also been started with a dynamic action group reporting into the programme board.

Strategic development and **Strategic planning** groups have also been formally constituted and are active now.

Prioritisation Exercise:

Due to ongoing operational pressures a prioritisation exercise was undertaken by all the ambitions and enabling programmes. The discussion on the outcomes was concluded in executive management team meeting on 6th Oct-21. Noting there are still few deliverables that are being further reviewed as either they are not contributing to the performance improvement plan or no decision been made (TBC's) yet on these, the next step is to undertake EQIA and socio-economic duty reviews for deliverables that have been paused. The impact of pausing some of the deliverables will have to be factored into 2022-23 IMTP planning as well if some elements need to be carried over to next year's IMTP delivery cycle.

Ambitions - Programmes

EMS Operational Transformation

Overall RAG - Amber

Key Achievements

- Response Roster Review project paused and EMS D&C 1 (2021) started - This will provide a modelling position to achieve Red 8 minutes 65% with CHARUs
- Complete CCC reconfiguration PID linked to finalisation of modelling and agreement with SOT on revised dispatch boundaries (Post EMT feedback - A supplemental option to SOT on 2nd Nov).
- Recruitment and Implementation plan for ECNS (ongoing- good progress)
- Confirm new CSD roster (W/C 1st Nov-21) (ongoing- good progress)
- Mental Health Practitioners (CSD Only) Recruitment -(Underway)
- Decision on treatment of CPD (delayed: subject to further negotiations with TU partners)
- Start planning and delivering specific interim estate solutions in agreed areas (Ongoing)
- Continue with fleet replacement plan (Delays on certain lines due to suppliers; EA's on track).
- Modernisation workshops (Ongoing; 2 x workshops delivered)

Summary

There are now 10 projects in the programme.

Note1: CCC Clinical Review now reports into a different programme (Gateway to Care) in the Trust's Strategic transformation Board structure, But with continued links on Hear & Treat efficiencies into this programme.

Note2: 2021 Demand & Capacity Steering Group has been added to the programme in response to change in assumptions and conditions of the original D&C review 2019, mainly change in Red demand (+18%) caused by a change in the Medical Dispatch Prioritisation System (MPDS) for breathing difficulties and material increase in handover lost hours

The key project is the **Recruitment & Training Project** which has delivered the 136 FTE additionality in 20/21. There are clear plans to deliver an additional 127 FTEs in 21/22 and close the relief gap. The plan is on-target for EMT's and Paramedics but there is a possibility of shortfall on UCA's against the plan due to C1 Licence issue. There is an option to over-recruit Paramedics in 21/22 to provide further support to the system.

2021 Demand & Capacity Steering Group TOR's have now been agreed. The Response roster review project has some slippage regarding agreement of the core principles and on-going discussions around the keys to roster to and hence has been paused up till **CHARU** proposal accepted and roster keys are finalised. This will avoid re rostering twice. Work continues with ORH to refine the modelling and determine the suitability of all RRV resources to be designated CHARU or whether the initially proposed make up of RRV and

CHARU should be the model. **Rural Model pilot** proposal also has been subsumed within remodelling and CHARU work for now.

Both the Fleet and Estate SOPs were approved by WAST Board (Mar-21) and detailed interim estate planning is in an advanced stage .

Good progress is also being made on the CCC Clinical Project, in particular, clinical triage software and on re-restoring CSD before winter.

The **CCC Reconfiguration Project** has clear revised timelines (paused due to escalation), but there are significant employment issues in term of the options. (Post EMT feedback - A supplemental option to SOT on 2nd Nov-21).

Delivering the abstractions target remains a concern, linked to the on-going impact of CoVID-19, as does the potential impact of high levels of escalation during the winter plan period. Leading Service Change Together (post production lost hours) now forms part of the programme.

Risk & Issues

Risk for Noting

- Critical risk around impact to programme delivery due to winter escalation levels and reaching final agreement with TU partners on roster Keys. Risks are being managed within the programme.
- Failure to meet the UCA's recruitment target due to C1 Licence Issue . **MA** C1 Tendering Exercise & targeting individuals who are leaving the armed force (within 6 months) who want to join WAST

Ask from STB

None

Ambulance Care Transformation Programme

Overall RAG - Green

Key Achievements

- Project Briefs for each project within NEPTS D&C have been produced
 - Roster Review
 - Oncology Project
 - Outbound Ready Times
 - NET Centre, Planning & Day Control
 - T1 Walkers Demand Reduction
- Directory of service created for patients to access for alternative transport
- The evaluation of the Grange Transfer and Discharge service has been completed GUH project formally closed. A handover meeting took place on 04 October 2021 where all outstanding actions and risks were handed over from the Project to Operations.
- Agreement for the CAD (NEPTS- Cleric) extension completed. Data Retention policy has been created and has been signed off by SOT subject to confirmation from the Legal and Risk Team.
- The downtime report has been reviewed, to understand current post production lost hours and reasons and to develop an approach to reduce the top three reasons for cancellation or aborts

Summary

NEPTS Demand & Capacity Review is complete and WAST has now established an Ambulance Care Transformation Programme Board (similar to the one in place arising from the EMS Demand & Capacity Review) to take forward the findings from the review alongside the wider NEPTS transformation projects that deliver improvements and commissioning intentions for NEPTS. Project Briefs for each project within NEPTS D&C have been produced and resources (Business Change Managers and Project Managers) have been identified for different projects and workstreams which will take forward the implementation of the NEPTS Demand & Capacity Review.

NEPTS Transfer of Work - ABUHB and BCUHB ECR's transferred to WAST on 1st April 2021 along with the Call Centre elements of Cwm Taf & Powys.

Cwm Taf Morgannwg is the last Health Board to transfer NEPTS services to WAST management and was due to complete the transfer on 1st Oct-21 but has been delayed, due to the Transfer Document not being processed by the Health Board. An updated transfer date of 18th Oct-21 has been provided by CTMUHB.

Once the CTMUHB contracts have been transferred to WAST Management, the next step to enable effective implementation of the plurality model is to produce the Procurement Strategy, of which work has already commenced.

Regional discussions are due to take place w/c 11th Oct-21 regarding the Procurement Strategy. Each region have different levels of demand so will discuss locally and feed back to the Contracts Review and Delivery Group. The Quality Framework discussions have begun with the Commissioners (Meeting 8th Oct-21).

The evaluation of the **Grange Transfer and Discharge service** has been completed and a handover meeting took place on 04 October 2021 where all outstanding actions and risks

were handed over from the Project to Operations. The resources to undertake the **MTN evaluation** have been identified.

NEPTS CAD current system Cleric has been extended and the agreement to the CAD extension is completed.

Work has begun on the National Process document on the booking and planning of enhanced oncology appointments for **Operational Improvement**. The downtime report has been reviewed, to understand current post production lost hours and reasons and to develop an approach to reduce the top three reasons for cancellation or aborts. **(Too ill to travel, appointment cancelled and Own transport out)**

Risk & Issues

Risk for Noting

- Capacity to deliver during periods of high demand and pressure on resources. **MA:** the Programme Board will ensure regular communication with STB to inform of the Programme's progress, risks and issues. The objectives of the Ambulance Care Transformation Programme Board form part of the IMTP and should therefore be treated as a Trust priority.
- Impact of Health Board recovery plans and re-establishing planned elective activity will need to be monitored.

Issues for Noting

- Transfer and Discharge: The prioritisation of the Transfer and Discharge project is dependent on Operational availability, balanced against Commissioning Intent.
- NEPTS Operational Improvement: Health and Safety capacity is limited currently so they have been unable to nominate local support for National standardised guidance and risk assessments.

Ask from STB

None

Gateway to Care

Overall RAG - Amber

Key Achievements

- Prioritisation exercise completed for all work streams
- Successful recruitment into the 111 clinical structure (including consultant clinician and clinical specialists)
- Development of the 111 Stabilisation & Transformation plan
- CCC Clinical Review recommendations continue to be implemented
- ECNS PID & project arrangements developed
- Permanent Senior Practice Educator and Practice Educator roles were approved by the Trust Board on 30th September 2021.
- Approval received from the Commissioners to increase CSD by 36 FTE
- CSD Roster Review - Demand shifts have been updated to align to demand and as a result the expected UHP from w/c 04 October has improved
- Good progress being made with all HB's in PTaS

Summary

Core 111 roll out in BCU HB went live successfully on 22 Jun-21. In line with the health minister's expectations for the 111 service to be launched in C&VUHB before Christmas 2021. 'C&V 111 programme board has established and planning processes underway to develop the service. The ability to recruit and train the optimal WTE requirements for both Call Handlers & Clinical Advisors to meet demand is a key risk which is being mitigated via development of the **111 Stabilisation & Transformation plan** alongside **Care in Time Improvement Programme** to deliver a range of short & medium term actions to increase Call Handling and Clinician availability and capacity, and focuses on identifying and improving key internal processes to deliver demonstrable productivity and efficiency gains that will drive immediate improvement in 111 call answering times, call abandonment rates and time to clinical assessment. **Front end IVR design, CAS access for out of hours hub** are some of the key components of this plan.

Roll out 111 First fully live in ABUHB and SBUHB live with step 1 in Q1. CTM Bridgend OOHs transition was completed on the 14th Sep-21. Considering recruitment constrains Gateway to Care Programme Board has agreed to pause the Step 2 roll out to Q4 or Q1 next year (with the exception of C&VUHB which is to be rolled out with core 111 service). HDdaUHB Step 1 is nearly complete and will conclude in Oct-21.

CCC Clinical Review continues to make good progress.

Funding for system elements of the **ECNS** has been approved by EASC. The VEAT notice had to be republished to address whole life term costs and is due to close on the 19th Oct-21. This delay is not expected to impact the go live date of the project. The DPIA has been signed by the DPO, ICT have reviewed the cloud security elements of ECNS (this is for the video consultation element), and further questions have been asked of the Supplier. The Senior Project Support Office, Senior Practice Educator and Practice Educator roles have been recruited into. These are all for fixed term, to support ECNS implementation. The permanent Senior Practice Educator and Practice Educator roles were approved by the Trust Board on 30th September 2021.

Seven **MPDS codes** have been directed straight to telephone triage through a change in the DCR process. This was undertaken in Aug-21.

CSD Roster Review is on track to confirm new rosters w/c 1st Nov-21 and discussions to ascertain the earliest possible go live date of the new rosters are ongoing. The existing go live date is Jan-22 (as this follows the end of the self-roster period). Approval has been received from the Commissioners to **increase CSD by 36 FTE** and the recruitment plan is being mobilised at pace.

PTaS is an enabler for a number of policy goals within the Urgent and Emergency Care and has received ministerial interest. Good progress is being made with all the health boards.

Key Risk & Issues

Risk for Noting

- Workforce availability - risk linked to the ability to recruit and train the optimal w/f (Call handlers & Clinical Advisors) Dependency with the roll out of 111 First model (same w/f pool required to deliver core 111 and 111 first (Step 2). **MA:** Work ongoing to deliver required recruitment & training.
- System wide pressure on 111 capacity and performance – **MA:** Transformation plan being developed alongside Care in Time Programme.
- Training team capacity (for Call Handlers, CSD, ECNS) – **MA:** Various mitigations in place
- ECNS -lead time for SQL servers- **MA:** ICT are looking into alternative options (different models of servers

Ask from STB

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

Clinical Transformation Programme

Overall RAG - Green

Key Achievements

- IMTP prioritisation exercise undertaken. Proposal; 15 will continue, 9 will be paused and reviewed in Jan-22.

Care Closer to Home

- Consultant Paramedic appointed and offer accepted. Anticipated start date end Q3.
- Non-Injury Falls Pathway: The refreshed Paramedic Field guide approved by CC2HG 29/09/21. The implementation of the pathway is reliant on a digital solution, therefore will be rolled out in line with ePCR roll out second phase (end Nov)
- Appointed 8 out of 10 Independent Prescribers, University Course starts Sep-21.
- Recruitment & Selection of Professional Development Lead. Interviews on the 28/10/21.
- APPs: SDEC Bid submitted supported by WG and CASC in a follow up meeting
- APPs Part Time MSc - Agreed funding for 22 already existing students a further 13 applicants awarded a placement on the course at one of the 4 universities.
- To note additional activity to support CC2H agenda but not identified as an IMTP Deliverable:
 - Direct Admissions Pathway (ABUHB) approved - review of data in 3 months (Jan-22)
 - Flow Centre RRV (ABUHB) approved
 - Paramedic Pathway into UPCC (SBUHB) further work to build in resilience into the SOP. Anticipated that this would be used as an exemplar with the aim of a national roll out.

ePCR

- TerraPACE App has been developed with clinical input and design of the system. Demo available w/c 11/10/21

Summary

Clinical Strategy has been reviewed considering lessons learnt from COVID 19 and remains fit for purpose. Next step is to complete a Future Proofing Analysis and Reverse Gap Analysis to ensure all objective within the Clinical Strategy are aligned and reported within the transformation plan. This is anticipated to be available to Nov-21 programme board meeting.

Project resource alignment from TSO is now in place for **Care Closer to Home Group** and Consultant Paramedic recruitment has also concluded with successful candidate anticipated to start in post in Q3.

COPD Alternative pathway now been implemented in ABUHB and CTMUHB and engagement continues to review data. A review of ED data has been complete by ABUHB which has demonstrated a significantly lower number of patients attending ED.

National Non-Injury Falls Pathway refreshed Paramedic Field guide approved by CC2HG based on information sent from Health Boards. Digital Solution to be rolled out in line with ePCR rollout (Phase 2 end Nov-21).

SDEC Bid submitted for **expansion of APP workforce** followed by a meeting with WG and CASC who supported the idea but wanted to "industrialise" the model of expansion for APP. Work to continue in 2022. Part Time MSc – funding Agreed for 22 existing students and a

further 13 applicants awarded a placement on the course at one of the 4 universities. Academic year starts between Sep-21 and Mar-22 (depending on university). Funding for bridging modules will be shortly advertised, once universities have agreed the modules on offer

Job Description for **Specialist APP in CCC** (as part of the rotational model) have been submitted to job evaluation team for consideration by consistency panel.

Updated information received by Health Informatics on PDA Code Sets (ranked in order of disposition compared to conventional crews) for **National APP Dispatch Model across Wales**. Code Set Data to be used to develop PDA for APPs (North pilot)

8 out of 10 **Independent Prescribers** have been Appointed, University Course starts Sep-21.

Older Persons Framework has been developed and approved by EMT. **scale up and spread use of frailty scoring** Standard Operating Procedure has been developed in collaboration with ABUHB (Clinical Director's and Consultant Leads) along with an education training package to support a 6-month trial in ABUHB which demonstrate positive identification of frailty within the Community. Frailty Pathway pilot continues in ABUHB, Data Presentation due to go to Older Persons Steering Group in October. Rockwood Frailty Score training to be delivered via recorded video, content agreed, awaiting confirmation from Comms to go ahead. Agreement from Older Persons Steering Group to increase the timescales to deliver this training and agreement that the training will be delivered through ESR and Learning LaunchPad.

Level 1 Falls Response Service Tender/Contract commenced with St John Ambulance Cymru on 1st September 2021. Formal contract monitoring will commence in December 2021.

Following Meeting with the Assistant Commissioner from NCCU and Head of Quality Improvement to discuss paper "Continued Case for investment" for **Level 2 falls** which was submitted as part of the EMS funding assumptions and rejected winter tactical bid in relation to increased CSD Capacity to triage and maximise use of falls resources further data exploration to strengthen case is being undertaken. Alternative staffing models (Nurse v/s Paramedics) will also be considered.

Mental Health and Dementia Plan now signed off by Board and translated into Welsh for publication. Next step to undertake a reverse gap analysis to determine a delivery.

SBAR developed outlining a two Phased Approach (Phase One: Exploratory Phase, Phase Two: Finding and Pilot) to deliver **Mental Health See & Treat Offer**.

Recruitment & Selection Process underway for **Mental Health Practitioners (CSD Only)** with adverts to go live in Oct-21 and training to start in Jan-22.

Risk & Issues

Risk Escalated to STB

- Unable to appropriately identify, assess and triage patients who have fallen via the Clinical Support Desk **MA:** Summer and Winter Tactical Bid submitted but not approved due to competing priorities. Extraordinary Falls Meeting with CCC to discuss urgent improvements.
- Failure to secure funding for the Level 2 Falls Response Model. **MA:** Develop a benefits realisation paper to be submitted to CTPB for decision.

Risks-For Noting

- **Programme:** Failure to deliver the IMTP objectives aligned to Clinical Transformation Programme Board due to increased operational pressures. **MA:** Prioritisation exercise to be undertake and decision made by EMT/STB.
- **Older Persons:** Failure to deliver Frailty training and subsequent roll out of the Frailty Tool due to sustained REAP 4. **MA:** Potential for the sign up of the training package to be voluntarily, this creating a limited assurance around the benefits of the training and inability to understand the improvements that have been made.
- **Falls:** Loss of funding in ABUHB Level 2 Falls Team from March-22. **MA:** Benefits realisation paper to be developed and presented for CTPB a decision.
- **Mental Health:** Failure to finalise MHP Job Descriptions in time with delivery target date (Q2). **MA:** include HR in all discussions and escalate when delays are insurmountable.

Ask from STB

Mental Health See & Treat Offer: SBAR (attached) outlining a two Phased Approach to deliver this product. Phase One: Exploratory Phase, Phase Two: Finding and Pilot. Agreement from CTPB to proceed with Phase One accepting limitations of REAP which could result in this work being paused. STB to support progress. (On STB Agenda 18th October)

Revised APP Business Case: Presentation on STB agenda. STB to consider the content, and whether what projected should be played into future workforce provision. (On STB Agenda 18th October)

111 Digital

Supporting increase accessibility, content and user experience of the **111 Digital front end**, which can offer increasingly personalised advice contracted resource employed for next 3 months. Work to comply with accessibility regulations has been completed and broader proposal to grow a dedicated web team submitted to 111 Programme and UECB. Numerous priority areas of the site have been re-designed and / or are currently in development (including web guides (check your symptoms), Health A-Z articles / landing page, and the DOS).

Salus Timeline Slippage - Salus delivery has slipped until at least May 22 with potential for further delay as no commercial agreement on new dates yet. New web functionality now being delivered elsewhere but not called out as separate IMTP deliverable to date.

Enablers and Fundamental

Our People

The behaviour and culture reset continues with the interviews and focus groups coming to an end and the design work on the refreshed behaviours has started with the core group.

136 people have been interviewed and over 300 participants in the question of the day. Design work has started in the core group. Themes and recommendations due to be presented to EMT on 2nd September and People and Culture Committee on 7th September. Colleagues have really appreciated the compassionate conversations. In addition all staff have access to Thrive - an app which will improve wellbeing and increase healing through increased understanding of our own reactions, assessment of our current level of wellbeing and increase in skills to promote recovery.

Following engagement work in Q1 Behaviour and Culture reset themes have been established. Implementation of Year 1 of the **Wellbeing Strategy** continues with Wellbeing meetings are held every Tuesday and various support events (Men & Mental Health Event, Men's & Women's Health Groups, and Wellbeing roadshows, National Ambulance Disability Network Meeting, Suicide Prevention Training). Road to Recovery Group now has over 70 members and Occupational Health is supporting staff and managers where long covid is indicated. Living Life to the Full has been piloted and will now be rolled out to the whole organisation. Two REACT trainers in the organisation will train managers to be more confident talking about mental health.

Addressing physical health and increased health surveillance are the next steps. strategic equality objectives is making healthy progress and remains on target. Head of EDE appointed and Unmute WAST campaign launched as part of inclusion week. (Events: Virtual PRIDE event Week, National Inclusion Week)

Innovation & Technology

Delivery of Digital strategy is underway with digital directorate transitioning into new structures, development of a Digital Strategic Outline Programme (SOP) encapsulating the four digital missions of the strategy is ongoing. TOM report presented to EMT and OCP is in initial draft. Some changes, such as Assistant Director for Data and Analytics are being delivered through existing gaps.

Under **Stabilize our digital foundations**, Upgrade for call platform resilience is now complete for 111. Separate discussion is required around 999 and whether a new project needs to be stood up

Estate and Fleet SOP

Estate SOP continues to support the different short term contingency plans and long term strategic ambitions, however areas of resource constraint are highlighted and these will impact on timely completion. Concerns are being managed via Estate SOP Delivery Group.

Other than managing ongoing delivery, development of **four business cases** (Llanelli, Newport, Llandrindod Wells, Bangor Fleet Workshop) will need prioritisation too. None of them have started yet.

Estate's OCP process is ongoing. Head of Capital development to be in post Nov-21. Programme manager and Capital Delivery Manager post out to Advert W/C 11th Oct-21

Delivery of the **vehicle replacement scheme** as per the approved business justification case is in progress. Delays anticipated on some lines due to suppliers. (EAs on track, Some smaller vehicles delayed)

The Trust has approved its first **Environmental Strategy**. This Strategy highlights the ongoing work, future requirements, plus a commitment to retaining the ISO14001 accreditation. The impact on the environment will be reduced with an ambition to be carbon neutral by 2030.

Due to WG investment we will be completing four renewable energy projects this year , Installing PV and renewable energy heating systems at various sites across Wales and a biodiversity project in North Wales which include planting 1500+ trees.

Purchase of 15 PHEV RRVs has been accelerated this year and ordered E.V plug in ULEV RRVs for delivery in March 2022. next focus is on EV infrastructure. This work will be ongoing and will link into the development of further work around decarbonisation in the context of the recent **PAR review**.

Partnerships & Engagement

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

Working Safely Programme, Quality Fundamentals & Value based approach

Following approval of **quality strategy** development of an implementation plan to support the Trust to self-assess progress with Quality Governance is in progress.

Head of Health and Safety and **Working Safely Programme Manager** are in post now and being supported by Transformation Support Office in developing programme structure and delivery plans to deliver the Working Safely programme. The plan execution (Product Delivery) will be progressed via the action group with overarching governance provided by the programme board. Working group has prioritised urgent actions that can be progressed without needing too much involvement from Operations. This will enable completing some key actions and prepare for full engagement when operational situation improves. Prioritised plan and product delivery list will be available in November 2021.

Initial meetings held to consider **value based approach** delivery, outcomes focus, non-financial metrics to be identified to demonstrate impacts of investment on performance and

Improvement in ability to identify areas of unwarranted variation in service delivery across Wales. A working group is being convened to take this forward with joint leadership from the Directors of Finance and Strategy, Planning and Performance. Following discussion at 26th Jul-21 STB a presentation on the Trust's approach was presented to F&P committee in September. Considering impact of service pressures and return to response phase speed of progress likely to be slower than planned with phased and pragmatic approach.

PLIC system to be used to demonstrate variation. Initial meetings with software company to explore. Work is progressing at pace and the PLICS supplier is currently undertaking a detailed review of available data to be able to provide a detailed timeline for delivery.

Management of overarching areas of risks to delivery

Securing stakeholder support

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

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

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

Capacity within the organisation to deliver the change required

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

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

Demand for our services increasing

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

Pressures on the service arising from external factors

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

Policy change as a result of the election

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






Financial Risk -

Revenue– (CRR ID 109)

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

Capital – (CRR ID 424)

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

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








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Metrics –111

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



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

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



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Metrics –Trust Board

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






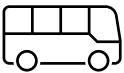


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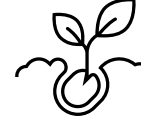
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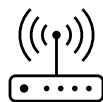
Metrics –All

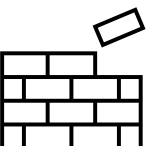
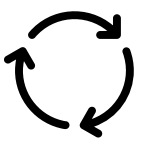
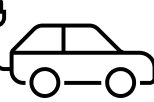
Quality, Patient Safety and Outcomes	Safety - 999 call handling time Safety – red and amber response times Concerns Serious / adverse incidents Call to door times for STEMI / stroke ROSC	Partnerships / System Contribution	Conveyance rates Hear and treat rates See and treat rates Hospital handover lost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

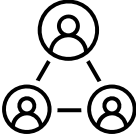
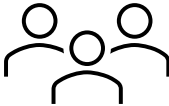
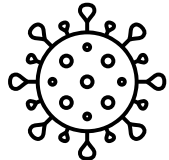




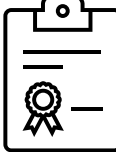




Deliverables 2021-24	Actions in 2021-22	Time
 <p>We will develop and deliver an improvement plan for NEPTS and increase capacity where required to meet demand</p>	<ul style="list-style-type: none"> • Bring all non-emergency healthcare transport services in Wales under WAST management and oversight by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

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

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

Deliverables 2021-24	Actions in 2021-22	Time
 <p>We will deliver the Estates Strategic Outline Plan</p>	<ul style="list-style-type: none"> Commission Cardiff Make Ready Depot (MRD) facility, October/November 2021 Develop OBC for Swansea MRD Replacement Develop and implement plan for our CCC pan Wales in light of the changes made as a result of the pandemic, resulting in increased 111 capability and the introduction of contact first. Full Business Case approval for the South East Fleet Workshop solution. Longer term solution for GUH transfer service commissioned including corporate administrative capacity in South East Identification of appropriate corporate facilities to support agile working Consider implications of NEPTS D&C Review and alignment with SOP Implementation of 111 solution for BC UHB (Ty Elwy) Secure additional C&E resources to support delivery of significantly increased work programme Development of business case for Llanelli solution (emerging ESOP priority) Development of business case for Newport solution (emerging ESOP priority) Development of business case for Llandrindod Wells (emerging ESOP priority) Development of business case for Bangor Fleet Workshop (emerging ESOP priority) 	<ul style="list-style-type: none"> Q3 Q2 Q2 Q3 Q3 Q4 Q4 Q1 Q2 Q4 Q4 Q4 Q4
 <p>We will implement the Environmental and Sustainability Strategy</p>	<ul style="list-style-type: none"> Further progression of the decarbonisation agenda and embedding this within the Trust in line with WG Decarbonisation Strategy Develop an Electric Vehicle Strategy including a charging network Deliver on our commitments to modernise our fleet including the increase in the number of Hybrid vehicles and roll out of vehicle solar panels. Access funding to commence initiatives as part of the decarbonisation of the estate and also our travel which will enable us to implement a Sustainable Travel Plan 	<ul style="list-style-type: none"> Q4 End Q4 End Q4 End Q4
 <p>We will deliver the Fleet Strategic Outline Plan</p>	<ul style="list-style-type: none"> Deliver the vehicle replacement scheme as per the approved Business Justification Case 	<ul style="list-style-type: none"> End Q4

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

Deliverables 2021-24		Actions in 2021-22		Time
	We will implement the Trust’s Quality Strategy	<ul style="list-style-type: none">Revise the Trust Quality Strategy to align with the Bill.Develop a Quality Strategy Implementation Plan to support us to self-assess our progress with Quality Governance	<ul style="list-style-type: none">Q1Q3	
	We will secure and implement Quality Management and control systems	<ul style="list-style-type: none">Develop the Trust Quality Management System (Quality Planning, Quality Improvement, Quality Control and Quality Assurance).Develop and implement a Quality Governance sub structure to our Quality, Experience and Safety Committee (QuEST)Develop & implement a sustainable “Working Safely” Health and Safety Transformation Plan incorporating Health and Safety and Infection Prevention and Control (IPC)	<ul style="list-style-type: none">Q1-Q4Q4Q1-Q4	
	We will transform the way we work and engage with people	<ul style="list-style-type: none">Implementation of the Once for Wales Service User Experience System	<ul style="list-style-type: none">End Q3	
	We will revisit and implement the Public Health Plan	<ul style="list-style-type: none">Making Every Contact Count (MECC) is built into the CPD programme for Paramedics/EMTs /Nurses and NEPTSContinue to have discussions in partnership with Velindre Trust and PHW regarding a joint appointment to lead the public health planContinue to make improvements to increase uptake of the workforce having the Influenza vaccineLead the implementation of online symptom checkers as part of the new 111 integrated information system and widen accessibility through the 111 app	<ul style="list-style-type: none">End Q4Q1Q3-Q4End Q4	
	We will implement the Clinical Strategy to support developments across our service ambitions	<ul style="list-style-type: none">Reviewing the Clinical Strategy and incorporating learning from the Covid-19 pandemicNeeds assessment for the implementation of the Clinical Strategy including Care Closer to Home and ePCRImplementation, planning and delivery of the strategy	<ul style="list-style-type: none">Q1Q1-4Q1-4	
	We will deliver a value based approach	<ul style="list-style-type: none">Work with the NCCU and Finance Delivery unit to develop a strategy and approach to Value-Based healthcare which links outcomes, patient experience and use of resourcesImprovement in ability to identify areas of unwarranted variation in service delivery across Wales	<ul style="list-style-type: none">End Q2Q3-Q4	



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

AGENDA ITEM No	13
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	3

RISK MANAGEMENT & BOARD ASSURANCE FRAMEWORK REPORT

MEETING	Trust Board
DATE	25 th November 2021
EXECUTIVE	Trish Mills, Board Secretary
AUTHOR	Julie Boalch, Head of Risk and Corporate Governance
CONTACT	Julie.Boalch@wales.nhs.uk

EXECUTIVE SUMMARY

1. The purpose of the report is to provide the Trust Board with a position statement in respect of the Trust's Corporate Risks which have been aligned to the Board Assurance Framework (BAF).

RECOMMENDATION:

2. **Members are asked to**

- (a) **Agree to the closure of Risks 343 (failure to undertake tactical seasonal planning) and 229 (impact of Brexit)**
- (b) **Consider and comment on the contents of the report; specifically relating to:**
 - the risk management activity since the last Trust Board in September 2021; and
 - the BAF report

KEY ISSUES/IMPLICATIONS

3. The ADLT reviewed the existing and proposed new corporate risks at regular intervals during the period and work continues to strengthen the articulation of the risks including title and descriptions, the controls, assurances and any additional actions required with the priority focus being on the Trust's highest scoring Risks.
4. The EMT received feedback from ADLT in September, October and November 2021 on activity relating to the Corporate Risks.
5. Furthermore, principal risks assigned to the following Committees will be considered during this period for scrutiny and strategic oversight as follows:

- a) **Quality, Safety & Patient Experience Committee** (16th November 2021)
- b) **Finance & Performance Committee** (18th November 2021)
- c) **People & Culture Committee** (30th November 2021)
- d) **Audit Committee** (2nd December 2021)

REPORT APPROVAL ROUTE

6. The report has been considered by:
- ADLT – 25th October 2021
 - EMT – 3rd November 2021

REPORT APPENDICIES

- 7. An SBAR report is attached to this Executive Summary.
- 8. A short summary table describing each of the Corporate Risks is contained in Annex 1.
- 9. The BAF Report is detailed in Annex 2.

REPORT CHECKLIST

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

RISK MANAGEMENT & BOARD ASSURANCE FRAMEWORK REPORT TRUST BOARD

SITUATION

- 1 The purpose of this report is to provide the Trust Board with a position statement relating to the Trust's Corporate Risks, which are aligned to the Board Assurance Framework (BAF), and describes the key internal and external controls, sources of assurance and additional actions to be taken.
- 2 An extract from the Corporate Risk Register (CRR) is detailed in Annex 1 as a short summary report.
- 3 A further extract from the Board Assurance Framework (BAF) report is included in the paper in Annex 2.
- 4 A 'live' review of each of the Corporate Risks is available through the electronic Datix Register.

