

Bundle Trust Board (Open Session) 28 July 2022

Agenda attachments

ITEM 0 Trust Board Open Agenda 28 July 2022 (revised engagement).docx

- 0 09:30 - OPENING ITEMS
- 1 Chair's welcome, apologies, and confirmation of quorum
- 2 Declarations of interest
- 3 Minutes of last meeting
 - ITEM 3 Trust Board Minutes Open 26 May 2022.docx
 - ITEM 3a Trust Board Minutes Open 13 June 2022 CT.docx
- 4 Matters arising and action log
 - ITEM 4 Action Log.docx
- 5 09:35 - Chair's Report
 - ITEM 5 Chair's Report.docx
- 6 09:45 - Chief Executive's Report
 - ITEM 6 CEO REPORT TO TRUST BOARD 28 JULY 2022 Final.docx
- 6.1 PATIENT/STAFF EXPERIENCE
- 7 09:55 - Staff Story Impact of current pressures on Clinical Contact Centre Staff
- 7.1 ITEMS FOR APPROVAL, ASSURANCE AND DISCUSSION
- 8 10:10 - Actions To Mitigate Avoidable Patient Harm
 - ITEM 8 Trust Board Patient Safety Report 28 July FINAL.docx
- 9 10:50 - Risk Management and Corporate Risk Register
 - ITEM 9 Executive Summary Risk Management Report Trust Board 280722.docx
- 10 11:05 - Monthly Integrated Quality and Performance Report
 - ITEM 10 MIQPR SBAR TB June 2022.docx final.docx
 - ITEM 10.1 Annex 1 MIQPR June 2022.pptx final TB.pdf
 - ITEM 10.2 Appendix 1 Metrics review TB 20220721.pdf
- 10.1 11:20 - COMFORT BREAK
- 11 11:30 - Financial Performance Month 3
 - Items 11.2 and 11.4 circulated separately by e mail.*
 - ITEM 11 Finance Report Month 3 - FINAL.docx
 - ITEM 11.1 Appendix 1 - Month 2 2022-23 - Welsh Ambulance Services NHS Trust - Moni....pdf
 - ITEM 11.3 Appendix 3 - Month 3 2022-23 - Welsh Ambulance Services NHS Trust - Moni....pdf
- 12 11:45 - Integrated Medium Term Plan (IMTP) 2022-2025 Quarter 1 2022/23 Progress Report
 - ITEM 12 Executive Summary - IMTP 2021-22 Delivery Tracker _TrustBoard_280722 rm.docx
- 13 11:55 - Draft Engagement Framework 2022-25
 - ITEM 13 EngFrameworkJuly22BoardCoverSheet.docx
 - ITEM 13.1 EngFrameworkV2July22.docx
- 14 12:15 - Board Committee Reports
 - 14.1. Audit Committee
 - 14.2. Finance and Performance Committee
 - 14.3. Academic Partnership Committee
 - 14.4. Charitable Funds Committee
 - 14.5. Remuneration Committee
 - ITEM 14.1 Audit Committee Highlight Report June 2022.docx
 - ITEM 14.2 Finance and Performance Committee Highlight Report July 2022.docx
 - ITEM 14.4 Charitable Funds Committee Highlight Report 6th July 2022.docx
 - ITEM 14.5 Remuneration Committee Highlight Report July 2022.docx
- 14.6 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.

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12:50 - Governance Report

ITEM 15 Governance Report.docx

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Minutes of Board Committees

16.1 Charitable Funds Committee

16.2 Academic Partnership Committee

16.3 Finance and Performance Committee

16.4 Audit Committee

ITEM 16.1 CFC CONFIRMED MAY MINUTES.docx

ITEM 16.2 APC MINUTES APRIL 2022.doc

ITEM 16.3 OPEN F and P Minutes 16 May 2022 TM and CT.doc

ITEM 16.4 Audit Committee OPEN Minutes 3 March 2022 CT and TM.doc

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Minutes/Reports from EASC and NWSSP and WHSSC