BACKGROUND

- 5 Work continues to scope the future ambition of risk management and the BAF, building on the significant amount of work already done to establish the foundations. This work will include a refresh of the risk management strategy and procedure, and implementation of the Once for Wales Datix Risk Module. The Audit Committee will receive a report on the future ambition at the meeting in December 2021.
- 6 The Governance Team work continuously with the ADLT to review and report Corporate Risks to the EMT, each of the Committees and Trust Board through the mechanism of the Risk Management and BAF report alongside the current electronic Datix E-Risk module.
- 7 The ADLT is working to review and strengthen articulation of each of the Corporate Risks including titles, current controls, associated assurances and further actions required and identifying and describing any gaps in controls and assurances.

ASSESSMENT

- 8 Principal risks assigned to the Finance & Performance and the Quality, Safety & Patient Experience Committees were reviewed at each of their meetings during November 2021 for strategic oversight. The People & Culture Committee will meet on 30th November and will review their principal risks at that time.
- 9 The full CRR and BAF will be presented and discussed at the Audit Committee on 2nd December 2021.
- 10 The Trust's Corporate Risks have been closely aligned to the BAF as at 25th October 2021; these have been extracted from the Datix E-Risk module.

- 11 The ADLT reviewed the existing and proposed new Corporate Risks at regular intervals during the last quarter and undertook a deep dive into the Trust's two highest scoring risks, Risk ID 223 and Risk ID 224 to capture and describe the breadth of activity being undertaken across the Trust to mitigate these two risks; despite this, the scores remain at a score of 25.
- 12 Sessions are planned during November 2021 including key individuals to reassess these two risks in their entirety. Firstly, to determine new titles and secondly to clearly articulate the risk and description. A set of proposals will be submitted to the EMT for discussion.
- 13 A desktop exercise has been undertaken to determine how these risks are assessed by Health Bodies on their Corporate Risk Registers and this information will factor into the review sessions along with other Ambulance Services handling of such risks.
- 14 A similar exercise is underway to review Risk ID 199, 316 and 160 as priority with the remaining Corporate Risks to follow suit.
- 15 As a result of discussions at Committee meetings during September 2021, moral injury to staff will feature either as an impact of the two highest scoring risks and may be considered as a standalone risk.
- 16 Risks 343 (failure to undertake tactical seasonal planning) and 229 (impact of Brexit) have been managed to within the tolerance level for these risks. The Board is requested to confirm that these risks can be closed and removed from the register.
- 17 Work is ongoing to consider and develop potential new Risks for inclusion on the CRR and consideration will be given during the coming weeks to the following:
- *Patient Safety/Putting Things Right Team*
 - *Leading Change Together – A Partnership Approach*
 - *Recurrent Funding*
 - *NHS Decarbonisation*
- 18 Discussions on cyber risk will take place with the Digital Directorate in November 2021 with a view to potentially adding this risk to the CRR.
- 19 No risks have been de-escalated to Directorate Registers or escalated to the Corporate Register during this period.

RECOMMENDED:

- 20 **Members are asked to**
- **Agree to the closure of Risks 343 (failure to undertake tactical seasonal planning) and 229 (impact of Brexit).**
 - **consider and comment on the contents of the report; specifically relating**

to:

- a) The risk management activity since the last Trust Board in September 2021.**
- b) The BAF report.**

Appendix 1 – Corporate Risk Register Summary

CORPORATE RISK REGISTER: Summary					
RISK ID	RISK	RISK CATEGORY	DIRECTORATE	CURRENT RISK SCORE	COMMITTEE
223	Unable to attend patients in community who require See & Treat	Service Delivery	Operations Directorate	25 (5x5)	Quality, Patient Experience and Safety Committee
224	Patients delayed on ambulances outside A&E Departments	Quality & Safety	Operations Directorate	25 (5x5)	Quality, Patient Experience and Safety Committee
199	Compliance with Health and Safety legislation	Statutory Duties	Quality, Safety & Patient Experience	20 (4x5)	Audit Committee; Quality, Patient Experience and Safety Committee
316	Increased risk of personal injury claims citing COVID exposure	Statutory Duties	Quality, Safety & Patient Experience	20 (5x4)	Quality, Patient Experience and Safety Committee
160	High Sickness Absence Rates	Resource Availability	Workforce & Organisational Development	16 (4x4)	People and Culture Committee
244	Impact on EMS CCC service delivery due to estates constraints	Service Delivery	Operations Directorate	16 (4x4)	Finance and Performance Committee
311	Failure to manage the cumulative impact on estate of the EMS Demand & Capacity Review, the NEPTS Review and GUH	Resource Availability	Finance & Corporate Resources	16 (4x4)	Finance and Performance
201	Trust Reputation	Stakeholder Relationships	Partnerships and Engagement	15 (3x5)	People & Culture Committee

CORPORATE RISK REGISTER: Summary					
RISK ID	RISK	RISK CATEGORY	DIRECTORATE	CURRENT RISK SCORE	COMMITTEE
245	Inability to maintain safe & effective services during a disruptive challenge due to insufficient capacity in EMS CCCs.	Service Delivery	Operations Directorate	15 (3x5)	Finance & Performance Committee
100	Failure to collaborate and engage with EASC on developing ambitions and plans for WAST.	Service Developments	Planning and Performance	12 (3x4)	Finance and Performance Committee
139	Non delivery of financial balance	Statutory Duties	Finance and Corporate Resources	12 (3x4)	Finance and Performance Committee
283	EMS Demand and Capacity Review Implementation Programme	Service Delivery	Planning and Performance	12 (3x4)	Finance and Performance Committee
424	Resource Availability (capital) to deliver the organisation's IMTP	Service Developments	Planning & Performance	12 (3x4)	Finance and Performance Committee
303	Delayed initiation of chest compressions (resuscitation)	Quality and Safety	Medical & Clinical	10 (2x5)	Quality, Patient Experience and Safety Committee
109	Resource availability (revenue) to deliver the organisations IMTP	Service Developments	Planning and Performance	8 (2x4)	Audit Committee; Finance and Performance Committee
343	Failure to undertake tactical seasonal planning (winter, now every season)	Service Delivery	Planning and Performance	8 (2x4)	Finance and Performance Committee
229	Impact of proposed Brexit on service delivery	Business Continuity	Operations Directorate	6 (2x3)	Finance and Performance Committee

Appendix 2 – Board Assurance Framework
Begins at the top of the next page

Risk ID	Risk Details	Risk Score			Existing Controls	Assurances	Actions
		Likelihood v consequence			What measures are already in place to mitigate the risk?	What evidence is available to show that the controls are effective?	What additional actions need to be or can be taken to mitigate this risk
	Title and Description	Initial	Current	Target			
223	Unable to attend patients in community who require See & Treat	20 4x5	25 5x5	10 2x5	Last reviewed on Datix: 22/09/21 1. Welsh Government have set a target that ambulance handovers at ED will be no longer than 15 minutes. 2. Commissioning intention to reduce total lost hours at Welsh Hospitals do not exceed 150 hours per day.	<ul style="list-style-type: none"> 2016 Welsh Health Circular 2021/22 Commissioning Intentions Deep Dive x2 Risks - QUEST Presentation. ADLT and EMT review. Ambulance Taskforce Red immediate release request refusals now being recorded on Datix. Datix recording all handover delays over 6 hours. Weekly review of the impact of hospital waits data shared with the Chief Operating Officers group. Weekly report to CEO and EMT and ADLT. Return to response – monitor phase of Pandemic Plan Re-establishment of the Pandemic Structures Health Board to Health Board Executive reports. Directors Peer Group meetings 	<ul style="list-style-type: none"> Continue to engage in improvement work at Health Board level and as part of the EDQDF. Leading Service Change Together programme of work is being developed in partnership. No outputs as yet as the programme is underway but the expectation is that modernisation proposals will be agreed to achieve internal, improved staff wellbeing and welfare, patient safety and organisational improvements by Q3 of 2022. Schedule of workshops to be agreed by the working group. ADLT to report outcome of the programme to Executive Management Team in Q1 of 2022.
	ASSIGNED TO: COMMITTEE: QUEST DIRECTORATE: OPERATIONS	QTR 2 19/20	QTR 2 21/22	QTR 2 21/22			
					3. Regional Escalation Protocol agreed between each Health Board and utilised by ODU to dynamically divert between Health Boards and manage system flow. The implementation of a risk based RES to incorporate an ambulance distribution framework that is intelligence led to help to improve the safe delivery of services to all patients requiring unscheduled care.	<ul style="list-style-type: none"> Daily 11am conference calls to agree RES levels in conjunction with HBs which is published in the On-call structure daily. It is used to determine delays in the system. 	<ul style="list-style-type: none"> Development and pilot of a Rural Model (p18 of IMTP) Paper has been submitted to Commissioner on pilot for consideration by Director of Planning & Performance. The pilot is managed by Ben Collins, Interim Ambulance Operations Manager for Powys.
					4. REAP (Resource Escalation Action Plan – hyperlink the document?)	<ul style="list-style-type: none"> REAP level is reviewed on a weekly basis by Senior Operations Team and can be dynamically reviewed by the Strategic Commander at any point. 	<ul style="list-style-type: none"> Exercise scheduled for 13/10/21 to test REAP as part of winter planning exercise linked to demand forecasts. The plan is subject to annual review and the current review commencing September 2021.
					5. The Operational Delivery Unit is the first point of contact for all escalation issues and work is underway in October 2021 to become a 24/7 service. Escalation by the on-call system as and when required. Gold/Strategic, Silver/Tactical and Bronze/Operational 24 hour/ 7 day per week system to manage escalation plans.	<ul style="list-style-type: none"> The On Call OOH rota is bolstered by clinical and some corporate services. Duty Operations Manager appointed. Shift reports received by Exec, SOT and On-Call team from ODU at start/end as well as ODU Dashboard. 	

Risk ID	Risk Details	Risk Score			Existing Controls	Assurances	Actions
		Likelihood v consequence			What measures are already in place to mitigate the risk?	What evidence is available to show that the controls are effective?	What additional actions need to be or can be taken to mitigate this risk
	Title and Description	Initial	Current	Target			
					6. Alternative care pathways in place to provide safe clinical admission avoidance and available through the Consultant Connect App. This in addition to the Clinical Support Desk and Operational Advanced Paramedic Practitioners.	<ul style="list-style-type: none"> Reports from Health Informatics on use of national pathways. Care Closer to Home Group developed and implemented alternative pathways providing consistency across the organisation. Monitored through programme of work and conveyance APP dashboard monitors collective and individual patient disposition. Senior Paramedics in place and conducting operational contact shifts with their teams and encouraging use of alternative care pathways. Consultant Connect provide regular reports on the use of the app. 	
					7. Maximising the services across the 5 Step model: Hear and Treat Services (CCC, NHSDW and 111). Enhanced the 111 services through the 111 initiative.	<ul style="list-style-type: none"> CSD rates monitored through AQIs and number unique visits to the 111 Wales website as described in the performance report. The EASC AQI report is an output. 	<ul style="list-style-type: none"> 111 element to be reflected in the performance report.
					8. Developing community resilience in line with the 5 year Volunteering Strategy to reach patients sooner who require help when we can't get a resource to them.	<ul style="list-style-type: none"> Operations Manager Community Support – CFRs and Operations Manager Community Support – Alternative Responders. Volunteering Team is focussed on community resilience. MOU with St John Ambulance and Fire Services. Volunteer Strategy signed off. 	<ul style="list-style-type: none"> The action plan to support implementation of the volunteer Strategy is awaiting sign off by Trust Board on 30th October 2021 and will be monitored by People & Culture Committee.
					9. Clinical Safety Plan replaces the Demand Management Plan brining WAST in line with other UK Ambulance Trusts. Introduction of ETA scripting enables patients to make an informed choice.	<ul style="list-style-type: none"> Optima modelling. Clinical agreement to escalate into higher levels. Live reporting through the ODU dashboard. Calls received Vs attended calls attributed to alternatives to dispositions and DMP. AACE paper through National Director of Operations group. 	

Risk ID	Risk Details	Risk Score			Existing Controls	Assurances	Actions
		Likelihood v consequence			What measures are already in place to mitigate the risk?	What evidence is available to show that the controls are effective?	What additional actions need to be or can be taken to mitigate this risk
	Title and Description	Initial	Current	Target			
					10. Increasing capacity in our EMS Service through internal reconfiguration and recruitment (p18 of IMTP). Work with external partners and agencies.	<ul style="list-style-type: none"> Monitored through the EMS Transformation Board. Seasonal planning approach incorporated into Senior Pandemic Team. Tactical Approach to Production. Winter modelling and forecasting through Optima. Performance Improvement Plan. 	<ul style="list-style-type: none"> Considering additional actions through the Trust's Tactical plan and the Performance Improvement Plan which are both reported and considered by the Senior Pandemic Team and reported to the Executive Pandemic Team. Monitoring those plans on a weekly basis. Expansion of numbers of clinicians (paramedics) into CSD to increase ability to triage greater number of calls having benefits for patients Additional Military Support request made for 250 personnel.
					11. Bi-Weekly SCIF meetings	<ul style="list-style-type: none"> Outcomes reported to the Patient Safety Learning and Monitoring Group and then to the Clinical Quality Governance Group. Quarterly Scrutiny Panels are held led by NEDs. Patient Safety Highlight report for Trust Board and Committee and Chief Executive Report to EMT. By Claire Roche weekly. Monthly meeting to discuss the information shared through SCIFs at the WAST and Health Board Patient Safety Meetings. Identified Learning is cascaded to the appropriate department or Directorate. 	
224	<p>Patients delayed on ambulances outside A&E Depts (CRR57)</p> <p>ASSIGNED TO:</p> <p>COMMITTEE: QUEST</p> <p>DIRECTORATE: OPERATIONS</p>	20 4x5	25 5x5	10 2x5	<p>Last reviewed on Datix: 28/06/21 (reviewed by ADLT in October)</p> <ol style="list-style-type: none"> Welsh Government target that ambulance handover at ED will be no longer than 15 minutes Piloted a HALO (hospital ambulance liaison officer) at major Emergency Departments REAP (Resource Escalation Action Plan) and Demand Management Plan in place Gold/Strategic, Silver/tactical and Bronze/Operational 24 hour/ 7 day per week system to manage escalation plans Alternative pathways in place Maximising the services across the 5 Step model: Hear and Treat Services (CCC, NHSDW and 111) 	<ol style="list-style-type: none"> CEO letters to Health Boards. CEO to CEO meetings. Ambulance Task Force. Medical Director/ COO/Nurse Directors meetings. Visits to HB Quality Committees. Joint Investigation Framework. Deep Dive x2 Risks - QUEST Presentation (Feb20). Regional Escalation Protocols - Establishment of Operational Delivery Unit (ODU) in WAST. Demand Management Plan (DMP) and clinical review of no sends (DMP 4 and above) Significant incident declared on 03/12/20 as a result of whole system pressure and escalation to REAP 4 for a sustained period throughout Dec20 into mid 	<ol style="list-style-type: none"> WAST exploring the possibility of cohorting patients delayed outside EDs on agency vehicles managed by agency paramedics Transforming and modernising our service offer, including Mobile Urgent Care (p19-20 IMTP) Working with the system to consider how we can support the Welsh Access Model and implementation of Contact First across Wales (p16 & 18 IMTP)

Risk ID	Risk Details	Risk Score			Existing Controls	Assurances	Actions
		Likelihood v consequence			What measures are already in place to mitigate the risk?	What evidence is available to show that the controls are effective?	What additional actions need to be or can be taken to mitigate this risk
	Title and Description	Initial	Current	Target			
					<p>7. Working to the Well-being and Future Generations Act in co-production with various partners and volunteers to build community resilience (Prudent care principles)</p> <p>8. SAls identified as being directly due to hospital handover delays are reassigned (in the form of an Appendix B) to the respective Health Board to investigate</p> <p>9. SOP for managing patients on the back of ambulances</p> <p>10. Lost hours due to Hospital Handover Delays are reviewed routinely by senior operational management team</p> <p>11. Operational Delivery Unit (ODU) having oversight of the Regional and National positions, enabling live review of demands and delays, and arranging redirection of crews and resources as appropriate</p>	<p>Jan21.</p> <p>11. Extended hours of opening in ODU and recruitment to commence imminently.</p> <p>12. Tactical Approach to Production (TAP)</p> <p>13. One additional UCS capacity in place by SJC through existing MOU agreed by EMT for 6mths Apr-Sept21.</p> <p>14. Duty Operations Managers (DOMs) appointed and induction commencing May 2021. Senior Paramedics recruitment & induction also underway.</p> <p>15. Weekly review of the impact of hospital waits data shared with COO group</p> <p>16. Red immediate release request refusals now being recorded on Datix</p> <p>17. Datix of all handover delays over 6hrs</p> <p>18. HIW undertaking a review of patient experience as a result of handover delays</p> <p>19. The role of the Operational Delivery Unit</p> <p>20. Transforming and modernising our service offer, including Mobile Urgent Care</p> <p>21. Working with the system to consider how we can support the Welsh Access Model and implementation of Contact First across Wales</p>	

Risk ID	Risk Details	Risk Score			Existing Controls	Assurances	Actions
		Likelihood v consequence			What measures are already in place to mitigate the risk?	What evidence is available to show that the controls are effective?	What additional actions need to be or can be taken to mitigate this risk
	Title and Description	Initial	Current	Target			
199	<p>Compliance with Health & Safety legislation</p> <p>ASSIGNED TO: COMMITTEE: QUEST DIRECTORATE: QUALITY, SAFETY & PATIENT EXPERIENCE</p>	20 4x5	20 4x5	10 2x5	<p>Last reviewed on Datix: 19/10/21</p> <ol style="list-style-type: none"> Leadership and direction set by Executive Management Team and Head of risk and H&S. Health and Safety Governance structure (National Health and Safety Committee Meeting and Regional Meeting held in Q3& Q4 2020/2021. Structure and arrangements reviewed with view of implementation Q2 2021/22. Health and safety Policy and topic specific policies and procedures. Health and Safety mandatory training IOSH health and Safety training for Managers and Leaders. IOSH Managing Safely re-established March 2021. Programme for IOSH Leading Safely training for SMT and Execs under development view of implementation Q1 2021/22. Local H&S Inspections (COVID secure inspections undertaken) Rolling programme of H&S Review visits -(temp suspended to COVID). Rolling programme of inspections to be developed for 2021/22. Health and Safety improvement plan actions incorporated into draft H&S Transformation Plan. Plan presented at TU Cell, National HS Committee, Local risk assessments (COVID) Workplace Risk assessments prioritised rolling programme in place, monitored at SPT meetings. RA facilitation workshops held in May & June to assess scope of Ra/SOPS required for EMS and NEPTS activities. Two H&S Coordinators fixed term contracts cease on 31 August 2021. Serious incident investigation template developed. Working Safely paper presented at EMT on 16.06.21 Head of H&S appointed 18.06.21 	<ol style="list-style-type: none"> Internal Audit Reports – <i>dates to be included</i> External Audit Reports HSE Visits / Inspections Local Authority Inspections HSE Covid Learnings Report / Trust Position Report Working Safely Report presented to EMT on 16/06/21 Local H&S Inspections – scope of inspections strengthened Rolling programme of H&S Review visits Health and Safety improvement plan Monitored through Health & Safety Committee, QuEST, EMT and ADLT. Health & Safety Committee received a draft review of the Health & Safety Improvement Plan for initial approval. Due to be presented to EMT for final approval. HSE CoVID Learning Report / Trust position report. Local Risk Assessments Health & Safety mandatory training IOSH Health & Safety Training for managers and Leaders Draft transformation plan Working safely action group established Local Risk Assessments <p>Health & Safety Governance Structure reviewed to strengthen existing arrangements for implementation Q2 21/22</p>	

Risk ID	Risk Details	Risk Score			Existing Controls	Assurances	Actions
		Likelihood v consequence			What measures are already in place to mitigate the risk?	What evidence is available to show that the controls are effective?	What additional actions need to be or can be taken to mitigate this risk
	Title and Description	Initial	Current	Target			
					20. Funding agreed to resource Working Safely Programme 02.08.21 21. Working Safely Programme board established 03.08.21 22. Working Safely Dynamic Delivery Action Group established 10.08.21 23. Working Safely Programme Manager Appointed 17.08.21. 24. IOSH Leading Safely Training piloted 13.08.21 25. WAST Leading Safely Behavioural audits training piloted 13.08.21		
316	Increased risk of personal injury claims citing COVID exposure ASSIGNED TO: COMMITTEE: QUEST DIRECTORATE: QUALITY, SAFETY & PATIENT EXPERIENCE	20 5x4 QTR 2 20/21	20 5x4 QTR 2 21/22	12 3x4 QTR 4 20/21	Last reviewed on Datix: 19/10/21 1. RIDDOR Investigation Tool trailed with developments undertaken to undertake amendments to accommodate 111 and strengthen Corporate investigation criteria. 2. Amendments made to tool January 2021 to incorporate MRD, MTU and include vaccination information. 3. Group established to investigate backlog of cases. 4. Central coordinator assigned to manage retrospective cases. 5. Operational staff members appointed to assist with completion of COVID Investigation tools. 6. Shielded staff member appointed and trained to review COVID investigations 7. Volume of cases challenging for staff to undertake a thorough investigation during periods of high operational demands. 8. Operational central coordinator appointed in Jan 2021 to coordinate backlog of retrospective cases. 9. Several changes in designated coordinators and support teams throughout Q4 20.21 - Q2 2021/22	1. Outbreak Management SOP 2. SBAR Trust Cleaning Provision Options V5 Oct 30 19 3. IPC Policy reviewed and updated 4. Competencies for Fit Testing on ESR 5. IPC Group feeds into QUEST 6. IPC Improvement Plan and monitoring 7. Pandemic Plan 8. HSE - RIDDOR Regulations 2013. 9. Local Authority local inspections 10. Regional Groups previously established to review and RA suitability and integrity of donated PPE. 11. Pan Wales group established to discuss RA's and information share	

Risk ID	Risk Details	Risk Score			Existing Controls	Assurances	Actions
		Likelihood v consequence			What measures are already in place to mitigate the risk?	What evidence is available to show that the controls are effective?	What additional actions need to be or can be taken to mitigate this risk
	Title and Description	Initial	Current	Target			
160	High Sickness Absence Rates ASSIGNED TO: COMMITTEE: PEOPLE & CULTURE COMMITTEE DIRECTORATE: WORKFORCE & OD	16 4x4 QTR 1 19/20	16 4x4 QTR 2 21/22	12 3x4 QTR 4 19/20	Last reviewed on Datix: 13/09/21 1. Sickness Absence Policy. 2. Sickness Action plan. 3. Health and Wellbeing Strategy. 4. Operational Workforce Recruitment Plans. 5. Roster Review & Implementation. 6. Monthly performance review meetings. 7. Reported at ET, FRC, Board.	Under Review	
244	Impact on EMS CCC service delivery due to estates constraints ASSIGNED TO: COMMITTEE: FINANCE & PERFORMANCE DIRECTORATE: OPERATIONS	20 5x4 QTR 3 19/20	16 4x4 QTR 2 21/22	8 2x4 QTR 4 21/22	Last reviewed on Datix: 20/10/21 1. Full review of CCC room configuration completed. 2. CCC Management team prioritise how the space is used on each shift to align it to priorities associated with safe service delivery.	1. Risk Assessments have been undertaken on all three sites. 2. VPH Reconfiguration plans in progress - action 3. Temporary capacity 2nd floor Llangunnor 4. Logistics cell review 5. Use of the major incident room to facilitate social distancing in Bryn Tyrion 6. Use of Ty Elwy in North Wales for 111	
311	Failure to manage the cumulative impact on estate of the EMS Demand & Capacity Review, the NEPTS Review and GUH. ASSIGNED TO: COMMITTEE: FINANCE & PERFORMANCE DIRECTORATE: FINANCE & CORPORATE RESOURCES	16 4x4 QTR 2 20/21	16 4x4 QTR 2 21/22	8 2x4 QTR 2 20/21	Last reviewed on Datix: 17/02/21 1. Estates SOP Delivery Group. 2. EMS D&C Programme Board. 3. NEPTS D&C Review. 4. GUH Programme Team and development of a "mega" s/sheet that is combining all the information into the total cumulative impact on estate (and fleet), led by AD Commissioning & Performance.	1. Development of the refreshed Estates SOP is progressing, good engagement with Operational colleagues. Further engagement with EMT planned in March and onward to F&P and Trust Board for approval and onward to WG. 2. A detailed programme has been developed by the Estates team for the staff increases identified within the D&C data and subsequent megasheet. 3. Further resources have been agreed to commence the delivery of the programme as part of the Capital and Estates team.	

Risk ID	Risk Details	Risk Score			Existing Controls	Assurances	Actions
		Likelihood v consequence			What measures are already in place to mitigate the risk?	What evidence is available to show that the controls are effective?	What additional actions need to be or can be taken to mitigate this risk
	Title and Description	Initial	Current	Target			
201	<p>Trust Reputation</p> <p>ASSIGNED TO: COMMITTEE: PEOPLE & CULTURE COMMITTEE DIRECTORATE: PARTNERSHIPS & ENGAGEMENT</p>	15 3x5	15 3x5	10 2x5	<p>Last reviewed on Datix: 09/07/21</p> <ol style="list-style-type: none"> Regular engagement with senior stakeholders, namely, Minister, senior Welsh Government officials, commissioners, elected politicians, and NHS Wales organisational system leaders. Programme of media engagement including challenging of reporting to ensure accuracy and media liaison to ensure relationships developed with key media. Appointment of Head of External Communications in October 2019 supports efforts to engage media and stakeholders. Board approved Engagement Framework (July 19) focuses on a range of actions to manage reputation. Engagement Framework delivery plan developed to specify discrete actions and forms basis of monitoring. 	<ol style="list-style-type: none"> Quarterly reports to Trust Board EMT discusses "reputational forward" look fortnightly at formal EMT Horizon scanning Engagement Delivery Plan Framework (qtrly to Board) Ad hoc board updates to reflect incidents Board updates - comms in real time to inform members - daily updates Quarterly Board reports monitoring progress against Engagement Framework deliver plan from November 19 (identified as good practice by internal audit and believed to be unique in Wales) Risk register reviewed by Heads of Comms, Assistant Corporate Secretary and Director at directorate business meeting 	
245	<p>Inability to maintain safe & effective services during a disruptive challenge due to insufficient capacity in EMS CCCs</p> <p>ASSIGNED TO: COMMITTEE: FINANCE & PERFORMANCE DIRECTORATE: OPERATIONS</p>	15 3x5	15 3x5	6 2x3	<p>Last reviewed on Datix: 20/10/21</p> <ol style="list-style-type: none"> National EMS CCC Business Continuity Plan. Clinical remote working. Single instance CAD allowing virtualisation ITK (Interoperability Toolkit) technology in place which provides connectivity with other UK ambulance Trusts 	<ol style="list-style-type: none"> Senior manager on duty capacity increased through the ODU Business continuity plans and outbreak management SOP activated during recent Covid-19 outbreaks in North Wales (EMS and 111); resilience and Trust's ability to maintain service upheld. Increased cleaning provision has been provided as a result of recent outbreaks especially within the CCC environment although not solely at CCC buildings. Management teams are also reinforcing the principals social distancing, cleanliness, temperature testing and masking 	

Risk ID	Risk Details	Risk Score			Existing Controls	Assurances	Actions
		Likelihood v consequence			What measures are already in place to mitigate the risk?	What evidence is available to show that the controls are effective?	What additional actions need to be or can be taken to mitigate this risk
	Title and Description	Initial	Current	Target			
100	<p>Failure to collaborate and engage with EASC on developing ambitions and plans for WAST</p> <p>ASSIGNED TO: COMMITTEE: FINANCE & PERFORMANCE DIRECTORATE: PLANNING & PERFORMANCE</p>	<p>12 3x4</p> <p>QTR 1 19/20</p>	<p>12 3x4</p> <p>QTR 2 21/22</p>	<p>8 2x4</p> <p>QTR 3 20/21</p>	<p>Last reviewed on Datix: 29/07/21</p> <ol style="list-style-type: none"> 1. EASC/WAST Forward Plan. 2. EASC Management Group (replacement for PDEG/JMAG/ NEPTS DAG, 111 engagement and Mental Health engagement - with NCCU and HBs). 3. Monthly catch up between CASC/CEO. 4. Collaboration on specific projects e.g. Amber Review, EMS D&C Programme Board. 5. There is also now a monthly CASC Assurance Quality & Delivery meeting. 6. A two weekly "touch point" meeting for the commissioning intentions/IMTP has been introduced in Jan-21. 7. Collaborative Programme Board for EMS D&C and one being established for Ambulance Care (NEPTS). 8. There are strong committee mechanisms in place and NCCU have also appointed an officer to support with their governance. 	<ol style="list-style-type: none"> 1. EASC Management Group agendas and minutes. 2. CASC Assurance Q&D agendas and minutes. 3. EMS D&C PB agenda and minutes. 4. Ambulance Care (NEPTS) programme governance map 5. NEPTS DAG agenda and minutes 6. 111 First Programme docs 7. Correspondence with the IMTP on 111 roll out 8. Cases for investment. 	
139	<p>Non delivery of financial balance</p> <p>ASSIGNED TO: COMMITTEE: FINANCE & PERFORMANCE AND AUDIT COMMITTEE DIRECTORATE: FINANCE & CORPORATE RESOURCES</p>	<p>12 3x4</p> <p>QTR 1 19/20</p>	<p>12 3x4</p> <p>QTR 2 21/22</p>	<p>8 2x4</p> <p>QTR 4 21/22</p>	<p>Last reviewed on Datix: 09/06/21 (reviewed 19/11/21 with a view to re-articulating and evaluating this risk)</p> <ol style="list-style-type: none"> 1. Financial reporting to EFG & FPC, policies in respect of financial management. 2. Regular engagement with commissioners of our services. 3. Ensuring good governance and compliance with Trust Standing Orders. 4. Welsh Government Reporting. 5. Regular review of savings targets via ADLT. 6. Diarised dates for EFG and FPC. 7. Budget management meetings. Approval of hierarchies. 8. ADLT. 9. EASC management meetings. Fortnightly meetings with EASC. DAG meetings for NEPTS. 10. Monthly Monitoring Returns. 	<ol style="list-style-type: none"> 1. Discretionary capital planning group 2. IA review of Fuel Spend (19/20) 3. IA review of Discretionary Capital (19/20) 4. IA review of Lessons Learned from Losses & Special Payments (18/19) 	

Risk ID	Risk Details	Risk Score			Existing Controls	Assurances	Actions
		Likelihood v consequence			What measures are already in place to mitigate the risk?	What evidence is available to show that the controls are effective?	What additional actions need to be or can be taken to mitigate this risk
	Title and Description	Initial	Current	Target			
283	<p>EMS Demand and Capacity Review Implementation Programme</p> <p>ASSIGNED TO: COMMITTEE: FINANCE & PERFORMANCE DIRECTORATE: PLANNING & PERFORMANCE</p>	16 4x4	12 3x4	8 2x4	<p>Last reviewed on Datix: 29/07/21</p> <ol style="list-style-type: none"> 1. Implementation Programme Board firmly established. 2. Executive SRO in place. 3. Programme Manager and programme support office functioning. 4. Programme documentation in place and developing. 5. Clear links to EASC Management Group and EASC. 6. Ambulance Availability Taskforce restarted. 7. Programme budget. 8. Agree funding from EASC for 21/22 recruitment and training programme with possible further uplift. 		
424	<p>Resource availability (capital) to deliver the organisation's IMTP</p> <p>ASSIGNED TO: COMMITTEE: FINANCE & PERFORMANCE DIRECTORATE: PLANNING & PERFORMANCE</p>	12 3x4	12 3x4	4 1x4	<p>Last reviewed on Datix: 07/06/21</p> <ol style="list-style-type: none"> 1. Regular Capital Management Board meetings 2. Prioritisation process 3. Regular CRM meetings with WG 4. Capital Business case process through ADLT for small discretionary 5. Finance & Performance Committee scrutiny 6. Standing Financial Instructions for levels of sign off 7. WG processes are strong to ensure full scrutiny across the 5 step model 		
303	<p>Delayed initiation of chest compressions (resuscitation)</p> <p>ASSIGNED TO: COMMITTEE: QUEST DIRECTORATE: MEDICAL & CLINICAL</p>	15 3x5	10 2x5	10 2x5	<p>Last reviewed on Datix: 25/10/21</p> <ol style="list-style-type: none"> 1. Ready available PPE: ease of access. 2. Repeated and regular communication to staff via written and broadcasts/ videos/ podcasts. 3. Clarity of guidance to staff (infographic). 4. Communication to caller via CCC call handler regarding BLS. 5. Clinical Cell will review frequently and amend guidance if required. 6. Patient safety incidents will be monitored and reported via EPT/TPT. 7. Dissemination of a process for rapidly donning PPE disseminated. 	<ol style="list-style-type: none"> 1. Operational performance appears to be improving in recent weeks, mitigating the impact of donning PPE. 2. Switching back on of GoodSam App which will increase the number of provider available to respond in a timely manner (albeit L3 PPE still required) 3. Existing guidance from RCUK still current and not been amended. 4. Now rapid donning process has been disseminated this now has the potential to improve the speed at which PPE can be donned. 5. The evidence of performance is reported through to Senior Pandemic Team. 	

Risk ID	Risk Details	Risk Score			Existing Controls	Assurances	Actions
		Likelihood v consequence			What measures are already in place to mitigate the risk?	What evidence is available to show that the controls are effective?	What additional actions need to be or can be taken to mitigate this risk
	Title and Description	Initial	Current	Target			
109	<p>Resource availability (revenue) to deliver the organisations IMTP</p> <p>ASSIGNED TO: COMMITTEE: FINANCE & PERFORMANCE DIRECTORATE: PLANNING & PERFORMANCE</p>	12 3x4	8 2x4	4 1x4	<p>Last reviewed on Datix: 16/07/21</p> <ol style="list-style-type: none"> 1. EASC governance structure whereby the performance and wider scrutiny of the organisations IMTP delivery and proposed funding requirements are discussed. 2. Strategic Transformation Board oversight of delivery 3. Set up Transformational Boards 4. Gap analysis of capacity being undertaken by each transformation board 5. Focus on product delivery with aligned resources 6. Discretionary capital planning group. 7. Finance and Performance sub committee. 8. FRC Executive group. 	<ol style="list-style-type: none"> 1. IA review of IMTP (19/20) 2. IA review of Performance Management LDPs (18/19) 3. STB governance map 4. Transformation programme documentation 	
343	<p>Failure to undertake tactical seasonal planning (winter, now every season)</p> <p>ASSIGNED TO: COMMITTEE: FINANCE & PERFORMANCE DIRECTORATE: PLANNING & PERFORMANCE</p>	16 4x4	8 2x4	8 2x4	<p>Last reviewed on Datix: 03/08/21</p> <ol style="list-style-type: none"> 1. Seasonal Planning lead (AD Response and AD Commissioning & Performance). 2. Annual review of winter (workshop this year due to CoVID-19). 3. Forecasting of daily demand. 4. Modelling of winter scenarios. 5. Development of seasonal initiatives (to attract stakeholder funding) 6. Scenario exercises and seasonal plan using thematic headings linked to WG advice. 	<ol style="list-style-type: none"> 1. WAST Winter Plan Final 2. ADLT Monitoring 3. SD Letter to CEOs - Winter Delivery Funding 4. Annex A - reporting arrangements - winter delivery milestones 5. Template for USC Winter Monies 5. Summer Planning Group 	

Risk ID	Risk Details	Risk Score			Existing Controls	Assurances	Actions
		Likelihood v consequence			What measures are already in place to mitigate the risk?	What evidence is available to show that the controls are effective?	What additional actions need to be or can be taken to mitigate this risk
	Title and Description	Initial	Current	Target			
229	Impact of proposed Brexit on service delivery ASSIGNED TO: COMMITTEE: FINANCE & PERFORMANCE DIRECTORATE: OPERATIONS	12 3x4 QTR 2 18/19	6 2x3 QTR 2 21/22	8 2x4 QTR 3 20/21	<p>Last reviewed on Datix: 28/06/21</p> <ol style="list-style-type: none"> 1. A separate Brexit Risk Register has been developed detailing all the mitigated risks and the control on place. 2. This is regularly monitored by the Executive management team and has been considered by the Trust Board in March 2019 and will be further considered Sept 2019. 3. Due to the delay of the EU Exit to December 31st 2020 this will need to be reconsidered again, however the risks change to now include a) resurgence of COVID-19 and impacts on infrastructure; b) winter pressures; c) seasonal flu; d) severe weather. 	<ol style="list-style-type: none"> 1. SBAR on implications of Brexit - 28th Jan 2019 2. SBAR on Risk Assessment for Brexit - 28th Jan 2019 3. Brexit Risk Register under review 4. EU exit plan v3.2 December 5. EU Transition reporting template 6. D20 BRAG reporting (now by exception – Apr21) 	

Strategic Aim Key

1	Help Patients and Staff to Stay Healthy
2	Help Patients More Easily Access our Services at the Right Time
3	Provide the Right Care in the Right Place, Wherever and Whenever it is Needed
4	Continue to Provide the Best Possible Care, Outcomes and Experience to Our Patients
5	Enable Our People to Be the Best They Can Be
6	Whole System Partnership and Engagement
7	Ensure the Design and Infrastructure of the Organisation are at the Forefront of Innovation and Technology
8	Quality at the Heart of Everything We Do
9	Value and Efficiency in Everything We Do



AGENDA ITEM No	14
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	2

Financial Performance as at Month 7 – 2021/22

MEETING	Trust Board
DATE	25th November 2021
EXECUTIVE	Chris Turley Executive (Director of Finance & Corporate Resources)
AUTHORS	Navin Kalia (Deputy Director of Finance & Corporate Resources) Jill Gill (Financial Accountant)
CONTACT	Chris.Turley2@wales.nhs.uk

EXECUTIVE SUMMARY

This paper presents to the Board the Financial Performance Report of the 2021/22 financial year, as at Month 7 (October 2021).

The Board is asked to scrutinise, comment and receive assurance on the financial position and 2021/22 outlook and forecast of the Trust, noting that this was discussed in some detail at the Finance & Performance Committee on 18th November.

KEY ISSUES/IMPLICATIONS

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

- The Trust is reporting a small revenue surplus (£19k) for Month 7 2021/22;
- The Trust continues to forecast a breakeven position for the 2021/22 financial year;
- Capital expenditure is forecast to be fully spent in line with updated plans, with any remaining risks of doing so, alongside mitigating actions, being picked up separately;
- A more detailed update of the capital programme is provided, including how the forecast year end capital spend position is now being managed, including in conjunction with WG, resulting in an update to the Trust's CEL;
- Other risks of delivery are as detailed in the paper.

REPORT APPROVAL ROUTE

- EMT (via briefing) – 10th November
- F&PC – 18th November
- Trust Board – 25th November

REPORT APPENDICES
<p>Appendix 1 – Detailed Capital Cash Flow</p> <p>Appendix 2 – Table showing request to WG for reallocation of Capital allocations</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)	NA	Financial Implications	YES
Environmental/Sustainability	NA	Legal Implications	YES
Estate	NA	Patient Safety/Safeguarding	NA
Ethical Matters	NA	Risks (Inc. Reputational)	YES
Health Improvement	NA	Socio Economic Duty	NA
Health and Safety	NA	TU Partner Consultation	NA

WELSH AMBULANCE SERVICES NHS TRUST TRUST BOARD

FINANCIAL PERFORMANCE AS AT MONTH 7 2021/22

INTRODUCTION

1. This report provides the Board with a summary update on the revenue financial performance of the Trust as at 31st October 2021 (Month 7 2021/22), along with a more detailed update on the 2021/22 capital programme. This paper was discussed in some detail at the Finance & Performance Committee meeting on 18th November 2021.

BACKGROUND

2. The key points to note in relation to the **delivery of the Statutory Financial Targets for the 2021/22 year to date** (1st April 2021 – 31st October 2021) are that:
 - The cumulative revenue financial position reported is a small **underspend against budget of £0.019m**. The year-end forecast for 2021/22 is a balanced position;
 - In line with the financial plans that supported the submitted Annual Plan within the IMTP for this financial year, gross savings of £2.211m have been achieved against a year to date target of £2.061m.
 - Public Sector Payment Policy is on track with **performance, against a target of 95%, of 97.2% for the number, and 98.8% of the value** of non-NHS invoices paid within 30 days.
3. The risks of delivery stated in the Welsh Government submitted Monitoring Return at Month 7 are set in line with the submitted Annual Plan and IMTP. These continue to be routinely assessed, however at present it is considered that there are no high likelihood risks that the Trust is aware of and we will continue to review the risks each month to ensure that the level of likelihood is assessed along with the financial value.
4. In addition to the risks, it is also key to continue to highlight to the Board the current position, funding assumptions and spend continuing to be committed for a number of schemes for which formal funding sources and funds flow via the Commissioner have yet to be fully received; many of these being schemes being led by the Trust for the wider NHS Wales system (e.g. ODU / 111 First) and for which a clear steer remains for the Trust to continue with these developments and subsequent expenditure, for which full additional funding is assumed. This is discussed in more detail later within this paper, including a shift in the expected in year funding treatment of some of these now being progressed with the CASC.

REVENUE FINANCIAL PERFORMANCE

5. The table below presents an overview of the financial position for the period 1st April 2021 to 31st October 2021.

Revenue Financial Position for the period 1st April - 31st October				
	Annual Budget	Year to date		
		Budget	Actual	Variance
	£000	£000	£000	£000
Income	-261,210	-147,721	-148,109	-388
Expenditure				
Pay	186,601	103,339	102,089	-1,250
Non-pay	51,300	28,568	30,187	1,619
Total pay & non-pay expenditure	237,901	131,907	132,276	369
Depreciation & Impairments / interest payable & receivable	23,309	15,814	15,814	0
Total	0	-0	-19	-19

Treatment of Covid-19 spend

6. Due to the Covid-19 pandemic, the Trust has recorded additional unavoidable spend up to the Month 7 position totalling **£3.237m**, of which **£1.078m** are pay costs, and **£2.159m** are non-pay costs. This is in line with that suggested in the submitted financial Annual Plan within the IMTP.
7. A summary of the Covid-19 revenue costs reported in the Month 7 financial position are shown in the table below including an update of the full year forecast:

	YTD £'000	FYF £'000
Total Pay	1,078	2,383
Total Non Pay	2,159	3,977
Non Delivery of Savings	0	0
Expenditure Reductions	0	0
NET COVID	3,237	6,360

8. In respect of funding for the full year forecast of £6.360m shown above, all but £0.800m, relating to PPE and cleaning has been agreed and invoiced to the WG. Discussions are ongoing to confirm the funding route for this residual balance.

Income

9. Reported Income against the budget set to Month 7 shows a small overachievement of **£0.388**.

Pay costs

10. Overall, the total pay variance at Month 7 is an underspend of **£1.250m**.
11. As noted above, unavoidable Covid-19 related pay costs incurred to date amounted to **£1.078m**.

Non-pay Costs

12. The overall non-pay position at Month 7 is an overspend of **£1.619m**, this was due to overspend on fleet maintenance costs, fuel and Taxis.
13. As again noted above, Covid-19 related additional unavoidable non pay expenditure incurred to Month 7 totalled **£2.159m**. Areas of additional spend included:
 - Clinical and General Supplies, Rent, Rates and Equipment - £0.515m;
 - PPE - £0.511M;
 - Health care services provided by other NHS Bodies - £0.893m;
 - Cleaning Standards - £0.235m

Savings

14. The continued assumption is that the Trust will look to now achieve its original saving target of £2.800m in order to achieve a breakeven, however at present there remains a low risk that this may not be fully achieved so is also included as a low category risk of £0.350m within the risk table submitted to WG (and, as noted previously, now reduced down from £1m in Month 5, given delivery year to date).
15. This risk of £0.350m is included due to the potential inability to proceed with some schemes as the organisation continues responding and focusing on COVID-19 through the winter period and given that the risk remains of future waves materialising as we move through the rest of the financial year.
16. It has been suggested by WG that this shortfall would need to be managed locally, as a result an assumption is included in the forecast that the Trust would now fully achieve the £2.800m saving target, albeit with the small risk of non-delivery, as noted above..

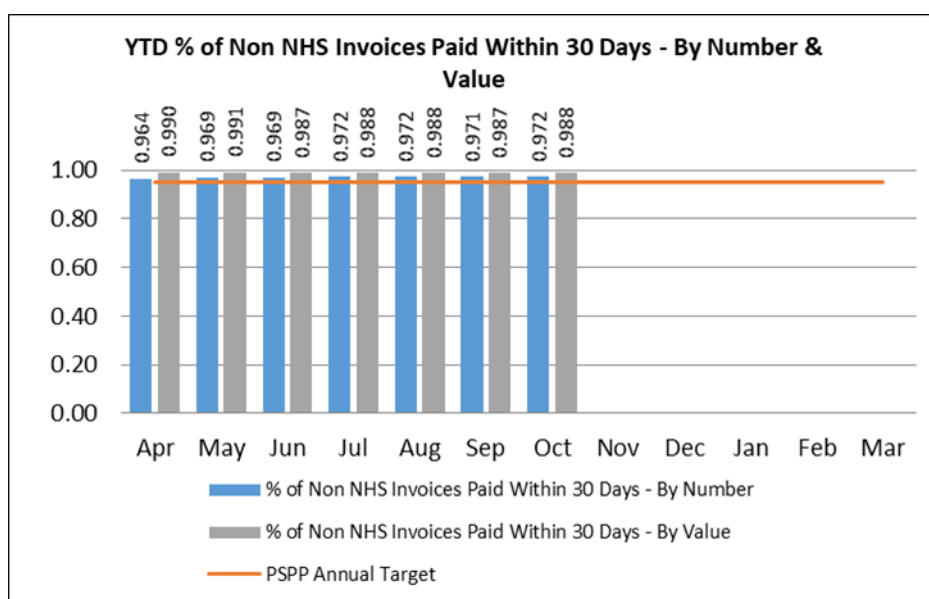
Financial Performance by Directorate

17. Whilst there is a small surplus reported at Month 7 there are some variances between Directorates as shown in the table below, when compared to the budgets set at the outset of the financial year. Some of this is driven by staffing vacancies. F&PC has requested further details of this, and assurances on progression of these, at its next meeting.
18. As would be expected at this time of the financial year now, some of this is offset by additional expenditure which has been able to be agreed, some of which is being managed through the Trust reserves and contingencies, as also highlighted in the table below.

Directorate	Financial position by Directorate @ 31st October				
	Annual Budget	Year to date			
		Budget	Actual	Variance	Tolerance 5%
	£000	£000	£000	£000	%
Operations Directorate	129,622	74,739	74,936	197	0.3%
Chief Executive Directorate	1,852	1,076	1,090	14	1.3%
Board Secretary	339	194	175	-19	-10.0%
Partnerships & Engagement Directorate	699	384	345	-40	-10.3%
Finance and Corporate Resources Directorate	32,676	19,164	19,116	-48	-0.3%
Planning and Performance Directorate	720	439	356	-83	-18.9%
Quality, Safety and Patient Experience Directorate	4,685	2,645	2,402	-243	-9.2%
Digital Directorate	11,275	5,746	5,709	-37	-0.6%
Workforce and OD Directorate	4,120	2,244	2,185	-58	-2.6%
Medical & Clinical Services Directorate	2,734	1,490	1,444	-46	-3.1%
Trust Reserves	11,053	811	1,148	337	41.5%
Trust Income (mainly WHSSC)	-199,776	-108,932	-108,925	7	0.0%
Overall Trust Position	0	0	-19	-19	

PUBLIC SECTOR PAYMENT POLICY PERFORMANCE (PSPP)

19. Public Sector Payment Policy (PSPP) compliance up to Month 7 was **97.2%** against the **95%** WG target set for non-NHS invoices by number and **98.8%** by value.



CAPITAL

20. In September 2021, WG requested that all Trusts and HBs review their Capital Expenditure Limit (CEL) position and return any funds that they could not utilise within the year, due to scheme slippage or updated timings of expenditure for schemes that will straddle more than this financial year. This was on the agreed basis that this money would then be returned to organisations in the following financial year.

21. Key stakeholders and project managers were therefore consulted on the existing approved schemes and detailed reviews were undertaken. Given risks previously reported, some schemes advised that it was no longer possible to expend the sums allocated in year due to supply chain issues.
22. Included within **Appendix 2** is a copy of the request submitted to WG, at present WG have approved the acceleration of spend for items within the 2022/23 Fleet BJC (£3.473m), however this has within the updated CEL issued on 8th November now been reflected within the Discretionary allocation for 2021/22. In addition WG have requested that we undergo further discussion with NWSSP around the release of the Cardiff MRD contingency monies, although formal agreement for this is expected to follow.
23. It should also be noted that **Appendix 2** includes the values to be returned to WAST in 2022/23 to enable the Trust to complete the approved schemes.
24. Following this revised submission, WG therefore issued a revised CEL on 8th November which included an AWCP allocation of **£13.150m** with an increased Discretionary allocation of **£9.724m**.
25. In response to WG the Trust committed to now deliver year end expenditure within these bottom line figures, however as we move through the coming months budgets between schemes may need to be adjusted accordingly to ensure year-end balance. This is normal fine tuning of the capital programme through the latter part of the financial year.
26. In addition, the Trust is also required to reinvest the Net Book Value of any assets disposed of in year, for this financial year this has been forecasted as £0.130m, from the sale of HM Stanley site.
27. This results in the Trust currently needing to expend the full **£23.004m** in the 2021/22 financial year in order to hit the CEL target.
28. On top of this, as part of the above request, WG also asked NHS Wales organisations for any pipeline schemes, so that they could explore what options were available for allocating available slippage back into the health system. Following this request, discussions at ADLT enabled an indicative list of schemes set out below to be provided to the WG.

	£000
Mobile Simulation Units (Mannequins Only)	284.64
Airway Management Training Mannequins	64.17
Mechanical Chest Compression Devices to support CHARU	518.71
Equipment for Occupational Hygienist	13.40
Total (including VAT)	880.92

29. It was made clear at the time to the WG that this indicative list of schemes had not yet progressed through any form of internal governance which would follow if funding was provided. E-mail correspondence from WG colleagues has now been received to indicate that this additional c£881k capital funding will be made available to the Trust in the current financial year, although at the time of writing a formal funding letter is yet to be received. In indicating acceptance of this however, the Trust has confirmed that a flexible approach will be required between now and the financial year end, managing any lead time or other issues that may arise, allowing for the Trust to continue to forecast full delivery of the resulting, further uplifted, CEL.
30. To date, as at Month 7, the Trust has expended **£4.515m** against the All Wales capital scheme budget of **£13.150m** and **£0.950m** against the revised discretionary budget of **£9.854m**.
31. Below is a summary of the current capital position showing current budget and expenditure. This table is presented in the WG MR format and as such, Vehicles are included within the equipment line below.

	Actual £'000	Plan £'000
All Wales Capital Programme:		
Schemes:		
ESMCP – Control Room Solution	(3)	26
111 Project Costs	293	1,094
WAST - Make Ready Depot - Cardiff	1,615	3,162
GUH transfer vehicles	1	411
WAST vehicle replacement programme	2,143	6,251
EPCR	256	822
National Programme – Fire	10	109
National Programme – Infrastructure	0	438
National Programme – Decarbonisation	0	387
COVID-19 Recovery Plans - 2021-22	200	200
NDR Programme	0	250
Sub Total	4,515	13,150
Discretionary:		
I.T.	108	677
Equipment	320	3,817
Statutory Compliance	0	0
Estates	484	5,130
Other	38	230
Unallocated Discretionary Capital	0	0
Sub Total	950	9,854
Total	5,465	23,004
Less NBV reinvested		(130)
Total Funding from WG	5,465	22,874

32. Included at **Appendix 1** is the latest estimated capital cash flow position.

RISKS AND ASSUMPTIONS

33. The risks included within the Month 7 position include the risks highlighted as part of the 2021/22 Annual Plan submitted to WG.
34. The additional COVID-19 costs of £3.555m which were identified in Month 6 as a risk have been discussed with colleagues at WG and £2.755m of this, relating to WG Stability, funding has been agreed and now invoiced to the WG. There remains a balance of £0.800m relating to PPE and cleaning to be agreed. Accordingly we have reduced the low likelihood risk of £3.555m down to £0.800m as at Month 7.
35. Non delivery of a remaining element of the Saving Plans/CIP's has been included as a low risk of £0.350m (reduced down from £1m in Month 5) and this is included due to the potential inability to proceed with some schemes as the organisation continues responding and focusing on COVID 19 and given that the risk remains of future waves materialising as we move through the financial year.
36. Following the Welsh Partnership forum agreeing a framework in respect of settling the impact of voluntary overtime on holiday pay, all arrears for the period 1st October 2018 up to March 2021 were processed in August 2021 and an invoice for £1.549m was issued to the WG in Month 6. We have assurance from the WG that all holiday pay arrears will be fully funded and as such we have removed all risk around this.
37. As in previous years a risk has been included in relation to Winter pressure, this has currently been recorded as a medium risk however as the Trust moves through the financial year it is hoped that plans can be implemented to ensure that any future pressures can be fully supported financially by the Commissioner.
38. A low level risk remains of £1.0m re PIBS (Permanent Injury Benefit Scheme), this has been reduced down from £1.5m at M6 to reflect the current forecast expenditure for 20/21. Matched funding for this highly volatile area is provided by WG on an annual basis.
39. The risk of non-funding of developments of £10.1m has been removed from the Trust's risk table, based on further discussions and assurances provided by both the CASC and WG. During Month 7 a change in approach in how such in year developments are to be funded was requested by the CASC, as described below.
40. It is now proposed that we agree a final income and expenditure value for this financial year and there is now a plan to agree a final fixed quantum figure prior to Month 8 reporting, incorporating all known developments and their forecast costs. This includes those previously highlighted as being progressed on a "spend and recover" basis.
41. As noted above, this represents a shift in the way these will be funded by EASC this financial year, and for which a total financial quantum has now been proposed. Agreement to this, which is expected, would remove any remaining risk of costs being incurred and not being funded in year and with the value proposed being in line with the latest estimate of actual spend for the range of items subject to this, the risk of overspending against these now at this stage of

the financial year should be very low indeed. Agreement to this should therefore allow all values with WHSSC / EASC to effectively become contracted for the remainder of the 2021/22 financial year.

42. The recurring cost impact of 2021/22 developments for the 2022/23 financial year has also been submitted to EASC to form the basis of contractual negotiations and continuing discussions as we progress financial planning over the next few months as part of the IMTP process. The Trust also included the latest assumptions and risk in this regard as part of an underlying position submission to the NHS Wales Finance Delivery Unit, alongside all NHS Wales organisations, on 5th November 2021.
43. The WG has issued the 2022/25 NHS Wales Planning Framework which will require the organisation to submit a Board approved IMTP and balanced financial plan by 28th February 2022. The finance team along with internal and external colleagues will produce a financial plan for review by the F&P Committee in January.

RECOMMENDED that the Board:

- a) **Notes** and gains **assurance** in relation to the Month 7 and forecast revenue and capital financial position and performance of the Trust as at 31st October 2021, noting that this was scrutinised in some detail at the F&PC meeting on 18th November 2021.

Appendix 1

All Wales Capital Programme:		Capital Expenditure Monthly Profile												YTD £'000	Total £'000	Risk Level
Schemes:	Budget £'000	April £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000			
ESMCP – Control Room Solution	26	(16)	0	4	0	9	0	(0)	0	29	0	0	0	(3)	26	Low
111 Project Costs	1,094	45	38	31	47	69	50	13	70	320	96	90	225	293	1,094	Low
WAST - Make Ready Depot - Cardiff	3,162	10	130	378	164	684	16	233	377	395	346	120	309	1,615	3,162	Low
GUH transfer vehicles	411	1	0	0	0	0	0	0	0	298	100	(1)	13	1	411	Low
WAST vehicle replacement programme	6,251	284	41	84	1,550	69	27	88	447	1,000	1,134	915	612	2,143	6,251	Low
EPCR	822	6	6	7	6	13	101	117	61	106	72	61	266	256	822	Low
National Programme – Fire	109	0	10	0	0	0	0	0	0	15	15	15	54	10	109	Low
National Programme – Infrastructure	438	0	0	0	0	0	0	0	0	100	150	100	88	0	438	Low
National Programme – Decarbonisation	387	0	0	0	0	0	0	0	43	77	77	77	113	0	387	Low
COVID-19 Recovery Plans - 2021-22	200	0	0	0	0	0	200	0	0	0	0	0	0	200	200	Low
NDR Programme	250	0	0	0	0	0	0	0	0	0	150	100	0	0	250	Low
Total All Wales Schemes	13,150	330	225	504	1,767	844	394	450	998	2,340	2,140	1,477	1,681	4,514	13,150	
Discretionary:																
I.T.	677	86	58	0	(9)	76	(154)	51	60	60	60	60	329	108	677	Low
Equipment	3,817	1	3	164	5	66	4	77	26	532	644	1,498	797	320	3,817	Low
Statutory Compliance	0	0	0.0	0	0	0	0	0	0	0	0	0	0	0	0	Low
Estates	5,130	24	57	34	98	58	58	155	475	852	975	1,029	1,315	484	5,130	Low
Other	230	0	6	4	16	1	5	5	25	30	30	40	67	38	230	Low
Total Discretionary	9,854	111	124	202	110	201	(87)	289	586	1,474	1,709	2,627	2,508	950	9,854	
Total Capital Expenditure	23,004	441	349	706	1,877	1,045	307	739	1,584	3,814	3,849	4,104	4,189	5,465	23,004	

Appendix 2

Welsh Ambulance Services NHS Trust			Revised CEL	To be slipped into 22-23	Comments
Capital Expenditure Limit (CEL)	2021/22 Capital Expenditure Limit (CEL) - Updated 5th October 21	2021/22			
		£m			
	1) DISCRETIONARY CAPITAL FUNDING [A]	6.251	6.251	0.000	
	2) CAPITAL PROJECTS WITH APPROVED FUNDING [B]	18.234	17.234	1.000	
	ESMCP - Control Room Solutions	0.492	0.026	0.466	
	111 Project Costs	1.694	1.094	0.6	
	WAST - Make Ready Depot - Cardiff	3.162	3.162	0.000	
	GUH transfer vehicles	0.804	0.412	0.392	
	WAST vehicle replacement programme	8.845	6.250	2.595	
	EPCR	1.242	0.822	0.420	
	National Programme – Fire	0.109	0.109	0.000	
	National Programme – Infrastructure	0.438	0.438	0.000	
	National Programme – Decarbonisation	0.387	0.387	0.000	
	Covid - 19 Recovery Plans - 2021-22	0.200	0.200	0.000	
	NDR Programme	0.250	0.250	0.000	
	Acceleration of 22-23 Fleet Replacement Programme	0.000	3.473	-3.473	
	WAST - Make Ready Depot - Cardiff contingency	0.611	0.611	0.000	
	TOTAL CEL [C = A+B] (Approved Funding)	24.485	23.485	1.000	
	3) FORECAST CAPITAL PROJECTS WITHOUT APPROVED FUNDING				
	WAST - Make Ready Depot - Cardiff contingency				Moved to Group B
	111 / contact first service at WAST Vantage Point House Clinical Contact Centre	1.040		1.040	
	3) Sub Total Forecast Capital Projects Without Approved Funding [D]	1.040	0.000	1.040	
	4) Total Potential CEL if all Funding Approved [E=C+D]	25.525	23.485	2.040	

The above table reflects the submission to WG, and not the current approved CEL position.



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CHARITABLE FUNDS COMMITTEE ESCALATION AND ASSURANCE REPORT TO BOARD OF TRUSTEES

Trust Board Meeting Date	25 th November 2021
Charitable Funds Meeting Date	4 th November 2021 (extraordinary meeting)
Chair	Kevin Davies, Non Executive Director

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Committee to areas of escalation)

Audit Wales confirmed that, due to some capacity constraints they were experiencing and ongoing impacts of the Covid-19 pandemic, they could not guarantee that the full Audit of the 2021/21 Charity Accounts would be completed in line with the final Charity Commission submission date of 31st January 2022. This is despite the Committee previously requesting this for this year's set of accounts. Therefore, the Committee agreed for Audit Wales to undertake an Independent Review of the accounts, as had been undertaken in previous years in order to meet the deadline and eliminate reputational risk, on the basis of an absolute guarantee from Audit Wales that a full audit would be undertaken on the 2021/22 accounts

ADVISE

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

1. The Committee agreed the scope for a short term consultancy post, to review the strategic direction of the Welsh Ambulance Services NHS Trust Charity. It was hoped that a suitably experienced candidate would be able to commence work in January 2022 with findings being reported at the end of March 2022.
2. In November 2020 the Trust had received final confirmation of a legacy specifically for the purchase of a new Emergency Ambulance to be based in Aberystwyth. The Committee approved the expenditure of £185,000 for the purchase of the ambulance, following dialogue with executors to confirm the details of its use. A plaque will be placed on the vehicle to recognise the benefactors.
3. The delegated authority of the Bids Panel was clarified by the Committee as the approval of bids for the utilisation of Charitable Funds up to £50,000. This will be reflected both in the Terms of Reference of the Bids Panel and the Standing Orders.

ASSURE

(Detail here any areas of assurance the Panel has received)

1. The escalation and assurance report from the Bids Panel meeting was well received by the Committee both in its style and content. The panel approved £21,548 of bids in October, which included a defibrillator for CFRs together with dinners and hampers for staff working on Christmas day. Members especially welcomed the support of wellbeing merchandise for staff during these difficult times.

RISKS



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Risks Discussed: Reputational Risk, if the full audit of the Charity Accounts was not completed in line with the Charity Commission submission date.

New Risks Identified: None

COMMITTEE AGENDA FOR 4 NOVEMBER 2021 MEETING

1. Strategic review of the Welsh Ambulance Services NHS Trust Charity: Specification	2. Update on Charitable Funds Annual Report and Accounts 2020/21	3. Purchase of Ambulance from Charitable Funds
4. Bids Panel Delegated Authority	5. Bids Panel Escalation and Assurance Report	6. Bids Panel Minutes

COMMITTEE ATTENDANCE 2021/22

Name	June 21	Aug 21	Nov 21	Jan 22	Feb 22
Kevin Davies (c)					
Bethan Evans					
Emrys Davies					
Ceri Jackson					
Chris Turley					
Claire Vaughan		A Challenger			
Estelle Hitchon					
Keith Cox					
Trish Mills					
Jill Gill					
Hugh Parry					
Gareth Price					
Navin Kalia					

	Attended
	Deputy attended
	Apologies received
	No longer member



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AGENDA ITEM No	16
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	1

UPDATE FROM QUALITY, PATIENT EXPERIENCE & SAFETY COMMITTEE - 16 NOVEMBER 2021

MEETING	Trust Board
DATE	25 November 2021
EXECUTIVE	Director of Quality & Nursing
AUTHOR	Director of Quality & Nursing
CONTACT	Claire Roche Claire.Roche2@wales.nhs.uk 07870 382720

EXECUTIVE SUMMARY

The purpose of this report is to provide the Trust Board with a summary of the items discussed at the meeting of the Quality, Patient Experience and Safety Committee (QuEST) held on 16 November 2021.

RECOMMENDED: That the Report from the Quality, Patient Experience & Safety Committee Meeting on 16 November 2021 be noted.

KEY ISSUES/IMPLICATIONS

- The Committee received and approved two Annual Reports: The Safeguarding Annual Report 2020/21 and the Information Governance Annual Report.
- Assurance was provided on progress with the implementation of the Quality Strategy, with a focus on this occasion on the development of the Quality and Performance Management Framework.
- The Committee was pleased to receive the first Quarterly Integrated Quality and Performance Report for assurance.
- Committee discussed the publication of the Healthcare Inspectorate Wales Review into Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover and received an update on the arrangements for the response to this (separate paper on Trust Board agenda).
- A presentation on the Trust's Older Person's Framework was received and the Committee welcomed and endorsed this important work.

REPORT APPROVAL ROUTE

Not applicable as providing a summary of items discussed at Committee itself

REPORT APPENDICES

Annex 1 - SBAR Quality, Patient Experience & Safety (QuEST) Committee sets out the key issues discussed at the QuEST Meeting of 16 November 2021.

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

SITUATION

- 1 Standing Orders and Committee Terms of Reference require that Board Committees regularly report and provide an update to Board on the activities of the Committee. This paper therefore provides an update from the Quality, Patient Experience & Safety Committee Meeting held on 16 November 2021.

BACKGROUND

- 2 The reporting and assurance arrangements in place detail that the Committee Chair shall:
 - 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;
 - Bring to the Board and the Chief Executive's (Accountable Officer) specific attention any significant matter under consideration by the Committee; and
 - 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.

ASSESSMENT

- 3 Set out below for Board attention are the key issues discussed at the QuEST Committee:
 - 3.1 **Operations current/Forward Look:** The Director of Operations provided the Committee with an up-to-date operational position. This included the positive impact that the military support has had on operational production and as such impacted on long wait times for patients.
 - 3.2 **Staff Experience:** The Committee heard a story from a patient using the Dialysis Unit at Betsi Cadwaladr University Health Board (BCUHB). The patient Experience Team at BCUHB received this story and as a result are seeking to expand their service from a 5 day service to 6 days. The Committee were delighted that colleagues from BCUHB joined to present the story, which demonstrated the positive impact of the citizen voice and the impact of collaboration across the Health Board and the Trust.
 - 3.3 **Quality Strategy Progress Report:** Welsh Government Workshops have commenced relating to the implementation of the Quality and Engagement Act. This will inform the implementation of the Trust's Quality Strategy. The focus on this occasion was the work that is progressing with the implementation of the Quality and Performance Management Framework.
 - 3.4 **Safeguarding Annual Report:** The Committee noted a 75% increase in the number of Safeguarding Referrals made by WAST staff during this last year, the majority of which were in adults (and specifically older adults). The Safeguarding Team confirmed that they were already looking into the

geographical variances in relation to number of referrals made in each Health Board area. The Report was approved by Committee and will be submitted to Trust Board for information.

- 3.5 **Patient Experience & Community Involvement (PECI) Highlight Report:** The Committee congratulated the Team on their success in achieving an award at the PEN Awards. The Report was well received with a key theme relating to delays in receiving a quality service. The impact of COVID continues to influence experiences, resulting in access to My Health Online increasing significantly during October.
- 3.6 **Committee Assurance Report:** An overview was provided on the 5 corporate risks assigned to the Committee with no significant activity during the reporting period. Each Corporate Risk will undergo a full review. A proposal to be submitted to Audit Committee in December to request Risk Officer Support regarding risk management improvement proposals.
- 3.7 **Internal Audit Tracker Report:** Twenty-two recommendations are assigned to the Committee with 5 at high priority, but none are overdue. An update was provided on the outstanding recommendations with assurance provided that each recommendation will continue to be regularly scrutinised ahead of the next Audit Committee.
- 3.8 **Older Person's Framework:** Presentation provided to the Committee to introduce the Older Person's Framework, which was well received and approved by Committee. The Committee recognised the importance of effective engagement and partnership working in order to deliver this Framework.
- 3.9 **Healthcare Inspectorate Wales (HIW) Review of Patient Experience and Handover Delays: Trust Response:** The Review was published in October 2021, with WAST receiving a number of recommendations. HIW requested a system wide response therefore the National Collaborative Commissioning Unit (NCCU) is coordinating the response from WAST, Health Boards and Welsh Government. This response is currently being collated for return. WAST have prepared a draft Action Plan in response to the recommendations and are awaiting a response from HIW as to whether any changes are required as a result of the response received. Our response to the recommendations and Action Plan will be submitted to Committee once this process has completed.
- 3.10 **Clinical Contact Centre: Healthcare Inspectorate Wales Review:** The Trust continue to develop the Action Plan in response to the HIW Review. Progress continues to be made however some actions remain outstanding due to the current capacity constraints. The Committee agreed to the closure of actions 3.1 and 18.1 and an extension to take forward actions 5.1, 17.3 and 21.2.
- 3.11 **Airway Policy:** New Policy presented and approved by Committee subject to the Assistant Director of Paramedicine reviewing points raised by the Committee.

- 3.12 **Quarterly Integrated Quality & Performance Report:** The Committee received the first integrated report focussing on quality and performance. The Committee discussed the possibility of key themes being focussed on each quarter.
- 3.13 **Patient Safety Report (Quarter 2):** The Committee received the Patient Safety Highlight Report for Quarter 2, 2021/22 and the below points were highlighted:
- A continued increase in the volume of concerns received
 - A reduction in compliance with both the 2-day acknowledgment and 30-day formal response target across the quarter
 - A continued increase in the volume of patient safety incidents being reported
 - There continues to be an increase in Coroner's activity
 - The Executive Management Team have recognised the additional pressures experienced in all areas of Putting Things Right and have supported funding additional capacity in the team to support resilience over the winter months
 - The Committee was provided with assurance via the Scrutiny Panel that ongoing learning as a result of concerns/adverse incidents is being addressed and implemented
- 3.14 **Early Impact of Senior Paramedic Role:** Presentation provided to Committee highlighting the positive impact of this role on clinical supervision.
- 3.15 **Information Governance Annual Report:** Report received and endorsed by the Committee
- 3.16 **Items for consent:** The below 2 items were received for consent:
- Patient Experience Drive Diagram
 - Healthcare Inspectorate Wales Annual Report



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AGENDA ITEM No	18
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	2

BOARD DEVELOPMENT

MEETING	Trust Board
DATE	25 November 2021
EXECUTIVE	Trish Mills, Board Secretary
AUTHOR	Trish Mills, Board Secretary
CONTACT	Trish.mills@wales.nhs.uk

EXECUTIVE SUMMARY

1. The purpose of this report is to set out the revised approach to regular Board development sessions.
2. Sessions will be held monthly with a focus on understanding, learning and reflection, and will be based on the principles that they will:
 - Stimulate discussion on strategic initiatives and horizon scanning
 - Enable the Board to understand their regulatory requirements
 - Discuss and review risk and risk appetite
 - Shape culture and behaviours
 - Strengthen system and partnership working
 - Allow for more detailed briefings on complex issues ahead of formal meetings.
3. The Trust Board is requested to (a) agree the principles of thematic Board development; and (b) note the forward plan for Q3 and part of Q4 2021/22

KEY ISSUES/IMPLICATIONS

Key issues for the attention of the Trust Board are:

1. The calendar is populated up to and including the February 2022 session.
2. Ad hoc sessions are included to provide flexibility for more urgent issues to be included.
3. The Executive Management Team will review the calendar quarterly and populate it in conjunction with the Chair's Working Group.
4. It is intended that development sessions will be held in person, in a Covid secure environment, from January 2022.

REPORT APPROVAL ROUTE
1. 8 September and 17 November 2021 – EMT

REPORT APPENDICES
1. SBAR 2. Calendar of development sessions

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

SITUATION

1. As a result of feedback on the programme of Board Development, a change is proposed to develop a forward view of sessions to occur on a more regular basis. This paper proposes the principles to be applied to this programme and sessions scheduled for the coming months.

BACKGROUND

2. The Trust's Standing Orders provides that Board members must equip themselves to fulfil the breadth of their responsibilities by participating in appropriate personal and organisational development programmes.
3. Until September 2021 the Board held full day development sessions bi-monthly which included topical issues, updates, and core business items. In addition, the Board has participated in externally facilitated long-term development over the last 12 months.
4. There is now a desire by the Board to plan sessions on an annual calendar which are focused on strategic initiatives, core Board business and complex issues.

ASSESSMENT

5. Effective Boards are those which demonstrate continuous learning and improvement. This can take the form of long-term programmes of development as well as regular 'thematic' insights into specific areas. This, coupled with the Board induction programme and the system of individual executive and non-executive director appraisals, allows the Board to position itself to support the delivery of its aims.

Long-term Board development,

6. Long-term Board development is often externally facilitated. This provides a fresh pair of eyes, constructive challenge, and wider knowledge of Board operations, and it can greatly enhance the quality of the Board.
7. Between September 2020 and September 2021 an external facilitator conducted a number of sessions both individually and collectively with Board members, culminating in a two day in-person development session on 26 and 27th September 2021.
8. The most recent sessions were a valuable opportunity to come together in a Covid secure environment as a Board for the first time since the pandemic began. It allowed for rich discussion on the ways in which the Board would position itself to support the strategic direction of the Trust; enabled the identification of areas for quick win improvements and longer term change; and began conversations on the different and varied roles of Board members.
9. The intention was set for Board meetings to focus on strategy, culture, assurance, and celebrating success.

10. This work has paved the way for the Board to drill down further into the roles and responsibilities of the Board, both individually and collectively, at its next session which will take place prior to the end of the financial year.
11. Long-term Board Development often informs programmes of work that are identified to improve the functioning and maturity of the Board. The Board Secretary is taking forward such work, including a more focused Board agenda and assurance reporting, revised action logs, and hybrid Board meetings. These will develop further as Board Committee effectiveness reviews take place over the coming months.

Thematic Board Development

12. Thematic development sessions are scheduled regularly throughout the year and are an opportunity for the Board to learn together and gain knowledge on specific stand-alone topics.
13. Until September 2021 the Board held full day development sessions bi-monthly which included topical issues, updates, and core business items. These were extended to monthly sessions from October 2021.
14. The focus of these sessions is on understanding, learning and reflection, rather than decision making, with the principle being that they will be used to:
 - Stimulate discussion on strategic initiatives and horizon scanning
 - Enable the Board to understand their regulatory requirements
 - Discuss and review of risk and risk appetite
 - Shape culture and behaviours
 - Strengthen system and partnership working

Sessions relating to core compliance standards for the Board will also be held, as would those that would aid the Board's understanding of complex issues/business cases before they are considered by a Committee or the Board.

15. Thematic sessions will often be proposed by Executives, and led by them, a member of their team or a facilitator. The calendar at Annex 2 initially sets two blocks of 1.5 hours per month for October to December, and three blocks for the full day sessions from January 2022, however this can be flexed to provide for one larger topic (as was done with the September session on strategy).
16. Whilst some thematic sessions can be scheduled for the year (e.g., IMTP, risk management annual reviews etc), much of it will arise throughout the year, reactive to particular pressures or issues. Because of that it is proposed that the calendar is reviewed quarterly at the Executive Management Team and the Chair's Working Group.
17. Outcomes of development sessions will be communicated via the Chair's report to the Board.

RECOMMENDATION

That the Trust Board:

- (a) Agree the principles of thematic Board development; and**
- (b) Note the forward plan for thematic Board development for Q3 and Q4 2021/22**



THEMATIC BOARD DEVELOPMENT SESSIONS 2021/22

Scheduled  Completed  Session blocked in advance to allow for emerging/urgent topics 

[illegible]



Welsh Ambulance Services NHS Trust

Safeguarding Annual Report 2020-2021



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The Safeguarding annual report provides an overview on how the Trust has performed over this reporting period in relation to safeguarding people in our care. This reporting period has been particularly challenging for the NHS across Wales. Priority is given within the report to evidence the significant increase in Safeguarding activity within the organisation, staff ability to fulfil their responsibility to recognise and act on issues and concerns in relation to Safeguarding people in our care, the sharing of information on concerns identified as well as sharing good practice, learning from the experiences of WAST Safeguarding activity, improving systems and processes and highlighting the organisations effective responses to the rapidly changing circumstances and impact in relation to relevant adverse National issues, including the COVID19 pandemic.

This years report aims to give the Trust Board the necessary assurances that the statutory duties under the Children Act 2004, the Social Services and Well-being (Wales) Act 2014, the Violence Against Women Domestic Abuse and Sexual Violence (Wales) Act 2015 and the Welsh Government Adult and Child Protection guidance are being fulfilled. The Trust complies with the specific requirements under section 25 of the Children Act 2004 that there is a lead executive director for children and young people's services and a designated non-executive director for the purposes of the Act. The Executive Director of Quality & Nursing is currently the executive lead for safeguarding within the Welsh Ambulance Services NHS Trust (WAST).

The Head of Safeguarding has responsibility as Named Professional for Safeguarding Children as well as Adults at Risk. This role ensures the Trust's compliance with Statutory Legislation and Guidance above. The Head of Safeguarding takes the organisational strategic lead on all safeguarding related matters for WAST.

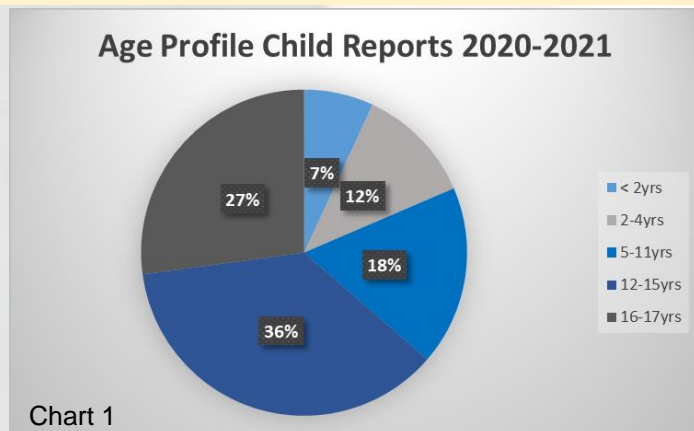
Key functions have included ensuring appropriate policies, procedures, pathways, audit and training are developed and kept updated in line with national legislation and guidance. In addition the Safeguarding Team monitors and provides recommendations on any service developments and service level agreements which have the potential to impact on the well-being of children and adults at risk. This ensures the organisation's ability to provide safe and effective care which protects vulnerable people from abuse, neglect and exploitation; and compliance with Health Standard 2.7: Safeguarding Children and Adults at Risk.



1. Safeguarding People

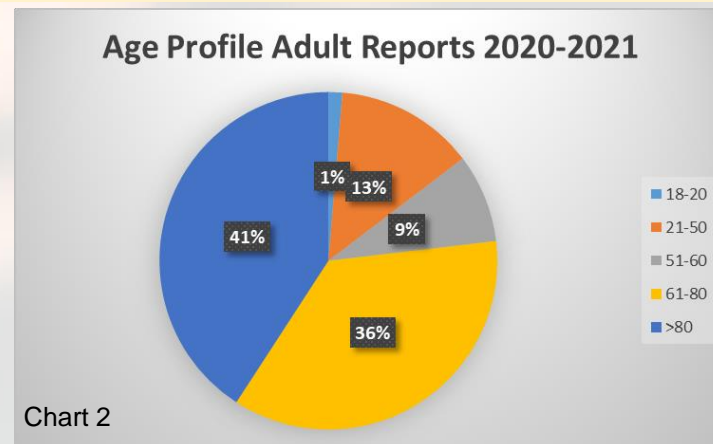
Safeguarding People within this report for 2020-2021 relates to the Welsh Ambulance Services NHS Trust's Safeguarding activity to prevent, protect and support service users and their families who are at risk from issues related to abuse, neglect, exploitation, violence against women, domestic abuse and sexual violence. It includes data from the commencement of the **COVID19 pandemic** period which resulted in National recognition of increased vulnerability for Children and Adults at Risk of Abuse. This section of the report provides insight into our service user groups by age range. It also illustrates the age range for safeguarding referrals made when our duty to protect a person from harm in the context of safeguarding has occurred. This allows us to understand where particular areas of potential vulnerability may exist.

Safeguarding Child Reports where age is known.



The WAST data 2020/21 profile by age range for child referrals resulted in a higher number of concerns reported for children aged 12-15yrs (36%) and 16-17yrs (27%) in comparison to those aged 10yrs and under. This indicates that a higher vulnerability was identified by WAST staff in relation to Safeguarding concerns for the 11-15yr and 16-17yr olds who had contact with our services during this reporting period. This is a consistent theme noted in the previous reporting period.

Safeguarding Adult Reports where age is known.



The WAST data for 2020/21 adult referrals made indicates that there were a higher number of concerns reported for adults aged > 80yrs (41%), 61-80yrs (36%). Compared to those aged 60yrs and under with the lowest number of concerns reports for 18-20yr old age range during this reporting period. This indicates higher vulnerability identified by WAST staff in the over 61yr age range; which is expected as potential vulnerability increases with age in general as well as in relation to Safeguarding concerns.

Safeguarding Referral Information

The Safeguarding Team's priority is to ensure that WAST staff provide safe and effective care which protects people at risk of abuse and neglect as well as those in need of care and support. This involves reporting concerns appropriately to the relevant agencies and utilising appropriate pathways which further support victims of domestic abuse and sexual violence following contact with our service. WAST compliance with the requirements from the Children Act 2004, Social Services and Well-being (Wales) Act (SSWA) 2014, Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 (VAWDASV), as well as the Health and Care Standard 2.7 is demonstrated by this activity.

Following contact how many safeguarding concerns have been identified by WAST staff?

Concerns identified by WAST staff are referred to the relevant Social Services for assessment and required intervention dependent on the individual needs of the person at risk.

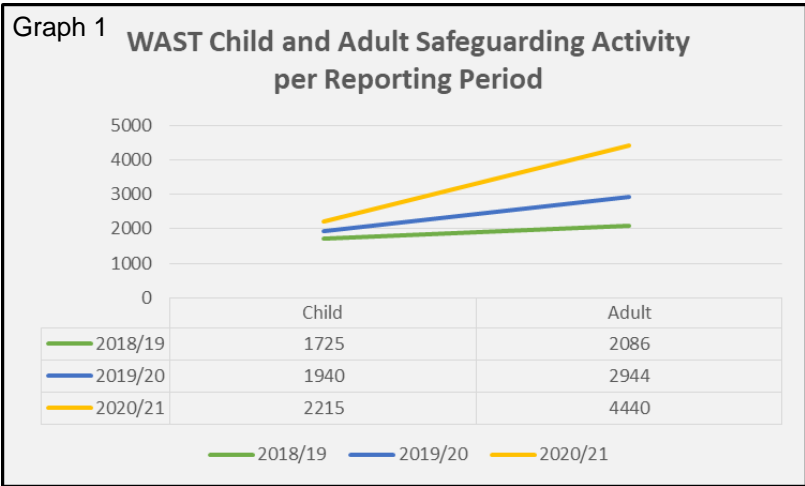
Graph 1 demonstrates a maintained increase in the total number of referrals made over the last three reporting periods.

This may be attributed to the Nationally recognised increased vulnerability to those at risk during the Pandemic, as well as the introduction of an automated process (Doc-Works) for WAST safeguarding concerns identified in 2020/21.

Table 1 illustrates a further breakdown of the referrals made by type where known.

Table 1

Referral	2018/19	2019/20	2020/21
Child at Risk	1725	1486	1461
Child in Need	NA	454	754
Adult at Risk	570	836	1149
Adult Social Care	1516	2108	3291
Total	3811	4884	6655



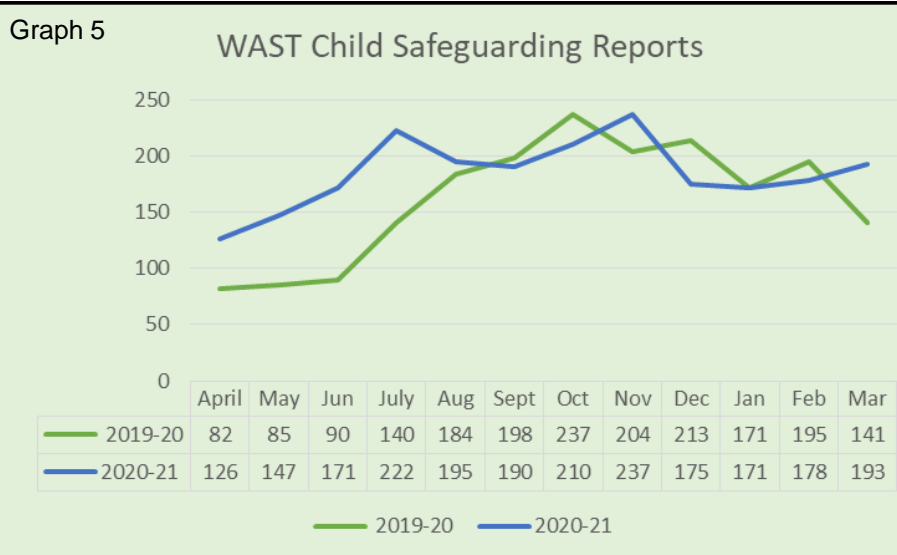
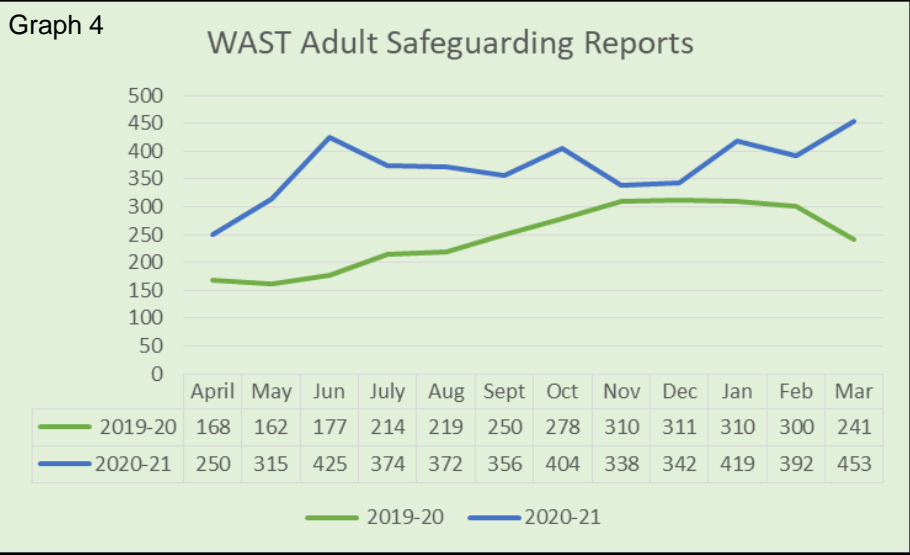
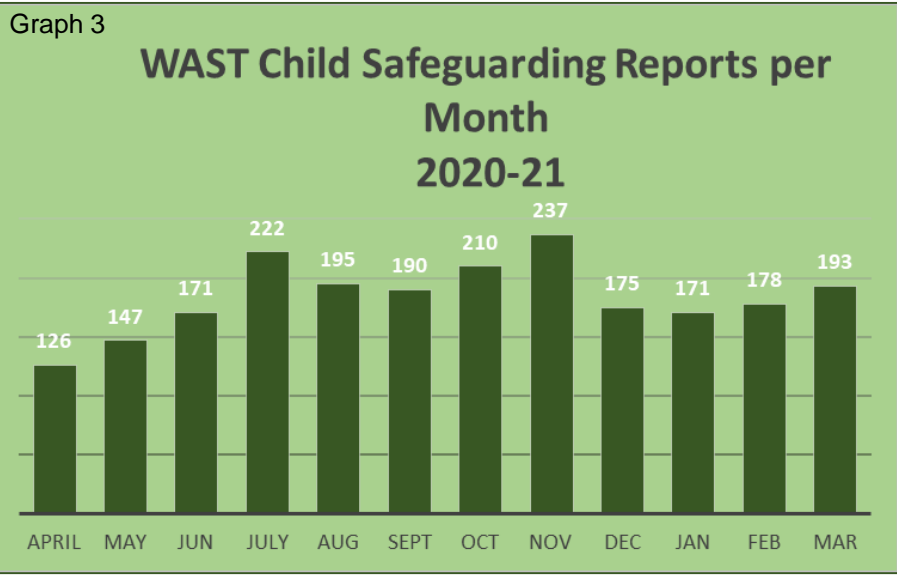
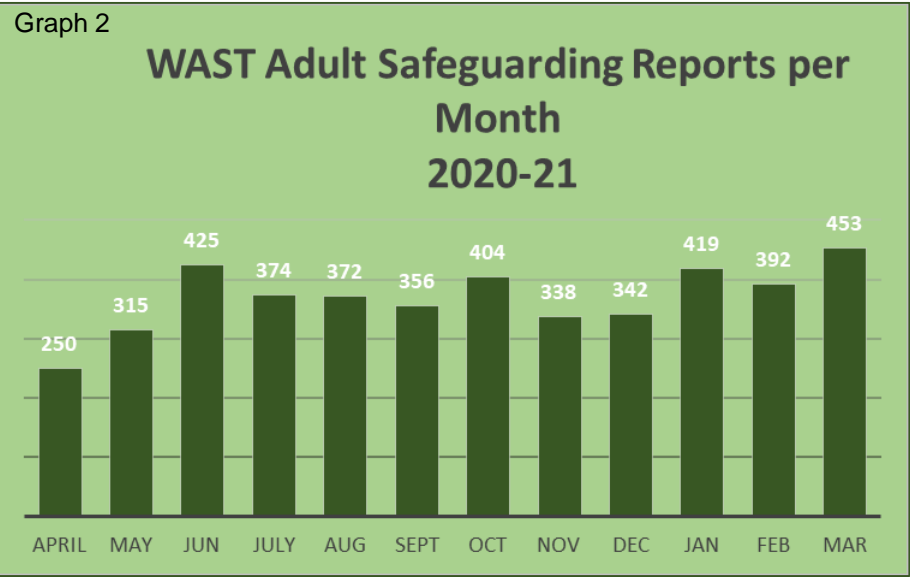
Doc-Works

The introduction of Doc-Works has been further progressed during this reporting period with the launch to WAST frontline staff in July 2020.

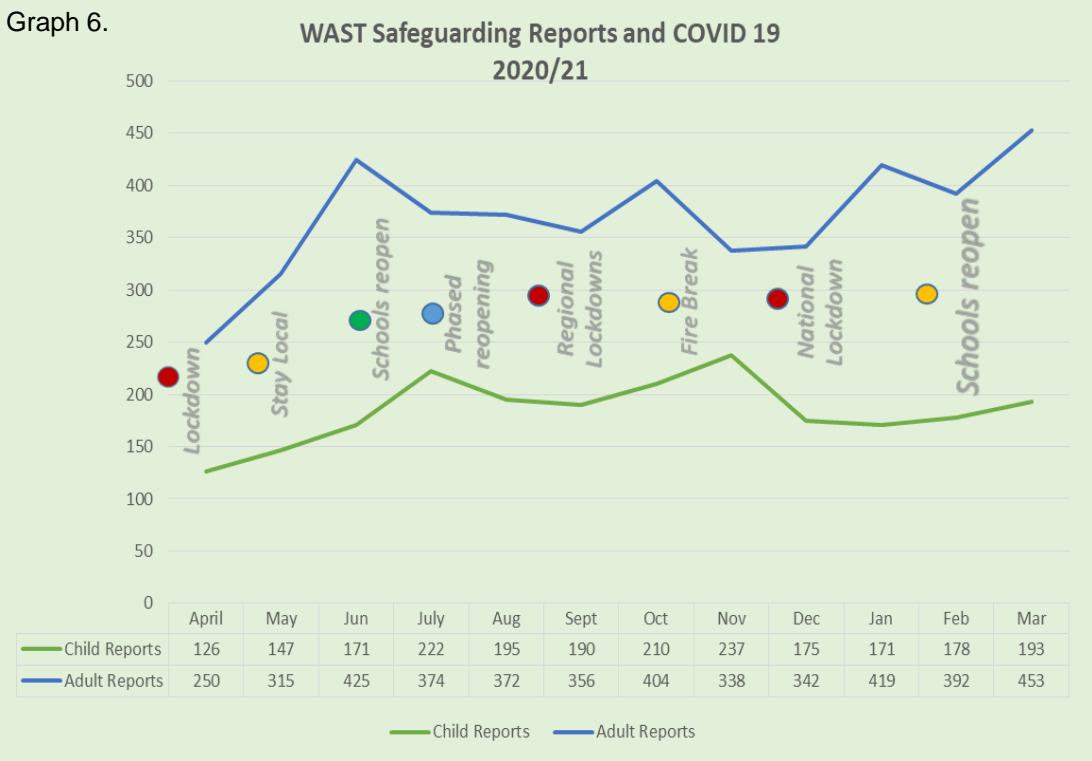
Reporting Rates

The number of reports submitted by WAST staff has increased by 75% since March 31st 2019.

The following graphs illustrate WAST Safeguarding reports by Month for 2020/21 and the comparison with the last reporting period. This information highlights lower reporting during April and May 2020 immediately following the National lockdown in Wales.



The following information illustrate WAST Safeguarding reports submitted during the COVID 19 period 2020/21.



Concerns identified by WAST staff indicate a significant increase in safeguarding reports made during this reporting period. The Welsh Government measures to implement Regional lockdowns and a fire break appear to have had an impact on safeguarding concerns identified for adults and children at risk with peaks in submitted reports during June, July, October, November, January and March. The return to a National Lockdown at the end of the year indicates increased incidence of concern for adults at risk more than children. However we have learned from the experience of COVID, that children who are abused and harmed are often not seen until the harm has escalated to a point where our emergency service is required. This has resulted in more significant cases of harm being identified by WAST staff.

COVID 19 Timeline
11 March 2020
World Health Organization describes COVID-19 as a pandemic

26 March 2020
New regulations in Wales in the Coronavirus Act 2020 to relax local authority duties relating to assessing and meeting needs for care and support.

8 May 2020 Lockdown in Wales extended

29 May 2020
In Wales - Stay local, 2 households can meet

02 July 2020
Wales reopening for hospitality and tourism

21 September 2020
Wales introduces local coronavirus restrictions

19 October 2020
Wales' First Minister announces a **17 day 'circuit break' lockdown**

5 February 2021
Wales - a phased return to face to face learning for 3-7 year olds will begin from 22 February 2021

23 March 2020 – all people are now required to stay at home except for very limited purposes.

2 April 2020
Virtual GP appointments

13 May 2020
Welsh Government-Test, Trace, Protect

29 June 2020
Schools in Wales re-open

14 August 2020
First Minister to allow more families to meet up in Wales.

19 December 2020
Rules tightened across the UK before Christmas

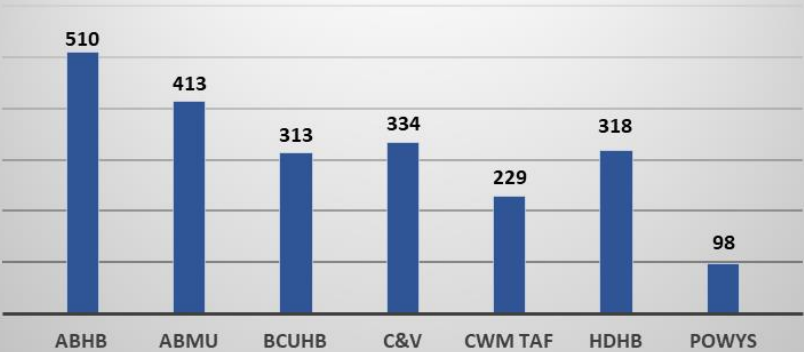
12 March 2021
First steps out of lockdown in Wales announced

Safeguarding Referral Information

The Safeguarding Team has continued to progress WAST staff skills and understanding of the Safeguarding thresholds met, to ensure that the reports made to Social Services are appropriate and in accordance with the required standard. This includes the identification, appropriate support and that potential actions are taken for victims associated with violence against women, domestic abuse and sexual violence.

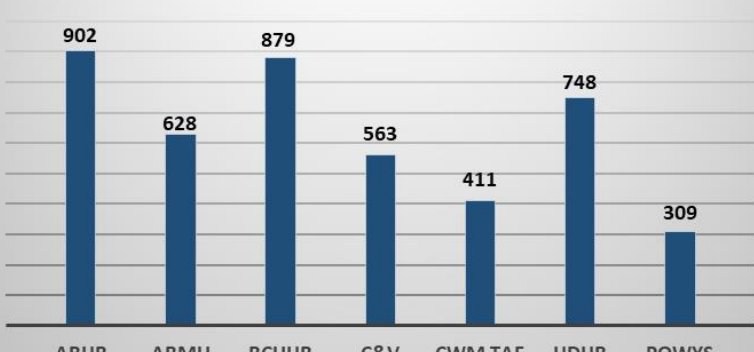
Graph 7

Child Safeguarding Reports per Health Board Area 2020-2021



Graph 8

Adult Safeguarding Reports Per Health Board 2020-2021



Categories of Abuse reported by WAST staff 2020/21.

WAST ability to capture data relating to financial abuse of children will be included in the next reporting period.

Categories for Child Abuse Reports 2020-21

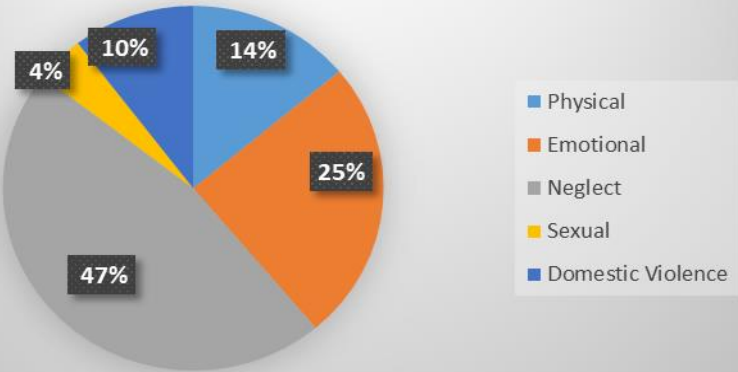


Chart 3

Categories of Abuse Adult Reports 2020-21

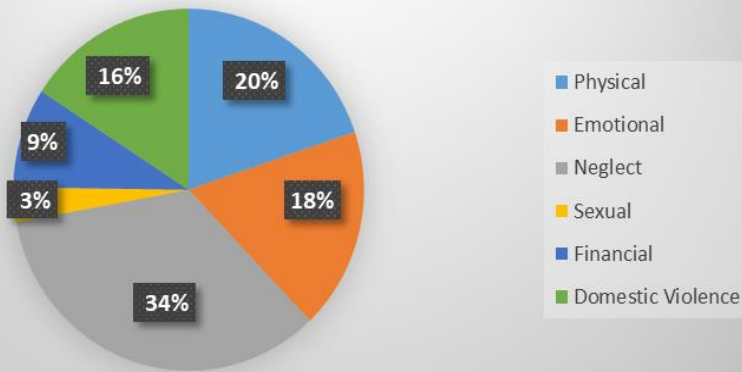


Chart 4

Safeguarding People ‘Challenges during the COVID 19 Period’

It is acknowledged that the COVID 19 pandemic has had an adverse effect on those at risk of harm within Wales. The lockdowns and social distancing measures in place across the UK, has made it difficult for some health professionals to keep in regular contact with children and adults at risk to check on their welfare.

However this has not been the case with the frontline emergency services in WAST. Practitioners in both the EMS and NHS 111 have faced unprecedented demand in care and treatment services as well as challenges to support and safeguard vulnerable adults, children and families with reduced availability from partner agencies over the past year.

Staff Feedback

“Lack of family support available during Lockdown has definitely highlighted an increase in concerns. There was no heating or electric so we had to stay with them until things were sorted”. **CW Region EMS/UCS**

“The only option was Police and ED, we couldn’t leave her there. Our patient was arrested and his partner went to the SARC.” **SE Region EMS**

“Its been really difficult during the pandemic, especially in Lockdown, trying to do everything you can for the patients and their families with such restricted options”
North Region EMS

“It has been a challenging period, but it has strengthened our connections with local authorities who were increasingly making contact with us as a central source of information”.
Safeguarding Team WAST

- **Increase in demand within the frontline service**
- **Increase in harm “behind closed doors” due to lockdown**
- **Redeployment of staff members to support C19 response**
- **Reduced support for Vulnerable Groups from other agencies**
- **Reduced support for staff from other agencies**

“It was a routine call at first, but I soon recognised that something was wrong. He was hostile and aggressive with the little boy and when I saw his bedroom it was clear that there was significant concern for the children.”

SE Region EMT

“This was a very distressing situation your professional curiosity and actions have ensured the welfare of the children/family”

Safeguarding Team WAST

“Having the Safeguarding Training virtually on Team’s was really helpful. I found it really inclusive, something which is difficult to achieve in this new way of working”
North Region EMS

“Thanks for the comprehensive information from the crew. They have gone above and beyond expectations in this complex Self Neglect case”

Social Worker CW

What staff have experienced

2. Supporting Staff in their Safeguarding Responsibilities

The Safeguarding Team within WAST appreciates that working to ensure good outcomes for children and adults at risk, and also victims of domestic abuse/sexual violence can be demanding and distressing work. Supporting staff continues to require a collaborative approach which facilitates the promotion of good standards and ensures confident and competent practitioners who are able to make sound professional judgements.

This includes the assurance that Trust has the mechanisms to enable staff to process their Safeguarding reports to the relevant agency as required.

The COVID 19 period has challenged the Safeguarding Teams ability to facilitate support in the same way as previous reporting periods. This has resulted in a number of initiatives during 2020/21 which have included the following:

Secondment - There has been one internal secondment position during this reporting period. This opportunity provided a Clinician from the Central and West region to gain further experience in the role of a Safeguarding Specialist. During this time the commitment and contribution to the work of the Safeguarding Team has been invaluable. The Safeguarding Team greatly appreciated the enthusiasm and support of the clinician in all aspects of safeguarding issues including PRUDiC and a Child Practice Review. The experience in return enhanced the member of staff's confidence in dealing with safeguarding processes and meetings during the time with the team.

"This experience has given me the opportunity to see the invaluable contribution front line staff have in the protection of vulnerable children and adults from varying roles within the organisation".

'virtual' 1:1 safeguarding supervision via Microsoft Teams

'virtual' group safeguarding supervision via Microsoft Teams

Development of training packages appropriate for 'virtual delivery'



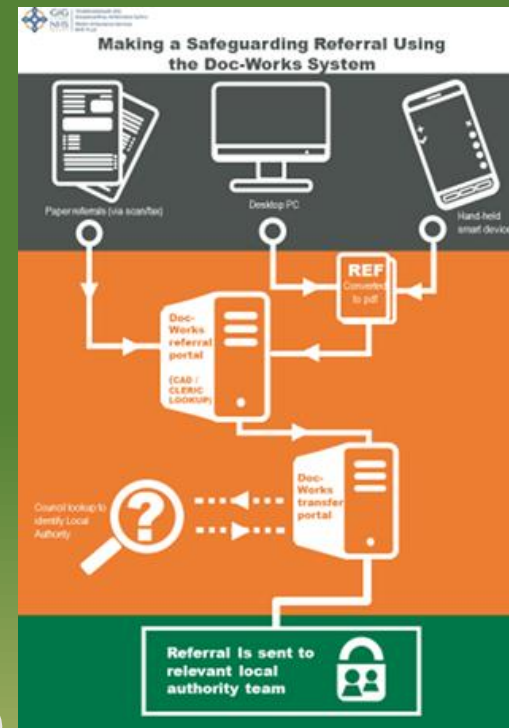
Doc-Works

Launch of an Automated Electronic Process to enable all WAST staff to submit their safeguarding concerns utilising a mix of automated deliveries with manual checks and controls which suit the current variety of resources available to WAST staff – PC's, iPads etc .



2020/21

- NHSD111 & CSD clinicians continue to submit digital safeguarding reports via Doc-works on desktop computers launched last year.
- Collaborative team work with Doc-works developers to adapt the App & WAST safeguarding forms to suit the iPad IOS
- Completed initial testing of the App, adapting PDF output to meet the Wales Safeguarding Procedures
- Comms Launch to frontline staff and managers via SIREN, WAST Facebook and Twitter
- Preparation for nominated locality safeguarding champions to work closely with the safeguarding team to support operational staff for Doc-works Scribe App launched in July 2020.
- Completion of all documents such as set-up and user guides to support launch.
- 75% increase in reports made by WAST staff since launch in 2019



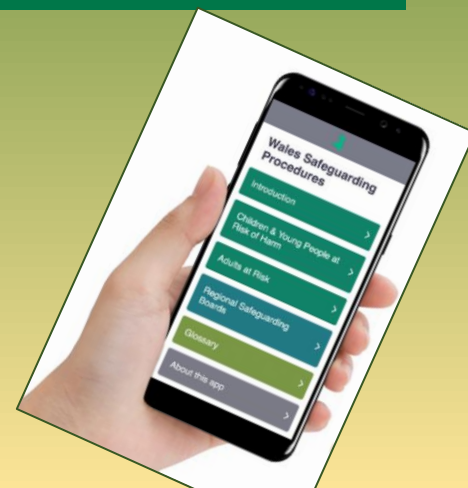
"This is a much better system for sharing concerns"



"Trying to use Scribe for the first time was a little daunting even though I am a bit of a techno-geek so the first safeguarding report took a few mins longer to type than the second one"

"Have completed a few reports now and have to say its very quick and easy"

"Massive step forward since we were having issues having facilities to fax details on the previous system and this could have potentially caused delays in reports being sent"



3. Education and Training



The Trust's annual training plan continues to support statutory safeguarding requirements. This is achieved by ensuring that staff are provided with the right level of training commensurate with their role. Working in partnership with the Training College (NATC) the Safeguarding Team have established a three yearly training programme for level 2 child and adult Safeguarding.

The COVID 19 period had a significant effect on the training of all staff within the organisation. This was attributed to the huge recruitment drive launched to accommodate the demands of frontline services. Safeguarding Training figures recorded an increase of over 63% in the total number of staff trained during this reporting period.

Continual Professional Development was halted during this time.

Safeguarding Training delivered on the 2020-21 induction programme for new staff was achieved by both classroom delivery, where social distancing was possible, and also virtually via Microsoft Teams. All packages were developed to meet the required standards and to ensure a positive learning experience for those participating.

Graph 9 illustrates compliance per staff group within the stated clinical areas. Overall compliance of **95%** for Safeguarding Children Training during this reporting period.

In addition to the face-to-face induction sessions, staff also accessed training via the NHS e-learning portal. By utilising this system **92%** of staff completed Level 2 adult safeguarding training during the reporting period.

Graph 10 illustrates Safeguarding Adults compliance per staff group within the stated clinical areas.

All new staff received training on induction, those requiring mandatory refresher training will be facilitated during the 2021-2022 CPD programme.

Safeguarding Children L2



Safeguarding Adults L2



This section of the Safeguarding Annual report outlines the VAWDASV National Training Framework Training Plan for the Welsh Ambulance Service NHS Trust (WAST). Under Section 15 of the VAWDASV (Wales) Act 2015, WAST “is required to incorporate training for Groups 1, 2, 3 and 6 into their existing learning and development framework and submit to the Welsh Ministers their own training plan, training needs analysis and annual plan based on this”.

The Plan for WAST was reviewed and updated following consultation with the Welsh Government VAWDASV team in March 2018 and subsequently included in an Annual NTF Report to Welsh Government in May 2020.

Group 1 of the National Training Framework

There has been significant work and progress made since the launch of Group 1 throughout WAST.

Table 2 illustrates the progress made since launch to March 31st 2019 (Target 100% compliance). The number of staff who have completed Group 1 training has been determined by the WAST Online Learning Management and training department records which are recorded on WAST electronic staff records.

Table 2

Total staff employed	Number completed Group 1	% compliant
3213 <i>March 2017</i>	1537	48%
3286 <i>March 2018</i>	2413	73%
3450 <i>March 2019</i>	2795	81%
3617 <i>March 2020</i>	2888	80%
4091 March 2021	3430	84%



The majority of WAST ancillary staff and those who are office based achieve Group 1 via the ESR online learning module. Face to face Group 1 training is only delivered to frontline staff including Paramedics, Emergency Medical Technicians; Urgent Care Service and Non-Emergency Transport Service staff. This training is delivered by WAST trained trainers who have been approved through the NTF Agored Cymru train the trainer process.

WAST has noted an increase in the total number of staff employed since the launch of this training. This has affected the overall compliance during this reporting period.

Groups 2 and 3 of the National Training Framework

During this reporting period WAST has continued to participate as a pilot site for phase 2 of the National Training Framework for Violence against women, domestic abuse and sexual violence. The challenge of which is being met under the governance of the Safeguarding Strategic Group and operationally by the “Ask and Act” task and finish group. This has given WAST the opportunity to start to deliver a comprehensive training package to our frontline staff so that they are further supported to identify, support and take action for victims and their families.

WAST trained trainers commenced the required training for Group 2 “Ask and Act” as part of the Welsh Government Pilot in October 2018. A total of **1110** staff have been trained to date against a target of **1338** for this period resulting in **83%** compliance with WAST 5 year training plan.

Table 3 illustrates the evaluation of learning following the completion of face to face Group 2 training.

Group 2 - % Learners provided a rating as good or excellent		
	Pre Training	Post Training
Q1. Knowledge on the Subject	66%	97%
Q2. Skill regarding the Subject	56%	94%
Q3. Confidence regarding the subject	54%	93%

Table 4 WAST Violence against women, domestic abuse and sexual violence 5 year Training Plan

	2017-18	2018-19	2019-20	2020-21	2021-22
Group 1	Train remaining staff 1676 Commence training CFR volunteers	All new staff and Volunteers	All new staff and Volunteers	All new staff and Volunteers	All new staff and Volunteers
Group 2	Train the Trainers for WAST 12	Group 2 staff 446	Group 2 staff 446	Group 2 staff 446	Group 2 staff 446
Group 3	Train the Trainers for WAST 12	Train WAST Champions 25	Train WAST Champions 25	Train WAST Champions 25	Train WAST Champions 25
Group 6	Strategic Engagement Plan Strengthening Leadership Series	Strategic Engagement Plan Strengthening Leadership Series	Strategic Engagement Plan Strengthening Leadership Series	Strategic Engagement Plan Strengthening Leadership Series	Strategic Engagement Plan Strengthening Leadership Series

Next Steps

- Reinstate plan for Group 3 champion training- post COVID 19 period.
- Evaluate the Welsh Government survey to assess the impact of the National Training Framework
- Digitalise the Live Fear Free Pathway within WAST utilising Doc Works.

4. Partnership Working

The amount of activity generated by our duty to cooperate with strategic activities illustrates a significant decline in requests for WAST engagement during this reporting period. This is attributed to the COVID 19 impact on agencies ability to comply with Section 7 of the Social Services and Wellbeing (Wales) Act 2014, as well as the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 and continued under Section 9 of the Domestic Violence, Crime and Victims Act 2004.

The rapid introduction of the Coronavirus Act 2020 set out regulations in Wales which relaxed the obligations on Social Services and other agencies so that they could focus on the priorities of meeting the immediate needs of those at increased risk due to the Pandemic.

The Head of Safeguarding, Executive and Assistant Directors within the Quality, Safety and Patient Experience Directorate have ensured engagement at a strategic level. This has also required the support of the Senior Professionals from within the Team during this reporting period.

WAST Safeguarding engagement with the Regional Boards has included activity with the following:

Adult Practice Reviews			Child Practice Reviews			Domestic Homicide Reviews		
<u>2018-19</u>	<u>2019-20</u>	<u>2020-21</u>	<u>2018-19</u>	<u>2019-20</u>	<u>2020-21</u>	<u>2018-19</u>	<u>2019-20</u>	<u>2020-21</u>
10 Reviews	14 Reviews	2 Reviews	9 Reviews	6 Reviews	3 Reviews	9 Reviews	11 Reviews	0 Reviews

The Review Process

There is a fundamental obligation for all agencies involved in the care, support and protection of those at risk ensuring the highest possible standards of that care, support and protection are provided and maintained at all times. Part of this obligation is a requirement to learn from mistakes, especially those resulting in the death or serious injury of an individual at risk.

What does this mean for WAST

The challenge lies in sustaining an anticipated escalation in requests for WAST engagement during the next reporting period as a result of the above measures as well as an acknowledged increase of 75% in WAST reports to local authorities across Wales since March 2019.

Protecting Adults at Risk

Section 7 of the Social Services and Wellbeing (Wales) Act 2014 (SSWA) places a statutory duty on Local Authority, Health Boards and Trusts to work in collaboration and share information where an “Adult at Risk” has been identified. WAST is required to co-operate with our partner agencies at both a strategic and operational level.

Strategy meetings provide an opportunity to focus on the needs of the vulnerable person and allow agencies to appropriately share information, identify risks and take specific action.

To support this the Safeguarding Team work collectively with Locality Managers, Clinical Team Leaders and staff in the gathering of the information that is required to support the process.

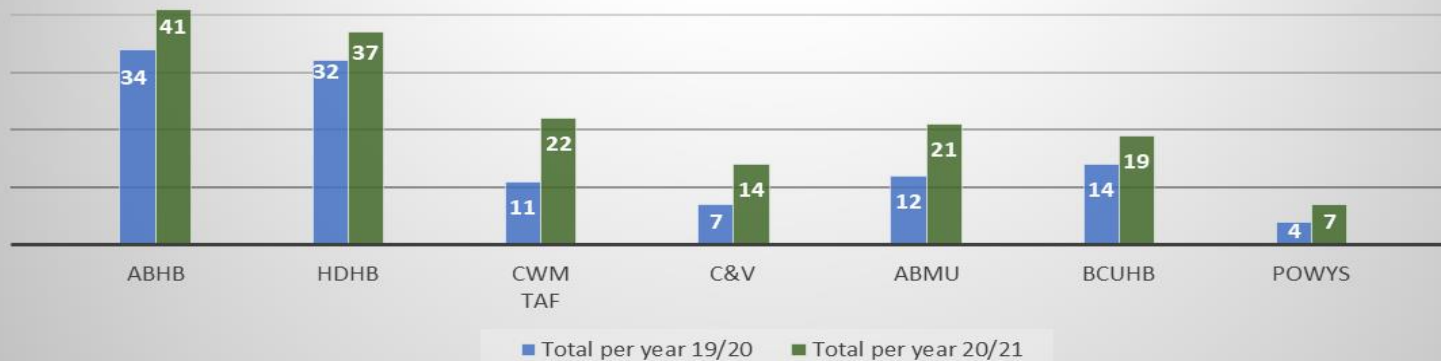


The Safeguarding Team also work closely with our external partners in completing written reports on individual Adult's at Risk as well as attendance at strategy meetings when required.

Graph 11 illustrates WAST compliance with reports submitted, enquiries and strategy meetings attended per health board under our duty to cooperate with this process.

Graph 11

Adult at Risk Strategy Activity 2020-2021



NB

Not all meetings held are as a result of WAST reports. However, where our staff have reported potential abuse of an adult at risk, these tended to involve adults in a care setting where Neglect was identified as the main category of abuse.

Procedural Response to Unexpected Deaths In Childhood (PRUDiC)

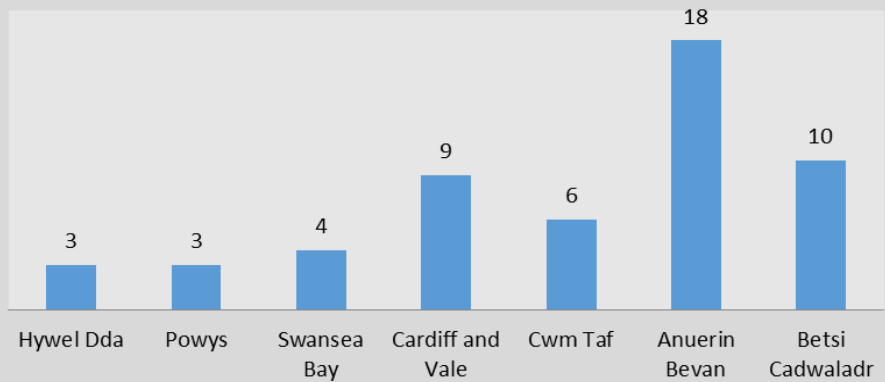
The aim of the PRUDiC is to ensure that the response is safe, consistent and sensitive to those concerned, and that there is uniformity across Wales in the multi-agency response to unexpected child deaths.

During this reporting period WAST has contributed to **53** information and planning meetings held under the PRUDiC process.

The graphs and chart below highlight WAST data relating to unexpected child deaths during 2020-2021. This includes the numbers of PRUDiC incidents per WAST Health Board, monthly occurrence and also age range.

Graph 12

WAST PRUDiC's per Health Board 2020 - 2021



Graph 13

WAST PRUDiC's per Month 2020 - 2021

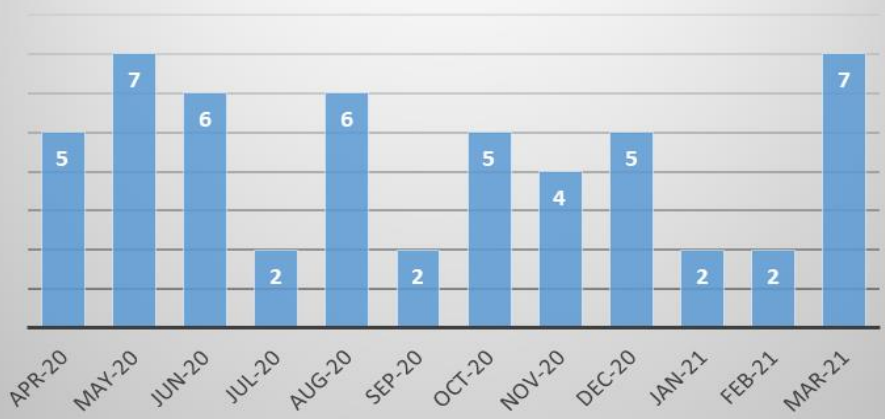
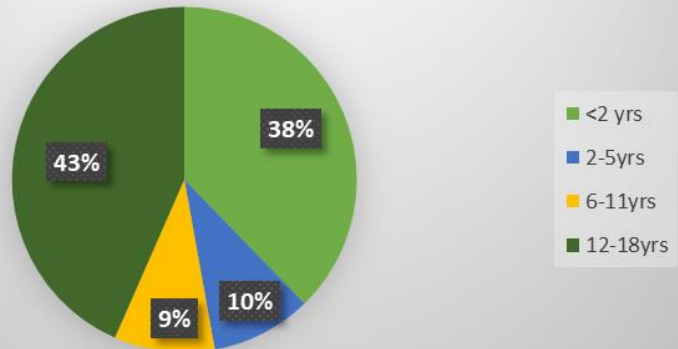


Chart 5

Child Death Age range 2020 - 2021



WAST information can be useful for identifying themes and trends. Graph 12 indicates that the highest number of child deaths where the PRUDiC was initiated occurred within Anuerin Bevan University Health Board. The highest percentage age range was for 12-18yr olds (43%) and under 2 years of age (38%). There was no particular month of incidence although the lowest number occurred in July, September, January and February.

Themes and trends are collated by the Public Health Wales child death review panel who provide annual reports from a National perspective. Data collated is then used to promote good practices which reduce harm

4. Quality Improvement

The Safeguarding Team sits within the Quality, Safety and Patient Experience Directorate. The Team carries out a necessary corporate function as well as supporting the specific work of the Directorate. Our commitment to delivering high quality care in safeguarding has been clearly demonstrated by achievements highlighted in previous reporting periods. Effective leadership, management and innovation have been integral to our success.

The Safeguarding Team achieve our Safeguarding objectives by effectively working together with a wide range of services and professionals; so ensuring good outcomes for people who have contact with our service. This requires the Safeguarding Team to establish effective relationships with all departments in our organisation as well as within the wider Safeguarding arena across Wales.



Agencies we work with



Safeguarding Local Delivery Plan

The Safeguarding Team's approach to quality and quality improvement for this reporting period has been to focus on achieving the requirements set within the Safeguarding Local Delivery Plan (LDP) 19-20. This aims to achieve our targets within the WAST Quality Strategy and prioritises our contribution in delivering the Integrated Medium Term Plan; as well as to identify any actual or potential risks to deliverables during this reporting period and beyond.

WAST is required to report on the Safeguarding position of the organisation both internally and externally. The Safeguarding LDP provides the focus for improving quality as part of the organisation's internal strategy but also incorporates the requirements included in standards and outcomes set by external reporting mechanisms. The Safeguarding LDP & Assurance Framework is mapped to the Health & Care Standards (2015) specifically standard 2.7; safeguarding children and adults at risk. Safeguarding sits within the Quality Theme: Safe Care and Prudent Healthcare. The outcome of which is to ensure *our service users are protected from harm and protect themselves from harm*. The principles of Prudent Healthcare are considered throughout, recognising continued progress is always required to integrate the principles into our safeguarding operational framework.

The following table illustrates the priority areas for achieving this by focussing on the key deliverables specified within the Safeguarding Local Delivery Plan (LDP) for 2020/21. (Ref kd19 IMTP 4 CR 1-6)

Safe Care and Prudent Healthcare

Training

Safeguarding
Referral
Process

Policies and
Procedures

Engagement
with Partner
Agencies

Progress for LDP 2020/21

Training

- Safeguarding Training level 2 delivered as required. (**95%** for Level 2 Safeguarding Children and **92%** for Adult Safeguarding training).

Safeguarding Referral Process

- "Doc works" automated referral process Implementation launched for NHS 111 in 2019.
- Launched to frontline staff July 2020

Policies and Procedures

- Review and updates on priority policies completed and approved.

Engagement with Partner Agencies

- High profile as central source for information with partner agencies during COVID 19 Period.

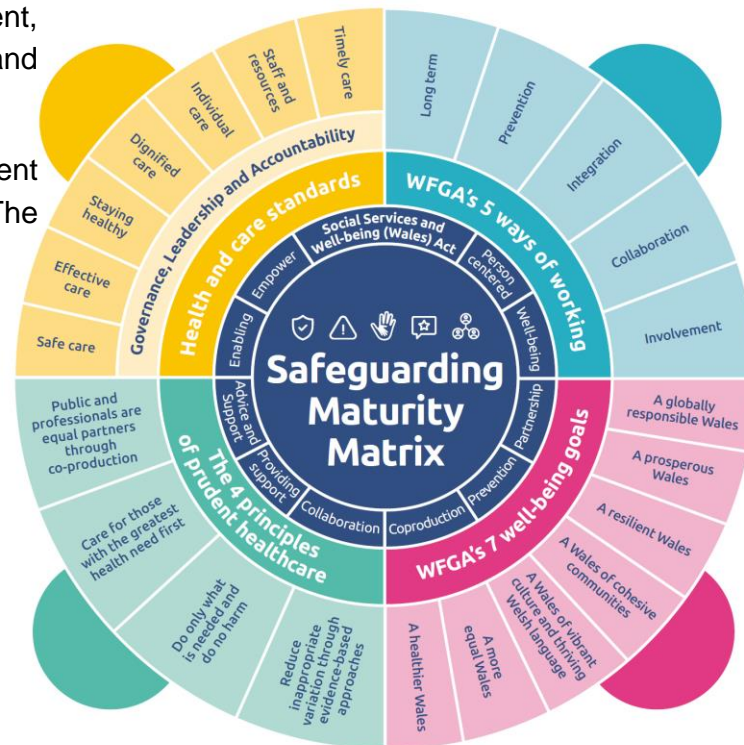
Safeguarding Maturity Matrix

The Safeguarding Maturity Matrix (SMM) is a self- assessment tool agreed by the Chief Nursing Officers Nurse Director Forum in Wales. It addresses the interdependent strands regarding Safeguarding, service quality improvement, compliance against agreed standards as well as learning from incidents and reviews.

The focus of the SMM is then for each Organisation to develop improvement plans which support a consistent approach to Safeguarding across Wales. The scoring system is set against 5 agreed standards.

WAST Maturity Score 2020-21

Standard	Maturity Score
1. Governance and Rights Based Approach	4
2. Safe Care	4
3. ACE Informed	4
4. Learning Culture	4
5. Multiagency Partnership Working	4
SMM score:	20



The Safeguarding Maturity Matrix tool was piloted during this reporting period. Members from WAST Safeguarding team participated in an online peer review process in December 2020 as part of the pilot arrangements. Together with 9 other NHS organisations who through a facilitated approach were able to consider and discuss individual self-assessment improvement plans in a collaborative and transparent system of learning. WAST improvement plan forms part of the Safeguarding priorities set for 2021-2022 and beyond.

Safer recruitment is central to Safeguarding. The WAST Recruitment and Selection policy and associated process is set out to ensure that recruitment into our service is managed in a consistent and equitable manner which complies with legal requirements and best practice. The recruitment team at NHS Wales Shared Service Partnership (NWSSP) work with WAST to ensure compliance with relevant Safeguarding legislation, policies and procedures.



Disclosure and Barring Service

The Disclosure and Barring Service (DBS) helps employers make safe recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. In order for WAST to comply with the provisions of the *Safeguarding Vulnerable Groups Act 2006*, all new employees and volunteers who interface with the public must have a satisfactory enhanced check with the Disclosure and Barring Service (DBS) prior to the Trust agreeing a start date. Staff already employed who are being considered for a new position within WAST which requires a DBS check must also have satisfactory clearance.

Safe Retention Practices

The WAST "Safeguarding Children and/or Vulnerable Adults Policy: When an allegation is raised about an Employee or Volunteer" is embedded within the Trust and provides a process framework for action and advice to managers dealing with these issues. This process is followed where an allegation of potential abuse has been raised about an employee or volunteer of the Welsh Ambulance Services NHS Trust. The policy document provides the links with the All Wales policies and procedures agreed between partner agencies.

The policy ensures that focus remains on the welfare of our service users and that WAST retains an appropriate workforce. The allegations made are not always related to practices within the member of staff's role for WAST; however all allegations are investigated in a consistent manner. This ensures appropriate outcomes to protect the welfare of vulnerable groups who have contact with our service as well as protecting and supporting our staff involved in this process. On occasions where WAST is required to prevent unsuitable people from working within a WAST role; disciplinary procedures will be followed. The Disclosure and Barring Service and relevant professional bodies are informed by WAST as appropriate in these situations.

In Conclusion the Safeguarding Annual report reflects the significant contribution which the Trust, Safeguarding Team and staff have made in ensuring people are safeguarded from harm during the challenging Pandemic reporting period. The Safeguarding Team's collaborative working ensures that the Trust and its staff fulfil their safeguarding responsibilities. Our achievements obtained through improved knowledge, skills and attitudes as well as the promotion of our engagement with safeguarding multiagency activity has strengthened our working relationships both at an operational and strategic level.

This annual report demonstrates the progress made in meeting the standards and outcomes set within the safeguarding specific systems and reporting mechanisms of the wider safeguarding arena as well as those set within WAST. Continued focus has been provided within the organisation through the Quality Strategy, Safeguarding Local Delivery Plan, Business Partnership Model as well as the work of the established Safeguarding Strategic Group. The safeguarding governance frameworks have continued to be part of everyday practices within WAST.

The increase in the Safeguarding activity for the Trust noted in previous reports has escalated during the past year. This may be attributed to the circumstances of the pandemic as well as being linked to a more efficient and effective mechanism for processing reports via Doc-Works. This activity illustrates WAST compliance with Section 7 of the Social Services and Wellbeing (Wales) Act 2014, as well as the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 and continued under Section 9 of the Domestic Violence, Crime and Victims Act 2004.

The Head of Safeguarding, Executive and Assistant Directors within the Quality, Safety and Patient Experience Directorate have been supported by the Senior Professionals within the Team to ensure engagement at a strategic level with the Regional Safeguarding Boards. The operational engagement by the Safeguarding Specialists within the Team with the associated work plans of the Regional Safeguarding Boards continued as appropriate as these activities were reinstated during the pandemic; by the individual Boards across Wales.

The Safeguarding Team within WAST is dedicated to providing continual advice, guidance and support to staff at all levels. This is reflected in the provision of safeguarding supervision, promotion of reflective safeguarding practice, additional support sessions held for operational staff, opportunity for shadowing, placement and secondment experience. As well as in the Team's involvement in all safeguarding related matters at a corporate and strategic level. The safeguarding governance frameworks have continued to be part of everyday practices within WAST.



Building on the Safeguarding Team achievements during 2020-21 the following priorities have been identified for future progress.

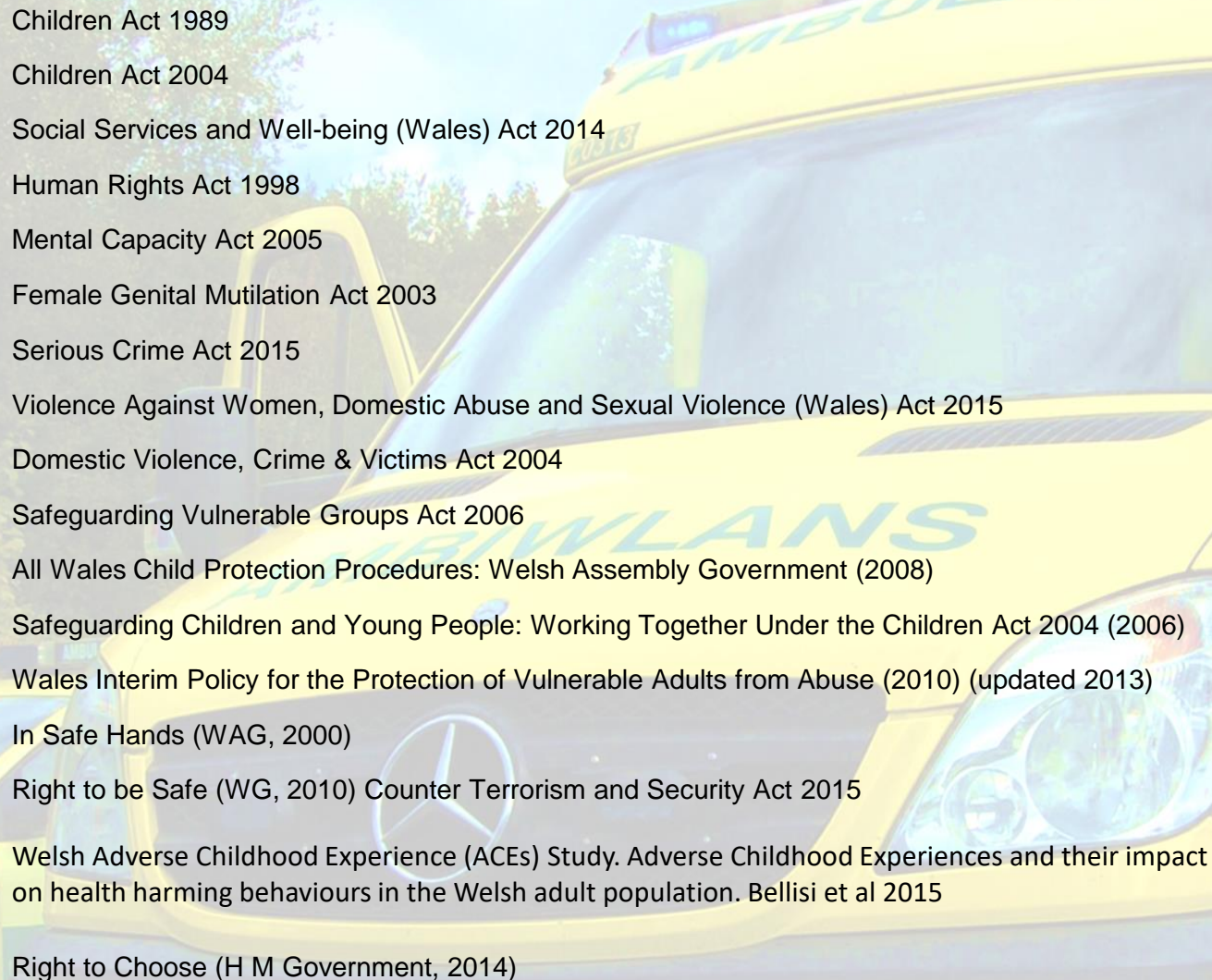
Embed the New Doc-works Referral Process


Continue our role in the VAWDASV Ask and Act Pilot study with Welsh Government

Achieve Compliance with the Intercollegiate Document for Safeguarding Adult and Child Training

Ensure Resilience and required resource within the Safeguarding Team

References

- 
- Children Act 1989
- Children Act 2004
- Social Services and Well-being (Wales) Act 2014
- Human Rights Act 1998
- Mental Capacity Act 2005
- Female Genital Mutilation Act 2003
- Serious Crime Act 2015
- Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015
- Domestic Violence, Crime & Victims Act 2004
- Safeguarding Vulnerable Groups Act 2006
- All Wales Child Protection Procedures: Welsh Assembly Government (2008)
- Safeguarding Children and Young People: Working Together Under the Children Act 2004 (2006)
- Wales Interim Policy for the Protection of Vulnerable Adults from Abuse (2010) (updated 2013)
- In Safe Hands (WAG, 2000)
- Right to be Safe (WG, 2010) Counter Terrorism and Security Act 2015
- Welsh Adverse Childhood Experience (ACEs) Study. Adverse Childhood Experiences and their impact on health harming behaviours in the Welsh adult population. Bellisi et al 2015
- Right to Choose (H M Government, 2014)



Multi-Agency Statutory Guidance for the Conduct of Domestic Homicide Reviews: (H M Government, revised 2013)

Protecting Children in Wales: Guidance for Arrangements for Multi-Agency Child Practice Reviews (WG, 2013)

Public Health Wales (2014) *Achieving Prudent Healthcare in NHS Wales*. Wales: Public Health Wales

Welsh Assembly Government (2015) *Health and Care Standards Wales*: WG

NHS Wales Safeguarding Children Self Assessment Quality Outcomes Framework (QOF): Safeguarding Children Service and Safeguarding Children NHS Network

WAST Quality Strategy 2016 to 2019

Putting Things Right: Guidance on dealing with concerns about the NHS from 1 April 2011, Welsh Government (2013).

Safeguarding Children and Young People: Roles and Competences for Health Care Staff. Intercollegiate Document (ICD) – Royal College of Paediatrics and Child Health (September 2010) (updated 2014)

Disclosure & Barring Service (DBS) Guidance

Procedural Response to Unexpected Deaths in Childhood (PRUDiC) 2014 (Public Health Wales)

All Wales Safeguarding Children Supervision Strategy 2014 (Public Health Wales)

All Wales Emergency Care Plan Pathway for a Child/Young Person (All Wales Managed Clinical Network for Children's Palliative Medicine) 2014

Lord Laming Inquiry (2003)



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust



INFORMATION GOVERNANCE & DATA PROTECTION ANNUAL REPORT 2020 - 2021

Information Governance and Data Protection Annual Report

Foreword

We are proud to share with you the 2020-2021 Annual Information Governance and Data Protection Annual Report of the Welsh Ambulance Services NHS Trust. We have a responsibility to ensure that robust information governance systems and processes are in place to manage the personal and sensitive information of staff, patients, and service users in a confidential and secure manner. In the health context, good information governance supports the provision of high-quality care by ensuring high quality data and information is available to the right people, when and where it is needed

The 2019/20 year was a challenging but successful year for the organisation in respect of Information Governance despite the pandemic and we aim to highlight some achievements as well as some areas for improvement

We hope you will find this report both informative and interesting and that it will give you a greater understanding of the Information Governance work undertaken within our organisation.



Andy Haywood
Director of Digital Services
Senior Information Risk Owner (SIRO)



Dr Brendan Lloyd
Executive Medical Director
Caldicott Guardian

1. Notable Achievements in 2020 – 2021

1.1. Whilst this year has been challenging in respect of maintaining compliance and dedicating resource to improvements within the information governance and data protection function, some considerable achievements have been made despite the pandemic, some of these are listed below: -

1.1.1. Completion of the first mandatory Welsh IG Toolkit for NHS Submission scoring 78% compliance against the new standards

1.1.2. Approval and dissemination of the Information Risk Policy and Confidentiality Code of Conduct to strengthen the suite of Information Governance and Data Protection Policies.

1.1.3. Supporting the roll out of Office 365 in terms of compliance and security – one of the first NHS Organisations in Wales to roll this out successfully.

1.1.4. Implement a compliance roadmap for the Clinical Photography in use within WAST

1.1.5. Data Sharing with Police, Public Health, NHS Wales partners, Swansea University to improve collaboration and enable better patient care.

1.1.6. Develop new processes and audit capability for clinical staff to access the Welsh Demographic Service, Welsh Clinical Portal and NHS Wales Cancer Information Systems to manage patient care.

1.1.7. Providing governance and compliance support through the pandemic on: -

1.1.7.1. Vaccination Rollout for Ambulance Staff – ensuring information provided to Health Boards appropriately to enable staff to receive vaccinations.

1.1.7.2. Mobile Testing Units to support NHS Wales Track, Trace, Protect.

1.1.7.3. Providing data to partners under the Control of Patient Information 2002 (COP) regulations in respect of public health and disease management.

1.1.7.4. Delivered Microsoft Teams training in Information Governance and Confidentiality for new staff taken on during the pandemic to ensure they could access patient information required for their role.

1.1.7.5. Track Trace and Protect Data Flow Mapping to support the NHS Wales Joint Controller Agreement

2. Welsh IG Toolkit for NHS

- 2.1. The Welsh IG Toolkit for NHS is an online assessment tool that allows organisations to measure their performance against agreed national information governance and data security standards.
- 2.2. All NHS Wales organisations that have access to NHS patient data and systems must use this toolkit to provide assurance that they are practising good data security and that personal information is handled correctly.
- 2.3. The Welsh IG Toolkit is currently in its first iteration after replacing the Caldicott Principles into Practice assessment in 2019-2020 and reflects the key trends within information security and data protection
- 2.4. In summary the toolkit supports organisations in demonstrating compliance with:
 - Data Protection Act 2018.
 - Compliance with the expected data security standards for health and social care for processing personal data.
 - Readiness to access secure health and digital methods of information sharing such as NHS Email, Welsh Health care records and systems and local information sharing solutions and agreements.
 - Good data security in line with the NIS directive and compliance with the Welsh Cyber Assurance Process (WCAP).
- 2.5. This is the second submission of the new Welsh IG Toolkit for NHS which is hosted by Digital Health Care Wales (DHCW). The initial submission for the fiscal year 2019-2020 ran alongside the previous assessment (Caldicott Principles into Practice - CPiP) but due to the recent pandemic was not able to be appropriately scored.
- 2.6. Organisations reverted to CPiP score for assurance purposes. The approach to the assessment criteria has changed under the new Welsh IG Toolkit for NHS, whereby the CPiP assessment was a 41-question assessment, the new Welsh IG Toolkit for NHS has 225 mandatory evidence items grouped into the following categories: -
 - Business Responsibilities.
 - Business Management.
 - Individuals Rights.
 - Managing and Securing Records.
 - Technical, Physical and Organisational Security Measures.

- Cyber Security, and
- Information Governance Incidents.

2.7. The Trust is required to demonstrate whether they do, or they do not comply with each of the 225 evidence items and provide appropriate evidence where possible.

2.8. The WAST Information Governance and Data Protection function submitted the assessment on the 31st of March with all evidence items completed, each item is weighted to determine the appropriate score and a level of compliance is provided as follows: -

- **Level 1 - Foundation stage** – indication of working towards basic IG compliance, however some areas are still considered High Risk and require marked improvement.
- **Level 2 - Satisfactory stage** – indication of meeting an acceptable standard of IG compliance with marked improvements achieved, however some areas may be considered Medium Risk’.
- **Level 3 - Competent stage** – indication of a good level of compliance with all areas of IG compliance achieved, small improvements may be required, however generally considered Low Risk’

2.9. A breakdown of the scores which have been returned by DHCW are detailed below in table 1 and table 2 below. Where a score is shown as red (Needs Attention) remedial action or specific evidence is needed to improve the score.

Welsh IG Toolkit for NHS Percentage Scores			
	Level 1	Level 2	Level 3
Business Responsibilities			
Information Governance Management	Compliant	Compliant	Compliant
Policies and Procedures	Compliant	Compliant	Compliant
Information Sharing	Compliant	Compliant	Compliant
Contracts and Agreements	Compliant	Compliant	Partially Compliant
Data Protection Impact Assessments	Compliant	Compliant	Compliant
Freedom of Information Act and Environmental Information Regulation	Compliant	Compliant	Compliant
Privacy Electronics Communications Regulation	Needs Attention	Partially Compliant	Needs Attention
Business Management			
IG Risk Register	Compliant	Compliant	Compliant
Auditing	Compliant	Compliant	Compliant
Individual Rights			

Welsh IG Toolkit for NHS Percentage Scores			
	Level 1	Level 2	Level 3
Right of Access	Compliant	Compliant	Compliant
Right to be Informed	Compliant	Compliant	Partially Compliant
Individuals Right to Object, to Erasure, to Rectification, and to Portability	Partially Compliant	Partially Compliant	Needs Attention
Rights Related to Profiling and Automated Decision Making	Partially Compliant	Partially Compliant	Needs Attention
Managing and Securing Records			
Records Management Procedures – Health Records	Compliant	Compliant	Partially Compliant
Records Management Procedures – Corporate Records	Compliant	Compliant	Partially Compliant
Information Asset Register	Compliant	Compliant	Compliant
Data Accuracy – Health Records	Compliant	Partially Compliant	Partially Compliant
Data Accuracy – Corporate Records	Compliant	Compliant	Compliant
Retention Schedules Secure Destruction and Disposal	Compliant	Partially Compliant	Partially Compliant
Technical, Physical and Organisational Measures			
Physical Security Measures	Compliant	Compliant	Needs Attention
Technical Security Measures	Compliant	Compliant	Partially Compliant
Organisational Measures (training and awareness)	Compliant	Partially Compliant	Partially Compliant
Surveillance Systems	Partially Compliant	Partially Compliant	Partially Compliant
Information Governance Incident Management			
Reporting Data Breaches	Compliant	Partially Compliant	Compliant

Table 1 - Welsh IG Toolkit Baseline Scores 2020-2021

Welsh IG Toolkit Overall Scores				
	Level 1	Level 2	Level 3	Overall
Total Available	2400	2400	2380	7180
Score Achieved	2200	1910	1485	5595
Compliance	92%	80%	62%	78%

Table 2 - Welsh IG Toolkit Overall Score 2020-2021

- 2.10. Following receipt of the scores during April the Data Protection Compliance Team have been working on producing an Improvement Plan to progress on the 2020-2021 position, this is still in production but will be focusing on the areas of limited or non-compliance – actions arising from this will be added to the Information Governance and Data Protection Compliance Plan for 2021 – 2022.

3. Assurance Framework

- 3.1. Information Governance Management ensures that there is an adequate management framework in place to support the current and evolving governance, data protection and confidentiality agenda, ensuring that the risk of threats and vulnerabilities that can arise if data is not protected can be managed, minimised, or accepted. It includes having the right policies and procedures, technical measures, appropriately skilled and trained people, and robust contractual arrangements with partners.
- 3.2. The Trusts Governance Framework was due to be reviewed in 2020-2021 but due to the pandemic this review was deferred to the next fiscal year, the Trust continued with meetings which assisted the pandemic response and other meetings were either conducted through email and Teams updates and feedback provided or put on hold until the Trust returned to satisfactory levels of response. The current structure is detailed below in figure 1.

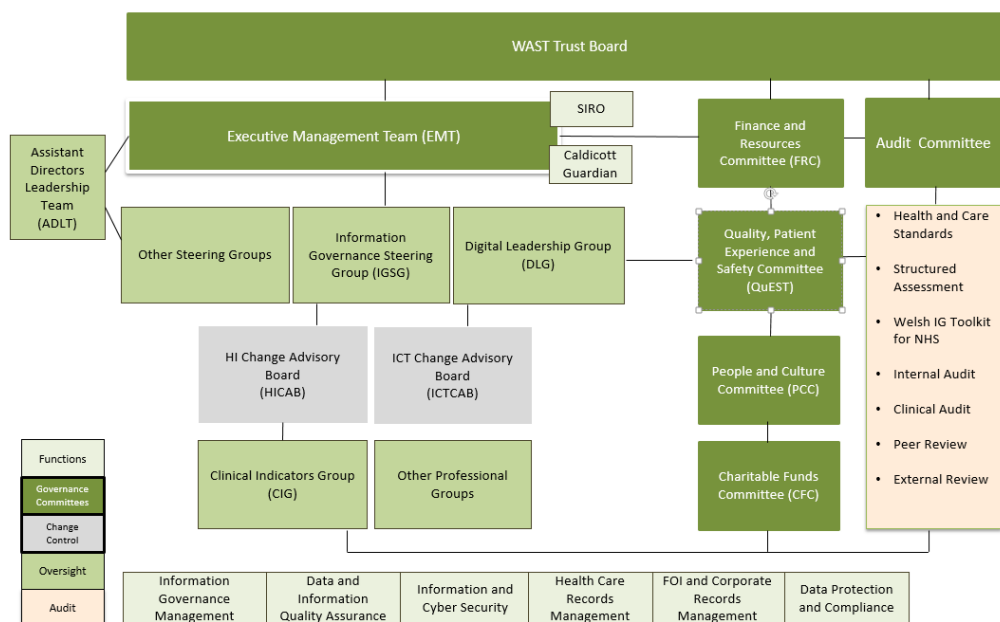


Figure 1 - WAST Governance Framework

- 3.3. The strategic management of Information Governance became part of the new Digital Directorate in February 2020 under the leadership of the Director of Digital Services who holds the position of Senior Information Risk Owner (SIRO).
- 3.4. The NHS Wales oversight and delivery structure for Information Governance related matters covering the reporting period is displayed in Figure 2 below.

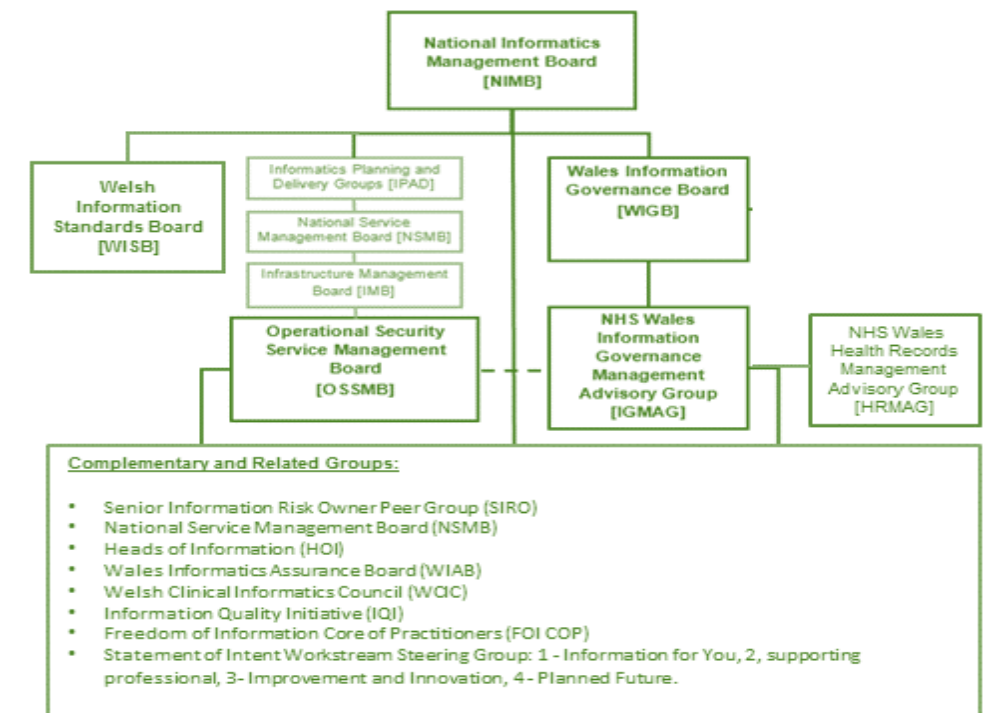


Figure 2 - NHS Wales Information Governance Structure

3.5. The NHS Wales governance e-manual incorporates three Health and Care Standards that are relevant for the Information Governance annual report.

- *Standard 3.4:* Information Governance and Communications Technology.
- *Standard 3.5:* Record Keeping.
- *Standard 7.1:* Workforce (Mandatory Training Programme for Information Governance)

3.6. These standards are routinely reported to the Quality, Patient Experience and Safety Committee through to the Trust Board. The Information Governance team contribute to the Quality Assurance Reporting framework through the metrics in Table 3 below, which shows the fiscal year end position.

Health and Care Standard	Quality Metric	2020-2021 Position	Best Practice	Commentary
3.4: Information Governance & Communication Technology	Annual Welsh IG Toolkit for the NHS	78%	85% +	Below current expected standard
	No. of serious breaches of the Data Protection Act 1998/2018	Zero Serious Breaches	Zero Serious Breaches	Meets best practice
	No. data breaches reported to the ICO under the GDPR 72-hour requirement	Two reported data breaches	Reported data breaches being closed by Information Commissioners Office as Not	Meets best practice – Organisations encouraged to report breaches for learning, none

Health and Care Standard	Quality Metric	2020-2021 Position	Best Practice	Commentary
			sufficient for investigation	progressed to investigation by ICO
	No. of FOI Requests responded to within 20 working days	85.1%	Information Commissioner's target of 90% compliant within 20 working days	Below current expected standard
3.5: Record Keeping	No. of Subject Access Requests completed within one calendar month	99.5%	Adherence to the Data Protection Act (DPA) 2018 Part 3 (Chapter 3) and the GDPR Article 6(1)(d)	Meets best practice
	No. of Police Requests received	841	Adherence to Schedule 2 Part 1 Paragraph 2 of the Data Protection Act 2018 and GDPR Article 6(1)(d)	All requests fulfilled
7.1: Information Governance e-learning	No. of staff who have undergone information Governance training = 85% NHS Wales Target	73.33%	85 % of staff have undertaken the information governance e-learning module as per induction/renewal schedule.	Below current expected standard

Table 3 - Information Governance Health & Care Standards

4. Trust Compliance with Legal and Regulatory Framework

4.1. Compliance with key legislation, such as the Data Protection Act 2018 (DPA), General Data Protection Regulation (GDPR) and Freedom of Information Act 2000 (FOIA) is regulated by the Information Commissioner's Office (ICO). Internally, the IGSG monitors compliance with the FOIA and DPA at each of its meetings.

Freedom of Information Requests

4.2. Freedom of Information Requests: The Trust received **130** FOI requests during 2020 - 2021. There were **19** breaches of the FOI 20 working day response standard in the year to date. These have attributed to the pandemic. Several corporate staff were redeployed to aid elsewhere, and the Trust asked the public to only submit essential FOI's where possible as resources were stretched. As a result, we received far fewer FOI's than we would normally expect, with around **100** less requests than the previous year. However, many of the requests that were submitted got delayed as staff were engaged elsewhere. Despite this, we had an overall compliance of **85.1%** which exceeded expectations due to the pandemic.

- 4.3. Compared to the previous year the Trusts overall compliance has increased from 84.2% to 85.1%

2020-2021	Q1	Q2	Q3	Q4	Total
Received	16	41	38	35	130
Compliant	16	29	31	33	109
Breach	0	10	7	2	19
% Compliance	100	74	81.5	84.4	85.1

Table 4 - FOI Compliance

Subject Access Requests

- 4.4. Subject Access Requests: In the year 2020-2021 the Trust received **885** enquiries relating to accessing health records (**74** monthly average).
- 4.5. Compared to previous year (**796**) there has been a significant increase in the number of SAR's received due to an increase in staff requests and the wider publicity around the abolishment of fees under GDPR

2020-2021	Q1	Q2	Q3	Q4	Total
Received	171	234	210	270	885
Compliant	171	234	210	268	883
Breach	0	0	0	2	2
% Compliance	100	100	100	98	99.5

Table 5 - SAR's Compliance

- 4.6. The Trust stays above **95%** for all requests to have been processed within the regulatory target, and we continue to maintain an outstanding position in this area. The new data protection law which came into force in 2018 requires all SAR's requests to be processed within one month, reducing it from the previous 40 days.

Police Requests

- 4.7. Police Requests: In the year 2020-2021 the Trust received **841** requests for information to aid the Police (**70** monthly average)
- 4.8. Compared to the previous year (**688**) there has been a substantial increase in the number of police requests received.

2020-2021	Q1	Q2	Q3	Q4	Total
Received	203	205	230	203	841
Fulfilled	203	205	230	203	841

Table 6- Police Requests

- 4.9. There is no regulatory target with request from the police however due to the nature of the requests we prioritise a lot of these requests and the majority are provided within 24 hours, this shows the excellent work provided by the team and the aid we provide to our partner services on a regular basis.

5. Data Security and Protection Incidents

- 5.1. It is a legal obligation to notify personal data breaches of the General Data Protection Regulation under Article 33 within 72 hours, to the Information Commissioner's Office, if the breach is likely to result in a risk to the rights and freedoms of individuals. Organisation must also inform those individuals without undue delay where a breach is likely to result in a high risk to the rights and freedoms of individuals.
- 5.2. The Security of Network and Information Systems Directive ("NIS Directive") also requires reporting relevant events which have a significant impact on the continuity of essential services to the Department of Health and Social Care as the competent authority from May 2018.
- 5.3. During 2020-2021 two incidents involving personal data breaches were graded in accordance with the NHS Wales Guidance and the requirement to report to the Information Commissioner's Office.
 - 5.3.1. June 2020 = Supplier notified the Trust of a suspected data breach. The incident was reported as a precaution as it was not known how much Trust data, if any, was affected. This was unable to be confirmed by the supplier. Notification to the ICO was eventually rescinded.
 - 5.3.2. December 2020 = A post on social media inadvertently disclosed personal information. This incident was reported with no further action taken by the ICO.
- 5.4. Table 6 below shows the number of near miss incidents by category reported on the local incident reporting system (Datix). Most incidents reported, relate to information being sent/delivered to the wrong health care provider or recipient in error, inaccurate or incorrect records being provided by care providers to WAST and security of data concerns such as storage and transportation.

2020-2021	Q1	Q2	Q3	Q4	Total
Consent, Communications, Confidentiality	6	12	8	8	34
Deployment Issue	0	1	2	0	3
Documentation	2	3	2	0	7
IT, Radio and Telecommunications	0	0	0	1	1
Medication / Drugs / Infusion	1	0	0	0	1
NHSDW/111 - Call Handling Issues	5	7	13	5	30
Protection of Vulnerable Adults Issues	1	2	0	1	4
Security	1	1	5	2	9
Transfer or Discharge Issues	0	0	2	1	3
Grand Total	16	26	32	18	92

Table 7 - Information Governance and Security Incidents

6. Risk Management and Assurance

- 6.1. As well as line management responsibility for Information Governance and Data Protection Compliance, the SIRO is responsible for overseeing information risk. The Information Risk Policy was approved by the Board in March 2021 and issued throughout the Trust.
- 6.2. The SIRO is supported in this by Information Asset Owners (IAOs) within each business area. The IAOs are responsible for managing information risks to the assets within their control. This involves developing system security policies and business continuity plans as well as documenting their personal data information flows, updating asset registers, conducting regular information risk assessments, and ensuring staff have completed their annual information governance and data security training.
- 6.3. The information asset register has been updated with more systems being added to the register and is regularly updated and reviewed annually by the Information Governance Team.
- 6.4. Whilst progress was made, the Trust recognises that further work is needed to ensure IAO's understand their responsibilities in relation to managing risks and security of information assets. This will include suitable training for IAO's
- 6.5. Data Privacy Impact Assessments (DPIA) must be completed wherever there is a change to an existing process or service, or a new process or information asset is introduced that is likely to involve a new use or significantly change the way in which personal data is handled
- 6.6. A significant amount of DPIA's have been completed during the fiscal year examples are supplied below. (List is not exhaustive)
 - Covid-19 Volunteer Applications
 - Covid-19 Volunteer Roles
 - Zoom Collaboration Tool
 - Consultant Connect (various)
 - Email Referrals – Intermediate Care Team
 - ATP Swabbing – Infection Control
 - Everbridge (various)
 - Mobile Testing Units (Phase 1)
 - Electronic Flu Form
 - Pre-Hospital Streaming Pilot SBUHB
 - Contact First (various)
 - Communications External Media, Filming and Ride Outs
 - North Wales Police Violent Crime Data Provision
 - Hospital Arrival Screens and Dashboards
 - South Wales Trauma Network Data Sharing
 - CCTV Trial
 - Artificial Intelligence for Medical Alerting
 - Estate Contracts and Maintenance Software

7. Development Plans for Next Year

- 7.1. Produce an action plan to support the requirements of Welsh IG Toolkit for NHS.
- 7.2. Review the Welsh IG Toolkit for NHS and identify evidenced needed to achieve those assertions marked as level 1 and level 2 – with an aspiration to meet level 3 in most areas.
- 7.3. Produce a Data Protection Compliance Work Plan to meet criteria set out within the Welsh IG Toolkit for NHS and meet legislative requirements in terms of UK GDPR.
- 7.4. Deliver and monitor the uptake of IG Mandatory Training (online or bespoke) which requires 85% of all staff to complete training within the fiscal year.
- 7.5. Work towards achieving an improved score on the Welsh Cyber Assurance Process (WCAP) which is needed to achieve standards in the Welsh IG Toolkit for NHS.
- 7.6. Develop processes to improve compliance with Subject Access Requests and Freedom of Information requests.
- 7.7. Continue working collaboratively with other organisations across NHS Wales to support ongoing IG and DP Covid-19 related work



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

AGENDA ITEM No	22
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	8

MINUTES OF COMMITTEES

MEETING	Trust Board
DATE	25 November 2021
EXECUTIVE	Board Secretary
AUTHOR	Steve Owen
CONTACT	Steven.owen2@wales.nhs.uk

EXECUTIVE SUMMARY

The purpose of this report is to provide an update on the work of the Trust's Committees. The Board is asked to receive this report and to formally adopt the Minutes of the Committees.

Recommended: That the Minutes of Committees as appended are formally received and adopted.

KEY ISSUES/IMPLICATIONS

The Board is to note that a number of actions and/or recommendations outlined in the Minutes of these Committees have already been progressed.

REPORT APPROVAL ROUTE

Approved via the relevant Committees:

REPORT APPENDICES

Minutes of Committees:

- 26 August 2021, Charitable Funds Committee
- 9 September 2021, Quest Committee
- 23 September 2021, Finance and Performance Committee

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

CONFIRMED MINUTES OF THE MEETING OF THE CHARITABLE FUNDS COMMITTEE HELD ON 26 AUGUST 2021 VIA TEAMS

PRESENT:

Kevin Davies	Chairman & Non Executive Director
Andrew Challenger	Assistant Director, Professional Education & Training
Emrys Davies	Non Executive Director
Bethan Evans	Non Executive Director
Jill Gill	Financial Accountant
Estelle Hitchon	Director of Partnerships and Engagement
Ceri Jackson	Non Executive Director
Trish Mills	Board Secretary
Hugh Parry	TU Partner
Gareth Price	TU Partner
Chris Turley	Director of Finance and Corporate Resources
Caroline Jones	Corporate Governance Officer

APOLOGIES:

Claire Vaughan	Director of Workforce and OD
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12/21 WELCOME AND APOLOGIES

The Chair welcomed the newly appointed Board Secretary to her first meeting of the Committee.

13/21 DECLARATIONS OF INTEREST

The standing declarations below were noted:
Professor Kevin Davies - Trustee of St John Ambulance Cymru;
Emrys Davies - A retired member of Unite; and
Ceri Jackson – Stroke Association Trustee

RESOLVED: That the standing declarations as described above be NOTED.

14/21 MINUTES OF PREVIOUS MEETING

The Minutes of 3 June 2021 were queried by a Non Executive Director who requested that the actual cost of the full audit be included in the minutes, together with wording to confirm that the assurance of Trust Board members would be sought.

RESOLVED: That the minutes subject to the amendments above, be approved.

15/21 FUTURE PURPOSE AND FOCUS OF THE CHARITY

The Director of Partnerships and Engagement, opened the discussion by referencing the report that she hoped reflected the conversation, that had taken place recently, regarding the future direction of the charity.

With more funds recently received due to the effects of the pandemic it was suggested that a fairly senior charity leader be appointed.

A short, sharp piece of work was suggested by a consultant, as a starting point to determine the purpose and vision to build on, whilst also recognising that the Trust has a moral and ethical responsibility to utilise the funds in the most appropriate way. The work would need to look at the opportunities and challenges faced in an external space.

Members discussed the options and suggested the possibility of putting forward a bid to NHS Charities Together for two members of staff, one for the finance element and one in the communications field looking to engage with staff on how best to utilise the funds. The Financial Accountant also agreed to include the consultancy costs in the bid.

It was agreed that key messages to staff and the wider organisation would be needed, to make staff aware that the accessible funds for staff would be protected, whichever path the Charity chose.

RESOLVED: That the

- 1) A more detailed proposal for the consultancy work be progressed; and**
- 2) bid to NHS Charities Together be put forward for two positions;**

16/21 UPDATE ON CHARITABLE FUNDS AND ANNUAL REPORT AND ACCOUNTS 2020/21

The Director of Finance and Corporate Resources confirmed that the report was largely unchanged from the position at the previous meeting. Due to the advanced timing of this meeting, staffing issues and day to day business of staff, the draft accounts were not currently available for members to review, as these were scheduled to be completed by early to mid September.

The report confirmed the decision to engage with Audit Wales to commence the full audit later this year, with the accounts being submitted to the Charity Commission by the end of January 2022.

Members agreed to hold an extra ordinary meeting of the Committee in November to review both the draft accounts together with the revised document relating to the scope for the consultancy work, with all the Trustees invited to attend if they so wish.

RESOLVED: That an extra ordinary meeting of the Committee be arranged to review the draft accounts together with the revised paper for the scope for the consultancy work relating to the Charitable Fund, with all Trustees invited to attend if they so wish.

17/21 BIDS PANEL UPDATE

The Board Secretary updated members on the applications considered by the Panel at its recent meetings held in July and August 2021.

The July Panel considered nine bids of which six were approved to the value of £1848.00 and in August three of the four bids were approved to the value of £3251.00.

A summary of the bids and their outcomes would be circulated to members.

Reference was made to the application for the incentivising of the flu vaccination, and the need for those involved to evidence clearly that the scheme was making a difference to the overall take up of the vaccine, should they wish to put forward a bid for 2022.

RESOLVED: That

- 1) the summary of the bids be circulated to members; and**
- 2) clear evidence would be required to show the influenza incentive improved the vaccine take up, for a 2022 application.**

18/21 BURSARY PANEL UPDATE

The Assistant Director, Professional Education & Training confirmed there had been 29 applications received during the last round, however with recent pressures together with Covid, these had not progressed.

Of the 29 applications, sixteen had confirmed they wished to continue with four still to confirm their intention. The panel had struggled to secure a date to review the applications due to current pressures, but were looking to regroup in October.

The current process was labour intensive and a proposal for new team members to digitalise the process was being considered. The Board Secretary requested to work alongside colleagues on this process to ensure due diligence around governance.

RESOLVED: That

- 1) the digitalisation of the bursary process be progressed; and**
- 2) the Board Secretary work with Workforce colleagues to ensure due diligence around governance.**

19/21 ANY OTHER BUSINESS

A query was raised relating to an annual compliance report around policies and legislation with regard to the Charity Commission as a body, and if the Trust had one, or was planning ahead for one for the next year.

The Board Secretary confirmed that scoping of the framework was on the work plan and that the Charity is a good news story to be shared.

20/21 Date of next meeting: 10 February 2022

WELSH AMBULANCE SERVICES NHS TRUST

CONFIRMED MINUTES OF THE OPEN SESSION OF THE MEETING OF THE QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE HELD ON 9 September 2021 VIA TEAMS

PRESENT:

Bethan Evans	Non Executive Director and Chair
Emrys Davies	Non Executive Director
Professor Kevin Davies	Non Executive Director
Paul Hollard	Non Executive Director

IN ATTENDANCE:

Julie Boalch	Head of Risk and Corporate Governance
Mark Cadman	Head of Patient Safety
James Gough	Head of Quality Improvement
Leanne Hawker	Head of Patient Experience and Community Involvement
Wendy Herbert	Assistant Director of Quality and Nursing and Patient Experience
Lucie Jones	Patient Safety Manager
Alison Kelly	Business and Quality Manager
Rachel Marsh	Director of Strategy and Planning
Grayham Mclean	Unscheduled Care Lead
Trish Mills	Board Secretary
Steve Owen	Corporate Governance Officer
Hugh Parry	TU Partner
Angela Roberts	TU Partner
Claire Roche	Executive Director of Quality and Nursing
Andy Swinburn	Associate Director of Paramedicine
Gareth Thomas	Patient Experience and Community Involvement Manager

OBSERVERS

Emma Giles	Wales Audit Office
Helen Higgs	Head of Internal Audit
Joseph Wilton	Health Inspectorate Wales

APOLOGIES

Peter Allen	Community Health Council Representative
Lee Brooks	Director of Operations
Craig Brown	TU Partner
Ceri Jackson	Non Executive Director
Duncan Robertson	Interim Assistant Director of Research, Audit and Service Improvement

29/21 PROCEDURAL MATTERS

The Chair extended a warm welcome to everyone, notably to Trish Mills, the new Board Secretary, Hugh Parry and Angie Roberts, Trade Union partners, Emma Giles from Audit Wales and Joseph Wilton from Health Inspectorate Wales. Attendees were advised that the meeting was being audio recorded. The Chair referred the Committee to Emrys Davies' declaration as a retired member of UNITE and Professor Kevin Davies as a Trustee of St John Wales.

Minutes

The minutes of the meeting held on 7 May 2021 were confirmed as a correct record

The action log was considered:

Action Number 37: Risk ID 322, Registered Fit Testers. Item on Agenda, Action Closed

Action Number: 38. Explore the viability of CFR's to administer pain relief. Claire Roche informed the Committee that the feasibility and governance of CFR's administering pain relief had been discussed at the Clinical Quality Governance Group. Andy Swinburn added that going forward the Trust had two options to consider; neither of them being straightforward. These were the use of Entonox or Pentrox, the latter being relatively new in Europe and more reliable. In terms of the former this had a huge carbon impact and the Trust was reticent in its application. Following further information and discussion on both of these pain reliefs Andy reported that it was still work in progress.

The Committee welcomed the update noting the difficulties in obtaining a viable solution and acknowledging that further updates would be provided going forward.

Action number 39: Patient Experience outcomes. Update included in report on agenda. Action closed.

Action number 40: Post production lost hours. Members acknowledged the update as illustrated in the annex to the action log and noted the intricate geographical issues with ambulances travelling across Wales. Members sought assurance that the post production lost hours would be considered in conjunction with deployment plans and linked to the work on the modernisation plan.

The Committee asked if there were any further updates on the modernisation agenda; whilst recognising this was part of the People and Culture Committee's responsibility. James Gough updated the Committee stating that an independent facilitator would be developing workshops specifically focusing on key deliverable improvements going forward. Angela Roberts added that progress would be challenging whilst recognising the complexity. Action Closed.

Action Number 41: PADR's – Update noted. Action closed

Action Number 42: Risks 223 and 224, Claire Roche updated the Committee advising that a deep dive had been conducted by the Assistant Directors Leadership Team and would be further discussed at Executive Management Team meeting; noting that details were contained under Item 3.1 on the agenda. Action Closed

Action Number 43: STEMI Bundle care at 60%. Update provided. Action closed

RESOLVED: That

- (1) the Minutes of the Open meeting held on 7 May 2021 were confirmed as a correct record;**
- (2) the standing declarations of Mr Emrys Davies as a retired member of UNITE and Professor Kevin Davies as a Trustee of St John Wales were noted; and**
- (3) consideration was given to the Action Log as described above.**

30/21 PATIENT EXPERIENCE

Leanne Hawker introduced the patient experience which focused on Andrea, a member of the deaf community and her experience trying to obtain access to medical advice through the NHS 111 service.

Members were shown a video in which Andrea recalled her experience through the medium of British Sign Language (BSL).

In the video Andrea explained that back in April 2020 she needed to see her GP but due to the pandemic the surgery was closed. It was suggested by someone that she use the 111 service which she did and explained to them that the GP surgery was closed, hence her call. The interpreter from 111 asked if she had coronavirus and when Andrea explained she didn't, the call was stopped.

Approximately 30 minutes later Andrea called again; this time it was a different interpreter and after a prolonged wait Andrea was told that it was not possible to contact the GP.

Andrea became frustrated and annoyed and decided to activate her care line chord in the hope that an ambulance would arrive. When the ambulance arrived, Andrea, a diabetic, was found to have high blood sugar. The paramedic on scene managed to calm Andrea down and lower her blood sugar levels.

Due to the poor service she received from the 111 service Andrea was adamant that she would not be using the service again.

Leanne has shared this experience with colleagues in 111 because it was unclear initially whether her experience was with the interpreter or 111, but on checking further it was 111.

Leanne added this had highlighted the need for those with sensory loss to be able to provide feedback as well, and not wait for an opportunity to meet the Patient Experience Community Involvement (PECI) team face to face. Following feedback from the deaf community, the Trust was now exploring the possibility of improving access to relevant information through the Trust's website for example.

The Committee recognised that Welsh Government understood the issues and would be developing a survey, which the Trust would include as part of its continuous engagement. The Trust was also working with a number of colleagues and monitoring the developments of a proposed BSL Senedd Bill in conjunction with the deaf community to ensure that it was ready to respond to the appropriate requirements of the Bill.

Gareth Thomas provided the Committee with further details of the ongoing work to improve access to medical advice for BSL users.

Comments:

1. Was the Trust in liaison with the 111 Implementation Board in terms of contracts and funding for interpreters? Wendy Herbert clarified that the Trust's steering group chaired by Rachel Marsh coordinated these particular matters
2. Was the Trust, in its 111 capacity, responsible for arranging GP appointments? Wendy Herbert explained that 111 would not be making GP appointments but would be managing the Out of Hours service which would be linked to the GP OOH service
3. The Committee expressed its concern that the view left by Andrea in terms of not using the 111 service again may be filtered through the deaf community where she resides. Leanne pointed out that the Trust developed long term relationships with every individual who shared their story. The Trust was working with Andrea recognising it had been a negative experience for her to give her the appropriate support.

The Committee recognised the powerful impact of this story noting that at the particular time, 111 was experiencing extreme pressures due to the pandemic. The Committee were very pleased to note the ongoing work in order to improve access to all.

Patient Experience Driver Diagram

Leanne Hawker updated the Committee in terms of Tony's experience adding that the call takers who were involved would be describing their experience which would be used for any ongoing learning

Comments:

1. The Committee recognised there were several lessons that should be taken from this particular experience.
2. In terms of patient outcomes Members asked for the diagram to be updated.

RESOLVED: That the patient story and the patient story diagram were noted.

31/21 QUALITY STRATEGY IMPLEMENTATION UPDATE

Claire Roche presented the Committee with a PowerPoint slide show which updated them in terms of the implementation of the Quality Strategy. The Committee's attention was drawn to the following areas and how they had an effect on the strategy:

1. Development of an Action plan at a cross directorate level
2. Early development of an implementation framework
3. Details of progress to date
4. Monitoring and progress updates to further meetings to give assurance
5. Acknowledgement of demand pressures and how that would affect the implementation

Comments:

1. Was the Trust seeking views from the Community which would inform the implementation of the strategy and was there an opportunity to work alongside health boards? Claire Roche confirmed she has been liaising with Nurse Directors across Wales and health boards on a regular basis.
2. The Committee were pleased to note that there would be local Quality Leads' roles –

which would help embed the Strategy and ensure it was owned by all across WAST

3. The Committee commented that whilst it was challenging to see the presentation clearly; the main points were clarified and the connectivity within the organisation was evidently visible. Claire Roche added that the strategy was constantly evolving but the overall goal was very clear.
4. Members noted it was important to have regular updates at the Committee and understood as the strategy progressed there would be more comprehensive information on its impact and success.
5. Cross directorate working was crucial to the success of the strategy.

RESOLVED: That the Committee noted the report

32/21 PATIENT EXPERIENCE AND COMMUNITY INVOLVEMENT (PECI) HIGHLIGHT REPORT

Leanne Hawker gave an overview of the Report, highlighting the slight change to previous reports in that outcome evidence in respect of the engagement work was illustrated. The Committees attention was drawn to the following:

1. There had been an increase in the requests for face to face engagements from operational staff and members of the community. However under the current circumstances, the Trust would continue to conduct these online
2. 'My Health Online' continues to receive large numbers of visitors and this could be as a result of the issues trying to access GP services.
3. The work involved in developing the 'Easy read information' had been a great success and the Trust was now regarded as the future repository for the Easy read resources.
4. The Blue Light App had since been launched and an update would be provided to a future Trust Board meeting.

Comments:

1. The Committee acknowledged the work being embarked upon by the Peci team noting that they had recently been nominated for an award and commended the team.
2. What work was the Trust undertaking in respect of the refugees from Afghanistan? Leanne Hawker explained that work was ongoing to develop a welcome/introduction to the Trust pack which catered for all ethnic diverse communities.
3. In terms of the Easy Read, the Committee were delighted to understand that the Trust, through the 111 service, would be the repository for this information going forward. Members agreed that the Trust should be mindful that sufficient resource was in place to ensure this was a success.
4. The Committee requested that even further detail be expressed in future reports in respect of the impact of their engagement with others.
5. Will the learning from the dementia and learning disability event be shared amongst frontline staff? Leanne Hawker confirmed that this would be shared with frontline

staff.

6. How was the Trust dealing with the challenges in terms of responding to concerns in a timely manner? Wendy Herbert explained this would be detailed within the patient safety highlight report

RESOLVED: That the Committee noted the findings of the report and approved the report to be shared with external stakeholders

33/21 QUARTERLY QUALITY ASSURANCE REPORT – QUARTER ONE

Claire Roche gave an overview of the report and drew attention to the following areas and key achievements:

1. The report was currently being aligned with the performance report; however at this stage there was still further work to ensure it was inclusive
2. The report focused on three key components as detailed within the report and how these were aligned to the quality strategy
3. A hearing surveillance and acoustic Standard Operating Procedure was being developed to meet the requirements of the Control of Noise at Work regulation 2005
4. The DocWorks (software system) had improved the way in which safeguarding data was gathered
5. The STEMI (heart attack) care bundle was now demonstrating an improved level of compliance
6. An industry standard quality assurance programme has been developed by the Infection Prevention Control team for all Fit testers within the Trust
7. Risks 223 and 224 remained the highest scoring risk with a score of 25. This was due to the pressure in the unscheduled care system and the long handover delays at hospital Emergency Departments
8. Staff uptake for the Covid vaccination was at a high level

Comments:

1. Was there any evidence of evolving thresholds for triggering a Duty of Candour event? Wendy Herbert advised the Committee of the well-developed process in respect of the Duty of Candour. For any SAI that occurs the Trust would automatically contact the family to inform them that there may be an issue with the care provided. Families were routinely kept up to date with any ongoing investigations. Wendy added that when an SAI involved health boards, routine contact occurred with them, and in terms of health boards contacting the families, this varied in regularity across Wales. Claire Roche made reference to a recent joint investigation where the Trust had insisted that the family were met both by the Trust and the relevant health board.
2. In terms of reporting, for example the issue of amber calls and the longest waits, it was requested that further information be added to reflect the outcome in more detail. It was agreed that Claire Roche would arrange for these details to be reflected in future reports

3. The Committee were pleased to note that in future there would be one amalgamated report (incorporating the Quarterly Quality Assurance and Integrated Performance Reports) to illustrate quality metrics reporting.

RESOLVED: That the report was received.

34/21 MONTHLY INTEGRATED PERFORMANCE REPORT

Rachel Marsh introduced the report to the Committee and drew their attention to the following areas:

1. The Committee were reminded that the report was broken down into four areas of focus; Our Patients (Quality, Safety and Patient Experience); Our People; Finance and Value; and Partnerships and System Contribution.
2. This report had been to the People and Culture Committee and consisted of July data; the report going to the Board this month would contain August data and include some September data.
3. The report demonstrated the increasing levels of pressure across most of the Trust's systems despite all the mitigating initiatives being put in place.

Comments:

1. Was there any further evidence to support the progress in terms of the Trust's mitigation on improving red performance? Rachel Marsh briefed the Committee on the developing action plan in respect of improving the response time and gave examples of the work being carried out. She referred to the Demand and Capacity modelling, the results of which were imminent. This may lead to further actions being required.
2. The Committee expressed concern with the high level of staff extractions and anticipated that the August and September data would show further deterioration
3. In terms of the complaints response times was it likely that this level of performance would decline further? Claire Roche updated the Committee in terms of the action plan in place to secure more temporary resource which should improve the performance going forward.

RESOLVED: That the Committee

Considered the Jul-21 Integrated Quality and Performance Report and actions being taken and determined whether:

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

35/21 HEALTH INSPECTORATE WALES ANNUAL REPORT

Joseph Wilton presented the Committee with a PowerPoint presentation and drew attention to the following points:

1. A new and revised approach was undertaken which revolved around quality checks. There were two stages to this; 1. A request for documents and information and 2. A self-assessment of services.
2. There was minimal onsite inspection due to the pandemic, however HIW inspected vaccination centres across all health boards
3. Overall, across the NHS it was found there was a good standard of care and organisations had adapted very well to the impact of Covid-19
4. The demand on the Trust from the public had increased dramatically due to the onset of the pandemic and continued to fluctuate in line with the various waves
5. It was noted that the Trust had received additional support from the military and fire service
6. A local review was conducted on the patient experience (safety and dignity) whilst they were waiting in ambulances outside hospitals. The review also considered the impact on ambulance staff and the full report will be published in October.

Comments:

1. Were the views from health board staff in respect of handover delays similar to that of Trust staff? Joseph confirmed the views were similar and they shared the same frustrations.
2. Were there any plans to conduct a review into those patients that were waiting for ambulances in the community? Whilst this was clearly a risk, Joseph advised this was yet to be confirmed and would be explored going forward.
3. Was there a feeling amongst health board staff that the delays were just accepted as the norm? It was found that there was universal recognition it was happening but found no evidence of apathy.
4. Andy Swinburn commented that an escalation process for patients in ambulances outside hospitals was in existence and queried whether it had been disseminated to staff. Joseph advised the process did exist but there was a variation in the understanding and application of it at health boards. The issue was that it should be universally applied across all health boards.
5. The Committee thanked Joseph for the presentation noting his offer of providing them with a more comprehensive update in due course.
6. The Chair commented that the detail of this Report should be considered by a wider group of Executive and Non-Executive Directors, outside of this meeting.

RESOLVED: That the Committee received this report for information and discussion.

36/21 QUARTER ONE PATIENT SAFETY REPORT

Wendy Herbert presented the report as read and highlighted the following points:

1. There had been a significant increase in activity, specifically for patients requiring a red response

2. 26 thousand hours had been lost due to hospital handover delays
3. Included within the report was a deep dive into call categorisation; this was to provide assurance on the themes and trends with the Clinical Contact Centre environment
4. A revised incident framework was being developed by Welsh Government in which Serious Adverse Incidents will now be called Nationally Reported Incidents; this will give flexibility in terms of reporting.
5. There has been a large increase in patient safety incidents and also a sharp increase in the level of requests from Coroner's courts
6. During the quarter 13 Serious Case Incident Forums have been convened with 64 cases discussed
7. The report highlighted any clinical reviews and the themes and trends identified from them
8. A business case was being developed in order to identify the resources required to managed the increased Putting Things Right activity; particular during the winter months

Comments

1. In terms of the Call Categorisation deep dive the Committee were advised that a scrutiny meeting had recently been held in which this issue was discussed extensively.
2. Why were Coroners requesting more attendance at hearings from staff and was this a continuing trend? Wendy Herbert stated that due to the pandemic there had been a delay in Coroner activity of around two years and staff were being asked to attend now. There were some complex cases in which coroners wanted assurance that action had been undertaken. In terms of assistance for staff, the Trust's legal team offered their full support for staff attending Coroners cases.
3. Was there adequate support from health boards when there was a joint investigation? Wendy Herbert explained that the information received from health boards was on the whole very limited.

RESOLVED: That the Committee received and noted the report

37/21 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK REPORT

Julie Boalch presented the report as read and highlighted the following points:

1. There were five Corporate Risks currently assigned to the Committee; with no significant activity since the last report
2. The two highest scoring risks ID 223 and ID 224 were the subject of a deep dive and despite the actions and controls in place, it was agreed that the score remained at 25. These two risks, amongst others, would be refreshed using additional controls and treatments in time for the Trust Board meeting

Comments:

1. The Committee welcomed the additional controls in respect of risks ID 223 and ID 224
2. Following a query in terms of additional risks such as staff sickness as a result of ID 223 and ID 224, Julie Boalch agreed to evaluate the information through the sickness risk review and illustrate this in future reports
3. Trish Mills advised that these two risks were undergoing further review given their ratings, particularly to look at the risk descriptors to ensure we are articulating the risk fully. Alignment of the controls and assurance will also be further developed as will clarity over the actions to further mitigate the risks. This would then be done for the remaining risks on the risk register and in line with a programme of risk management maturity.

RESOLVED: That the Committee noted and discussed the contents of the report.

38/21 INTERNAL AUDIT TRACKER REPORT

Julie Boalch presented the report as read reminding Members that the full tracker was continually monitored by the Assistant Directors Leadership Team (ADLT). The Committee's attention was drawn to the following areas:

1. A further deep dive has been conducted by the ADLT in respect of the older recommendations
2. Recommendations continued to be scrutinised on a regular basis with the tracker being regularly updated
3. There was one overdue recommendation from 19/20 assigned to the Committee which related to raising concerns on the once for Wales Datix system

RESOLVED: That the contents of the report was received and discussed.

39/21 CLINICAL NEGLIGENCE CLAIMS

Wendy Herbert presented the report as read advising the Committee that the report contained information relating to details of all clinical negligence claims from 1 January 2018 to 31 March 2021

RESOLVED: That the Committee considered the contents of the report

40/21 HEALTH AND SAFETY ANNUAL REPORT

Claire Roche presented the report which provided the Committee with key information on the health and safety performance during the period April 2020 to March 2021.

Going forward, the Committee will now receive a quarterly health and safety report; this would need to be aligned with future Committee dates.

Members' attention was drawn to the working safely programme which looked at the lessons learnt during the pandemic; this would include a targeted programme of intervention which would enhance health and safety within the Trust. As part of the initiative to improve health and safety, it was noted that a working safely programme lead had been appointed and was due to commence this October.

Comments:

1. The Committee welcomed the comprehensive report. The Chair of the Finance and Performance Committee, Emrys Davies, advised Members of a non-conformance in respect of fire evacuation following the Environmental Audit. It was agreed that this would be captured within the Health and Safety report.
2. Was there sufficient resource in the Health and Safety core team? Claire Roche acknowledged that the team, at present, had people who had been seconded in and was closely monitoring the situation. The Trust was mindful in ensuring that it had both the capacity and capability within the health and safety core function.
3. The Committee recognised that the report, sadly, had been a reminder of the four colleagues who had passed away due to Covid. The Trust's thoughts continued to be with their families.
4. Members noted the significant variances in performance with regards to Health and Safety audit scores across different locations and also the variances across the Trust in respect of H&S training. Assurance was sought that the Trust was analysing these figures in order to improve performance. Claire Roche informed the Committee that an H&S dashboard was being developed whereby compliance would be routinely tracked as part of the working safely programme.

RESOLVED: That the Committee noted the report and its content and sought assurance that the Trust was actively driving towards a mature health and safety culture.

41/21 OPERATIONS CURRENT/FORWARD LOOK

The report was presented as read. The Committee noted that due to operational commitments, members of the Operational Directorate were unable to attend the meeting.

Comments:

Professor Kevin Davies updated the Committee on the ongoing work in respect of the Operational Delivery Unit

NEPTS UPDATE - The report was presented as read

RESOLVED: That the Committee noted the reports and that any questions should be directed to Lee Brooks.

42/21 ITEMS FOR NOTING/APPROVAL

Guidance for Recording Concerns Meetings

Members acknowledged that this would bring the Trust in line with the processes used by other health boards

RESOLVED: That the process for recording concerns meetings was approved

Risk 322 – Progress Update

The Committee noted the report which gave a progress update relating to Risk ID 322,

initially registered on the 27 July 2020 by the Head of Infection Prevention and Control.

Claire Roche explained that the risk concerned the Trust's ability to Fit test staff which was noted on the risk register. The risk was being mitigated and going forward, through the working safely programme, it would be monitored more comprehensively.

The Committee welcomed the work which demonstrated the Trust's emphasis on protecting both staff and members of the public

Resolved: That the Committee noted the contents of the report.

43/21 ANY OTHER BUSINESS

Claire Roche informed the Committee that the Trust's new Chief Nursing Officer (CNO) had recently commenced in post. Claire added that the CNO had called an emergency meeting for all Nurse Directors in Wales to discuss the current system pressures and challenges.

44/21 KEY MESSAGES FOR THE BOARD

The Chair would liaise with Claire Roche outside of the meeting to discuss the key messages for the Board.

RESOLVED: That the update was noted.

Date of Next meeting: 16 November 2021

CONFIRMED MINUTES OF THE MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE (OPEN SESSION) HELD ON 23 September 2021 VIA TEAMS

Chair: Emrys Davies

PRESENT :

Emrys Davies	Non Executive Director
Bethan Evans	Non Executive Director

IN ATTENDANCE:

Julie Boalch	Head of Risk and Corporate Governance (Part)
Lee Brooks	Director of Operations
Hugh Bennett	Assistant Director Commissioning and Performance (Part)
Stephen Clinton	Assistant Director of Operations, Integrated Care (Part)
Alex Crawford	Assistant Director of Planning (Part)
Emma Giles	Audit Wales (Part)
James Haley	Interim Head of Transformation NEPTS (Part)
Andy Haywood	Director of Digital Services
Helen Higgs	Head of Internal Audit
Navin Kalia	Deputy Director of Finance and Corporate Resources
Paul Hollard	Non Executive Director
Rachel Marsh	Director of Planning and Performance
Trish Mills	Board Secretary
Robert Morgan	Trade Union Partner
Gareth Price	Trade Union Partner
Steve Owen	Corporate Governance Officer
Chris Turley	Executive Director of Finance and Corporate Resources
Keith Williams	ESMCP Programme Manager (Part)

APOLOGIES:

Ceri Jackson	Non Executive Director
Joga Singh	Non Executive Director

47/21 PROCEDURAL MATTERS

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

Minutes

The minutes of the open and closed sessions held on 22 July 2021 were considered by the Committee and agreed as a correct record.

Action Log

The action log was considered:

Number 61, MIPR to contain more key metrics, Rachel Marsh confirmed this was now completed. Action Closed

Number 66, Update on 111 Call abandonment rates, Deep dive presentation was on the agenda. Action Closed.

Number 67, Development of quality measures, Rachel Marsh explained that these were now illustrated in the MIPR, Action Closed.

Number 68, Deep Dive on risks, Item to remain on log.

Number 69, Limited Audit review, ICT Disaster recovery, Andy Haywood advised the Committee that a formal update had been provided to the Audit Committee and would circulate updated details to Committee members. Action Closed

RESOLVED: That

- (1) the Minutes of the open and closed meeting held on 22 July 2021 were confirmed as a correct record; and**
- (2) the declaration of interest as stated was noted; and**
- (3) the action log was considered and updated as described.**

48/21 MOBILE DATA VEHICLE SOLUTION - FULL BUSINESS CASE

Andy Haywood provided the Committee with an overview in terms of the overall programme. Members noted that the programme was being fully funded from Welsh Government. He introduced Keith Williams who gave a more detailed and comprehensive briefing on the Full Business Case (FBC).

In terms of background information, Keith reminded the Committee that the Home Office Emergency Services Network (ESN) programme was replacing the Airwave system, to deliver a network for new voice and broadband mission critical communications for the three emergency services.

Furthermore, The FBC outlined an approach which disaggregated elements of the overall MDVS project from the wider ESMCP to allow it to be delivered ahead of time and reduce the potential risks posed by continued use of the Trust's ageing Mobile Data Terminals (MDT).

During the presentation Keith drew the Committee's attention to the following areas:

1. The Mobile Data Vehicle Solution (MDVS) would replace the Trust's existing Ambulance Mobile Data Terminals (MDT), which were critical in emergency response across Wales.
2. The current technology in place would not be compatible with the new system, Emergency Service Mobile Communications Programme (ESMCP) once that becomes live.
3. In terms of costs, it was assumed that these would be met by Welsh Government. The

initial funding requirement for the proposed investment was for £8.5m (Capital) and £14.4m (Revenue) (ex VAT and depreciation costs).

4. Assuming that funding was approved, it was anticipated that deployment of the new system would commence in 2022; recognising there were currently some issues in the supply chain of global chip sets. Work was ongoing to mitigate this risk.
5. One of the main benefits of the new system would give rise to a UK common ambulance national mobilisation application creating interoperability
6. The system would be fully deployed over a period of 12 months, during which time any issues would be resolved or diminished.

Comments:

1. Members understood that the current technology was reaching its 'end of life' and recognising it was the most appropriate solution. In terms of risk in respect of funding was this being mitigated. Andy Haywood advised that whilst the funding was currently assumed, this was a UK wide commitment involving all the emergency services adding it was absolutely critical for the programme to go ahead. Chris Turley assured the Committee the current Airwave system had always been funded and could see no reason why the new system wouldn't be.
2. How was this linked to the demand and capacity review and the vehicle replacement programme? Keith Williams explained that the FBC reflected the latest version of operational resources requirements adding there was no future expansion of those resources detailed in the FBC. Keith added that this had been highlighted as a potential risk in the planning assumptions.
3. The Committee sought clarity in terms of how the ongoing funding would be covered and welcomed updates going forward.

RESOLVED: That the Committee;

- (1) Noted the disaggregated approach and assumptions within the MDVS Full Business Case as mitigation to ESMCP delays.**
- (2) Supported submission of the MDVS FBC for approval by Trust Board in September 2021.**
- (3) Noted the entire projected Ambulance Radio Programme MDVS costs as detailed below (a), the total end-to-end WAST funding requirement (b) and the specific in-scope funding requirement (c) for this element of the FBC, which was assumed would be fully funded by Welsh Government:**
 - a) the National UK total MDVS costs of £437.5m (ex VAT and depreciation costs);**
 - b) the total WAST MDVS funding requirement in Wales was approximately £32.8m(ex VAT and depreciation); and**
 - c) the total WAST MDVS – in-scope funding requirement of £8.5m (Capital) and £14.4m (Revenue) (ex VAT and depreciation costs) would be required for the initial proposed investment.**

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

1. The cumulative revenue financial position reported is a small underspend against budget of £0.008m. The year-end forecast for 2021/22 is a balanced position
2. Public Sector Payment Policy was on track with performance, against a target of 95%, of 97.2% for the number, and 98.8% of the value of non-NHS invoices paid within 30 days.
3. In terms of risk and in particular in respect of the impact of settling voluntary overtime on holiday pay, notification had been received from WG that the remaining balance of c£1.444m would be fully funded.
4. Confirmation had also been received from WG in regards to the 3% pay award which would be fully funded.
5. The estimated costs in respect of Covid were currently being refreshed and looked likely to increase going forward; adding that the Trust was in constant dialogue with WG and assured the Committee these costs would be funded.

Comments:

Following a query regarding the value of risk being presented in relation to savings, Chris Turley explained that from month six onwards this figure would be reviewed and was likely to be updated to reflect ongoing circumstances and would be lower than the £1m illustrated.

RESOLVED: That

- (1) the Month 5 revenue and capital financial position and performance of the Trust as at 31 August 2021 was noted; and**
- (2) the Month 4 and 5 Welsh Government monitoring return submissions included within Appendices 1-2 of the report (as required by WG) was noted.**

MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT

Hugh Bennett gave a broad summary of the report and drew attention to the following key areas:

1. High levels of demand were continuing with 111, EMS and NEPTS.
2. 999 demand had increased by over 10k more than the previous month.
3. Staff absences levels continued to increase; general sickness levels and Covid were contributing factors.
4. Lost hours – Approximately 14k hours were lost at hospitals handing over patients.
5. The Trust was currently on maximum escalation; Resource Escalation Action Plan level 4.

6. A performance improvement plan was constantly being developed to mitigate for the extreme pressures on the system; this included a winter plan.

Comments:

1. The Committee acknowledged the report and gained assurance on the developing work to minimise the overall impact on the Trust's performance.
2. Members discussed in detail the position in terms of patients presenting at hospital that were not being conveyed by ambulance, and whether or not they would have been conveyed.
3. The Committee were pleased to see the metrics in the report were reflecting the Trust's current situation and noted the containment actions were being driven by some of the metrics.

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

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

51/21 DEEP DIVE ON 111 PERFORMANCE

Rachel Marsh presented the Committee with a slide show and drew their attention to the following highlights:

1. Overall demand had been volatile and variable with large peaks during the pandemic at certain points; it was anticipated that demand would continue to increase. There were 45,855 calls in August 2020 compared to 85,253 calls in August in 2021.
2. Calls that had been assessed as requiring clinical intervention were in the main at the start of the day.
3. In terms of performance, calls being answered within 60 seconds in August were under the required target; average waiting times for calls to be answered were four minutes and call abandonment rates were at 24%.
4. From a clinical triage perspective, patients receiving a call back from a clinician within the one hour category surpassed the expected target; whilst those receiving a call back within the two and four hour categories fell short of the target.
5. Calls by final outcome; calls requiring immediate care made up the largest volume of calls and of these the majority were referred to GP services.
6. With regards to capacity (hours produced) in the 111 service, this had increased from c14k to 24k hours per month over the last year.
7. Efficiency, work was ongoing to identify areas which could improve the overall efficiency of the 111 service.

8. A comprehensive transformation plan was being developed which would include; improving recruitment and retention and better management on demand.

Comments:

1. Were there already a significant number of vacancies and how many vacancies were there? Steve Clinton stated there were currently 7 or 8 vacancies for clinicians from an establishment figure of 127. In terms of call handlers it was planned to over recruit and at the moment there were 182 against an establishment of 177.
2. Was there an issue with recruiting staff? In terms of call handlers Steve Clinton advised there was no issue; however for clinicians it was proving more difficult to attract. Rachel Marsh added that work was ongoing to enable call handlers to have additional skills and potentially reduce the need for as many clinicians.
3. Were the patterns of high demand consistent on a weekly basis or was there some variability. Steve Clinton commented that the shifts were filled based on the predictive analysis available at the time.
4. Clarity was sought in terms of the process once it was identified a patient should be seen by a GP. Steve Clinton provided the Committee with an overview of the procedure.
5. Following a question regarding the use of the flow centres which took calls that were meant for ED's, Rachel Marsh advised that each health board had constructed these differently and explained the system was being re-evaluated.
6. It would be helpful to have an update on how the Trust was progressing with the improvement actions.
7. Members welcomed the presentation which demonstrated the complexity of the system and the challenges faced going forward.

RESOLVED: That the report was noted.

52/21 IMTP UPDATE for QUARTER TWO

1. Rachel Marsh explained that an IMTP delivery tracker had been established taking into account all the 2021/22 actions. The list of actions was significant and were designed to increase capacity and improve the Trust's ability to respond.
2. There was one action which was considered as RED and this was the Level 2 falls response model business case. The Trust was still awaiting confirmation on further investment.
3. Rachel made reference to the key risks to delivery adding that the Planning Team would work with the Head of Risk and Corporate Governance to ensure they aligned to controls within the Corporate Risk Register.
4. The Trust was currently actively engaged in local and regional strategic service changes across Wales where the delivery of key aspects of the programme were likely to fall within the current IMTP period.

5. In terms of preparation for the 2022-25 IMTP the Committee were given an outline of the development process; which included a planned staff roadshow in October.
6. The Trust was in the process of developing a prioritisation exercise which would reconsider the actions, and subject to the current situation, Rachel advised that some of these actions may be paused temporarily.

Comments:

1. The Committee thanked Rachel for the update and noted that the staff engagement should be very helpful in the planning process going forward.
2. In terms of the 999 and 111 metrics for the Trust Board as illustrated within the slide pack; how would they be processed? Rachel Marsh explained that the slide required updating and assured the Committee that in any event the process of determining metrics was considered at this Committee before being sighted at Board.

RESOLVED: That the Committee:

1. **Noted the IMTP Delivery Assurance Report and headlines highlighted in the executive summary; and**
2. **Noted the current activity in relation to Health Board strategic service changes; and**
3. **Noted the process for preparation of the next iteration of the Trust's IMTP for 2022-25.**

53/21 DRAFT QUALITY AND PERFORMANCE MANAGEMENT FRAMEWORK

Item Deferred to next meeting.

RESOLVED: That the item was deferred to the next meeting.

54/21 OPERATIONS QUARTERLY REPORT

The report was presented as read and Lee Brooks drew Members' attention to the following areas:

1. In June, Protocol 36, part of the Trust's triaging tool, had been removed and replaced with the Emerging Infectious Diseases Surveillance tool; this was due to the data from protocol 36 being out of balance with data from the community. However as at today Protocol 36 has been escalated to level one. The volume of incidents currently being managed through this protocol were the same during the peak of the second wave.
2. The Operational Delivery Unit would continue and should be able to provide 24 hour support during the winter period.
3. Seasonal planning, summer planning was ongoing and winter planning had commenced with sufficient resources to be accomplished.
4. An update on the management structure of the Operations Directorate was given and members noted that Sonia Thompson had been appointed the Assistant Director of Operations (ADO) for EMS and John Edwards as ADO for EMS resourcing and

Coordination

5. Mobile Testing Unites, good progress was being made in this area
6. Interoperability Tool Kit; this enabled the Trust's Computer Aided Dispatch System to communicate with other UK ambulance CAD systems and continued to be rolled out.
7. Manchester Arena Inquiry Sessions. The Emergency Preparedness, Resilience, Response and Special Operations team had recommended that staff and Commanders attend these session which were available via YouTube

RESOLVED: That the update was noted.

55/21 TRANSFER OF NON-WAST WORK FROM CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

James Haley explained that the purpose of the report was to seek approval for sign off of the transfer of Non-WAST work to the Trust from Cwm Taf Morgannwg University Health Board (CTMUHB).

The process of transfer was the same as every other transfer of work that had previously been undertaken.

In terms of highlights from the report James drew the Committee's attention to the undermentioned:

1. As part of the transfer, the Trust would absorb the call centre services formerly provided at Ty Elai.
2. The total value to transfer to WAST for NEPTS activity was estimated to be up to £839,968. A breakdown of the costs involved was provided.
3. Should there be an increased activity following the transfer, CTMUHB would accept the increased cost of this, and the Trust would therefore re-charge the health board accordingly.

Comments:

1. Members were pleased to note that the budget for the four largest providers would be maintained by CTMUHB for the next 12 months.
2. How was communication with patients affected with the transfer? James Haley explained that a stakeholder plan was in existence which clearly outlined the processes and governance procedures.
3. The Committee acknowledged the whole transformation process of NEPTS and lauded its ongoing success.

RESOLVED: That the Committee

(1) Noted the approach and content outlined within the report; and

(2) Provided approval to proceed with the transfer of Non-WAST work from Cwm Taf Morgannwg University Health Board to WAST.

56/21 SPECIALIST OPERATIONS - KEY PERFORMANCE INDICATORS Q1 2021/22

Lee Brooks presented the report as read.

He added of particular note that despite the ongoing challenges, it had been pleasing to confirm that the Special Operations Response Team continued to meet its objectives.

Comments:

In terms of the activations were they grouped into separate themes? Lee Brooks advised that a dashboard was being developed to illustrate the different types of calls the team responded to.

RESOLVED: That the Committee;

- (1) Noted the information that was supplied to Welsh Government on a quarterly basis and that the EPRR Team were continuously looking at ways to improve the quality and subjective nature of the current reporting processes; and**
- (2) Noted the data comparison information and also the development areas relating to HART and SORT.**

57/21 VALUE BASED HEALTHCARE

Chris Turley explained that this update built upon the verbal discussion from the last meeting and introduced Alex Crawford who gave a PowerPoint presentation.

Alex Crawford drew attention to the following points:

1. The Quality Bill/Act had been the key driver to provide to the public amongst other things, high value evidence based care.
2. EASC Commissioning intentions; in order to achieve these the Trust would focus on; a value based strategy and the methods to be used going forward.
3. There would be a strong focus on the outcomes, experience and benefits for both staff and patients.
4. It was important to link the Trust's performance reports in order to establish how the Trust was delivering value.
5. The Trust would review the current revenue business case process and develop a means to ensure benefits are clearly articulated.
6. It was proposed to develop training and awareness on the value based agenda going forward. This would involve setting up a value based healthcare group to develop an approach to value based healthcare, noting need for a pragmatic approach and timeline in the progression of this, given the impact of the current service pressures.

Comments:

1. The Committee welcomed the excellent report acknowledging that a main focus was on the impact of patients. Furthermore it was important to understand the hearts and mind of staff through communication which would be pivotal on the success of this initiative

going forward.

2. Chris Turley added that key to the success and development of this was very much a joint team effort.
3. The Committee, following a detailed discussion on the benefits for all concerned expressed its enthusiasm with this exciting enterprise; and looked forward to updates going forward.

RESOLVED: That the update was noted.

58/21 GRANGE UNIVERSITY HOSPITAL INTER HOSPITAL TRANSFER SERVICE EVALUATION

1. Alex Crawford advised the Committee that the National Collaborative Commissioning Unit (NCCU) had completed its independent evaluation of the first six months of The Grange University Hospital (GUH) Inter Hospital Transfer service.
2. The evaluation had been positive; recognising the significant achievement to establish the service with the advanced opening of GUH.
3. A number of recommendations had been made for both WAST and ABUHB and the NCCU had proposed facilitating a collaborative process to take these forward.

Comments:

There were still challenges remaining in the booking process and communication; what was the plan to overcome this? Alex explained as this was a new process, inevitably, there would always be teething issues. A single system of booking will streamline and improve the overall booking system

RESOLVED: That the evaluation report and its recommendations and next steps for the Ambulance Care Transformation Programme to consider was noted.

59/21 COMMITTEE ASSURANCE REPORT

Julie Boalch drew the Committee's attention to the following highlight within the report:

Work was ongoing to review the two highest scoring risks, ID 223 and ID 224; this had involved sessions with the Assistant Directors Leadership Team and a presentation to the Executive Management Team. The outcome of the work will be presented to the Trust Board next week.

Comments:

In terms of the impact on staff from risks ID 223 and ID 224, Julie advised this would be featured in the ongoing work and would be reported to Audit Committee in December

RESOLVED: That

1. **The Finance & Performance Committee received assurances on the report and specifically:**
 - a) **Noted and discussed the contents of the report.**

60/21 INTERNAL AUDIT TRACKER REPORT

Julie Boalch gave an overview of the report and drew attention to the following points relevant to the Committee:

1. The two remaining recommendations in the 2019/20 tracker had been closed and these related to the Appropriately Equipped Paramedics report.
2. One recommendation from the 2021/21 was being shown as overdue; this related to the once for Wales datix implementation.

Comments:

The Committee welcomed the significant progress and appreciated the work being undertaken

RESOLVED: That the Committee:

- (1) Noted the contents of the report and following; and**
- (2) Considered the Trust's proposals to address each recommendation with the inclusion of revised completion dates, specifically focussing on those relevant to FPC.**

61/21 DECARBONISATION AND SUSTAINABILITY UPDATE

Chris Turley advised the Committee that an update would be provided at each meeting; the Committee's attention was drawn to the following:

1. As presented to the last Committee meeting, the Trust had now done some very high level cost estimates of the delivery against the previously presented draft action plan. For the estates elements only this currently suggested costs in the region of an initial £48m over the next 4 to 5 years.
2. Unofficially, the Trust had received validation following the latest audit of ISO 14001 compliance but this was due to be formally confirmed soon.
3. A recent Gateway Programme Assurance Review, sponsored by Welsh Government, had been undertaken - this had specifically focused on the Trust's fleet replacement programme especially the fleet decarbonisation strategy and the likelihood to deliver.

Comments:

1. Was there clarity in terms of responsibilities within the organisation, for example in respect of the fire evacuation plan? Chris Turley advised this was illustrated in the action plan and would be detailed in the audit tracker.
2. The Committee recorded a note of thanks for all those in the Trust's retention of the ISO 14001 accreditation.
3. It was important that the delivery of the environmental agenda was demonstrated on the risk register in respect of the value and timescale.

4. Could individual staff objectives on environmental actions be included in PADRs?

RESOLVED: That the update was noted.

62/21 STRATEGIC TRANSFORMATION BOARD – TERMS OF REFERENCE

Rachel Marsh explained that following sign off of its revised Terms of Reference (TORs) on 14 June 2021, the Board Secretary advised the Strategic Transformation Board (STB) that the Committee review and approve the latest Terms of Reference.

Rachel further explained the changes that had been made to the TOR's since the March 2019 version.

RESOLVED: That the Committee approved the revised Terms of Reference for Strategic Transformation Board and the changes noted in Key Issues/Implications.

63/21 ANY OTHER BUSINESS

Key messages to the Board. It was agreed that the Chair and Chris Turley would prepare the report for the Board

Date of next meeting: 18 November 2021



**EMERGENCY AMBULANCE SERVICES
JOINT COMMITTEE MEETING**

**'CONFIRMED' MINUTES OF THE MEETING HELD ON
7 SEPTEMBER 2021 AT 13:30HOURS
VIRTUALLY BY MICROSOFT TEAMS**

PRESENT

Members:

Chris Turner	Independent Chair
Stephen Harrhy	Chief Ambulance Services Commissioner
Judith Paget	Chief Executive, Aneurin Bevan ABUHB
Carol Shillabeer (in part)	Chief Executive, Powys Teaching Health Board PthB
Stuart Walker	Medical Director, Cardiff and Vale CVUHB
Steve Moore (in part)	Chief Executive, Hywel Dda HDdUHB
Sian Harrop-Griffiths	Director of Strategy, Swansea Bay SBUHB

In Attendance:

Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust (WAST)
Rachel Marsh	Director of Planning, Strategy and Performance, Welsh Ambulance Services NHS Trust (WAST)
Cath O'Brien	Interim Chief Operating Officer, Velindre University NHS Trust
Roshan Robati	Senior Programme Advisor for Unscheduled Care, Betsi Cadwaladr BCUHB
Clare Williams	Deputy Director of Planning, Cwm Taf Morgannwg CTMUHB
Stuart Davies	Director of Finance, Welsh Health Specialised Services Committee (WHSSC) and EASC Joint Committees
Ross Whitehead	Deputy Chief Ambulance Services Commissioner, EASC Team, National Collaborative Commissioning Unit (NCCU)
Gwenan Roberts	Committee Secretary, National Collaborative Commissioning Unit (NCCU)
Ricky Thomas	Head of Informatics, National Collaborative Commissioning Unit (NCCU)
Richard Baxter	Project Manager, EASC Team (NCCU)

Part 1. PRELIMINARY MATTERS		ACTION
EASC 21/51	<p>WELCOME AND INTRODUCTIONS</p> <p>Chris Turner (Chair), welcomed Members to the virtual meeting (using the Microsoft Teams platform) of the Emergency Ambulance Services Committee and gave an overview of the arrangements for the meeting.</p> <p>The Chair welcomed Clare Williams, Deputy Director of Planning from Cwm Taf Morgannwg University Health Board, Stuart Walker from Cardiff and Vale University Health Board and Roshan Robati, Senior Programme Advisor for Unscheduled Care, from Betsi Cadwaladr University Health Board to their first meeting of the EAS Joint Committee.</p> <p>The Chair thanked Len Richards in his absence for his sustained contribution to the Committee's work and wished him every success in his new role.</p>	Chair
EASC 21/52	<p>APOLOGIES FOR ABSENCE</p> <p>Apologies for absence were received from Jo Whitehead and Gill Harris (BCUHB), Paul Mears and Linda Prosser (CTMUHB) Len Richards, Mark Hackett and Steve Ham.</p>	Chair
EASC 21/53	<p>DECLARATIONS OF INTERESTS</p> <p>There were no additional interests to those already declared.</p>	Chair
EASC 21/54	<p>MINUTES OF THE MEETINGS HELD ON 13 JULY AND 20 JULY 2021</p> <p>The minutes were confirmed as an accurate record of the Joint Committee meeting held on 13 July and 20 July 2021.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the minutes of the meetings held on 13 July and 20 July 2021. 	Chair
EASC 21/55	<p>ACTION LOG</p> <p>Members RECEIVED the action log and NOTED:</p> <p>EASC 21 /42 Roadmap for the system service response Members noted that further discussion was required for the key design principles to be developed. An update would be provided at the next meeting.</p> <p>EASC 21/43 Emergency Department Quality and</p>	EASC Team

	<p>Delivery Framework An update of the work to be developed had been circulated to Members and the action was closed.</p> <p>EASC 21/43 Commissioning for Value programme An update on progress would be provided at the next meeting.</p> <p>EASC 21/27 Ministerial Ambulance Availability Taskforce Members noted that the Minister had requested that the work of the Taskforce to develop a modern ambulance service should continue but now as a Commissioner-led Taskforce</p> <p>EASC 21/26 Committee Effectiveness Members discussed whether training for new Members would be helpful and decided that a formal process would not be required. The Chair offered Members the opportunity of commenting outside of the meeting and reiterated the offer that individual discussions with the Chair and Committee Secretary would always be available to all Members.</p> <p>The Chair raised personal concerns in relation to being the only independent representative at the Committee and also raised the importance of the patient voice and how the EASC could facilitate a more inclusive approach. No formal proposals were made but this would be an ongoing issue for discussion.</p> <p>The Chair agreed to work with the Committee Secretary to ensure that progress would be made in all areas of the action log.</p> <p>Members RESOLVED to: NOTE the Action Log.</p>	<p>EASC Team</p> <p>CASC</p> <p>Chair and Committee Secretary</p>
EASC 21/56	<p>MATTERS ARISING</p> <p>There were no matters arising.</p>	
EASC 21/57	<p>CHAIR'S REPORT</p> <p>The Chair's report was received.</p> <p>In presenting the report, Chris Turner explained that he had attended the Swansea Bay University Health Board meeting with the Chief Ambulance Services Commissioner on 19 August 2021 as part of the annual attendance at health boards across Wales. Members noted that a different approach had been taken to try and have more dialogue with</p>	

	<p>Board members regarding their local area. Jason Killens, Chief Executive of the Welsh Ambulance Services NHS Trust had also attended the meeting. Members noted that a helpful discussion had taken place with good feedback received. The Chair offered all Members the opportunity of shaping the local sessions to have as much meaningful discussion as possible with individual health boards.</p> <p>Members also noted that the Chair's end of year appraisal had also taken place. The Chair had been joined by the Chief Ambulance Services Commissioner during the second part of the session with the Minister and discussions had taken place in relation to the current issues, injecting pace into solutions and the importance of the ongoing action plan. The Chair explained that it was a different type of appraisal with a broad ranging discussion related to ambulance services and the place of those services within the Urgent and Emergency Care context across Wales.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Chair's report 	
Part 2. ITEMS FOR DISCUSSION		ACTION
EASC 21/58	<p>FOCUS ON – Performance and Improvement</p> <p>An important and focused discussion took place on performance and improvement as the current position was judged to be unsustainable. Members noted that there was no single answer to the whole system problem. Issues discussed included:</p> <ul style="list-style-type: none"> • Needing to use the forecast position and match resources accordingly • Refreshing the work of ORH in relation to the Emergency Medical Services Demand and Capacity Review, noting the increased number of red calls from 5% to 10% • Further specific work on utilisation • High levels in the use of the Demand Management Plan • Potential harm to patients • Patients self-presenting at emergency departments not having received the right pre-hospital care and timeliness of some specific treatments for their conditions • Patient flow across the system and ensuring safe, effective and timely discharges • The management of risk within the community and the identification and mitigation of clinical risks • WAST had the only Demand Management Plan within the NHS Wales system and the need to identify key risks and impacts of this approach • Need to develop a joined-up escalation plan approach 	

	<p>across NHS Wales to involve health board operational teams as well as the clinical executives to manage clinical risk within localities</p> <ul style="list-style-type: none"> • Need to ensure a system wide approach undertaken for the whole patient pathway • Must use the opportunity to forecast and predict demand to match resources as best as possible • Needing to provide different and specific services within communities for common issues like falls and mental health and wellbeing matters • Important to have primary care information for whole system approach and for the 111 Service. <p>Summary: 3 key areas</p> <ol style="list-style-type: none"> 1. Capacity 2. Demand Management 3. Efficiency. <p>Following discussion, the CASC undertook to develop an urgent action plan which would be agreed with EASC Members before recommendations were formalised and implemented. The action plan had subsequently been developed and sent out for comment.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the discussion 	
EASC 21/58	<p>CHIEF AMBULANCE SERVICES COMMISSIONER'S REPORT</p> <p>The Chief Ambulance Services Commissioner's (CASC) report was received. In presenting the report, Stephen Harray highlighted the following key items:</p> <ul style="list-style-type: none"> • Non-Emergency Patient Transport Services (NEPTS) – services at Cwm Taf Morgannwg University Health Board (CTMUHB) would now be transferred to the Welsh Ambulance Services NHS Trust (WAST) on 1 October and would then be in line with all other health boards in Wales • NEPTS Delivery Assurance Group had discussed the additional support required as part of the reset programme in view of the impact on NEPTS resources as a result of the Covid 19 pandemic. This included vehicles now used as single occupancy for patient safety reasons. <p>One composite request for interim financial support had been made for NHS Wales to the Welsh Government and it was anticipated that this would secure the additionality required and could also include private provider provision.</p> <ul style="list-style-type: none"> • Following discussion at the EASC meeting with the Minister for Health and Social Services on 20 July 2021, an action 	

	<p>plan had been developed and this had been further refined following the appraisal meeting in August with the Chair of EASC and the Chief Ambulance Services Commissioner (CASC) in relation to EASC priorities.</p> <ul style="list-style-type: none"> • The Ministerial Ambulance Availability Taskforce had been stepped down although the Members had agreed, at the request of the Minister, to be part of the ongoing Commissioner-Led Ambulance Availability Taskforce aiming to advise on, and contribute to, defining what a modern ambulance service should and could be developed. • Handover delays had increased to an average of 490 hours a day lost during August 2021; this had contributed to the need for WAST to raise the level of their Demand Management Plan in response. • WAST would consider over recruiting emergency medical technicians to provide additional capacity within the system, although the training requirements would need to be met, and the actual costs identified, in order to obtain EASC formal support. <p>Following discussion, Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the information within the report. 	
EASC 21/59	<p>WELSH AMBULANCE SERVICES NHS TRUST (WAST) PROVIDER REPORT</p> <p>The update report from the Welsh Ambulance Services NHS Trust (WAST) was received.</p> <p>Jason Killens, Chief Executive at the Welsh Ambulance Services NHS Trust (WAST) gave an overview of key matters including:</p> <ul style="list-style-type: none"> • Rising Covid19 related activity; rising “abstractions” for the emergency medical services; increasing pressure on services • The last month was the second worst month ever for patients waiting for ambulance response – over 500 people waited 12 hours or more; this was a significant and worrying development • Post-production lost hours – an important efficiency for WAST to deliver (in line with the ORH EMS Demand and Capacity Review) which would include rest breaks, standardisation of terms and conditions of employment and equalisation of development time for staff. Members noted a series of engagement meetings were taking place to discuss options with a view to finding a negotiated settlement with the staff side and trade unions at WAST. • NEPT service levels back to 70% of the pre pandemic 	

	<p>levels but constraints on number of patients carried as multi-occupancy vehicles had been used for single patient use.</p> <p>Members RESOLVED to: NOTE the WAST provider report.</p>	
Part 3. ITEMS FOR APPROVAL OR ENDORSEMENT		ACTION
EASC 21/60	<p>FINANCE REPORT</p> <p>The EASC Finance Report was received. In presenting the report Stuart Davies noted the current break-even position and highlighted the stable position of the 100% balanced plan.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE and NOTE the report. 	Director of Finance
EASC 21/61	<p>EASC SUB GROUP MINUTES</p> <p>Members received the confirmed minutes of the EASC Sub Groups as follows:</p> <ul style="list-style-type: none"> • EASC Management Group – 24 June 2021 • NEPTS Delivery Assurance Group 8 June 2021 <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the confirmed minutes as above. 	
EASC 21/62	<p>EASC GOVERNANCE</p> <p>The EASC Governance report was received. In presenting the report Gwenan Roberts gave an overview of the work to complete the review of the Standing Orders.</p> <p>Members noted:</p> <ul style="list-style-type: none"> • The Memorandum of Agreement had been updated in line with Standing Orders • The Hosting Agreement, this was last reviewed in November 2018 – no areas of concern were identified • The Draft Memorandum of Understanding with the Welsh Government Officials was received and further discussions would take place, it was last discussed in 2016 • The update on work to complete all of the requirements in the Standing Orders including the Standing Financial Instructions and the Scheme of Delegation and Schedule of Powers which are all interlinked. • Two specific areas of non-compliance with the Standing Orders relating to the time papers sent out to Members and also that Sub Group chairs should not normally be a member of the EASC Team were noted. Members supported the variance from the Standing Orders in 	CASC

	<p>relation to these two matters and noted that this would be raised at the host body Audit and Risk Committee.</p> <p>The EASC Risk Register was received. Members noted that all risks had been comprehensively reviewed by the EASC Team in August 2021 and the two risks related to performance against targets for the red and amber categories had been raised from 16 to 20.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the sections of the Model Standing Orders for EASC: Memorandum of Agreement; Hosting Agreement and the Memorandum of Understanding with the Welsh Government • APPROVE the risk register • NOTE the governance arrangements for the EASC. 	
EASC 21/63	<p>FORWARD PLAN OF BUSINESS</p> <p>The forward plan of business was received. Members noted that a comprehensive annual plan would be received at the next meeting in line with the requirements within the Standing Orders.</p> <p>Following discussion, Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the Forward Plan. 	CASC
Part 4. OTHER MATTERS		ACTION
EASC 21/64	<p>ANY OTHER BUSINESS</p> <p>There was none.</p>	

DATE AND TIME OF NEXT MEETING		
EASC 21/65	<p>The next scheduled meeting of the Joint Committee would be held at 09:30 hrs, on Tuesday 9 November 2021 at the Welsh Health Specialised Services Committee (WHSSC), Unit G1, The Willowford, Main Ave, Treforest Industrial Estate, Pontypridd CF37 5YL but likely to be held virtually on the Microsoft Teams platform.</p>	Committee Secretary

Signed
Christopher Turner (Chair)

Date