ITEM 17 Joint Committee Update Report.docx

ITEM 17.1 Confirmedminutes_EASC_10May2022_approved_EASC12July2022.doc

ITEM 17.1a Chair's EASC Summary from 12 July 2022 Final.docx

ITEM 17.2 SSPC Assurance Report 19 May 2022.doc

ITEM 17.3 2022-05-10 Confirmed JC (Public) Minutes.pdf

ITEM 17.4 WHSCC Joint Committee Briefing (Public) 12 July 2022.pdf

17.4

CLOSING ITEMS

18

12:55 - Any other business

19

Date and time of next meeting – 29 September at 09:30

20

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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Acronyms

ITEM 21 Acronyms.docx



AGENDA

MEETING OF THE TRUST BOARD

Held in Open Session on Thursday 28 July 2022 from 09.30 to 13:00
Meeting held in Wrexham Glyndwr University, Mold Rd, Wrexham LL11 2AW

No.	Agenda Item	Purpose	Lead	Format	Time
OPENING ITEMS					
1.	Chair's welcome, apologies, and confirmation of quorum	Information	Martin Woodford	Verbal	5 mins
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	Verbal	10 mins
6.	Chief Executive's Report	Information	Jason Killens	Paper	10 mins
PATIENT/STAFF EXPERIENCE					
7.	Staff Story Impact of current pressures on Clinical Contact Centre Staff	Information Discussion	Catherine Goodwin	Verbal/Video	15 mins
ITEMS FOR APPROVAL, ASSURANCE AND DISCUSSION					
8.	Actions To Mitigate Avoidable Patient Harm	Discussion Assurance	Jason Killens	Paper	40 Mins
9.	Risk Management and Corporate Risk Register	Assurance	Trish Mills	Paper	15 mins
10.	Monthly Integrated Quality and Performance Report	Assurance	Rachel Marsh	Paper	15 mins
COMFORT BREAK 10 Mins					
11.	Financial Performance Month 3	Assurance	Chris Turley	Paper	15 mins
12.	IMTP Update	Assurance	Rachel Marsh	Paper	10 mins
13.	Engagement Framework	Approval	Estelle Hitchon	Paper	20 Mins
14.	Board Committee Reports				
	14.1. Audit Committee	Assurance	Martin Turner	Paper	10 mins
	14.2. Finance and Performance Committee	Assurance	Kevin Davies	Paper	10 mins
	14.3. Academic Partnership Committee	Assurance	Kevin Davies	Paper	5 mins
	14.4. Charitable Funds Committee	Assurance	Ceri Jackson	Paper	5 mins
	14.5. Remuneration Committee	Assurance	Martin Woodford	Paper	5 mins
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.					
15.	Governance Report	Information	Trish Mills	Paper	5 mins
16.	Minutes of Board Committees	Information	Martin Woodford	Paper	5 mins
	16.1 Charitable Funds Committee				



No.	Agenda Item	Purpose	Lead	Format	Time
	16.2 Academic Partnership Committee 16.3 Finance and Performance Committee 16.4 Audit Committee				
17.	Reports from EASC and NWSSP and WHSSC	Information	Martin Woodford	Paper	
CLOSING ITEMS					
18.	Any other business	Discussion	Martin Woodford	Verbal	5 mins
19.	Date and time of next meeting – 29 September at 09:30	Information	Martin Woodford	Verbal	
20.	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	
21.	Acronyms	Information			



Lead Presenters

Name of Lead	Position of Lead
Mr Lee Brooks	Director of Operations
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
Ms Catherine Goodwin	Interim Director of Workforce and Organisational Development
Mr Andy Haywood	Director of Digital
Ms Wendy Herbert	Interim Executive Director of Quality and Nursing
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
Mrs Hannah Rowan	Non-Executive Director
Mr Andy Swinburn	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

**UNCONFIRMED MINUTES OF THE OPEN MEETING OF THE WELSH AMBULANCE SERVICES NHS TRUST BOARD, HELD on THURSDAY 26 MAY 2022
MEETING HELD IN BEACON HOUSE, WILLIAM BROWN CLOSE, CWMBRAN, NP44 3AB AND BROADCASTED VIA ZOOM**

PRESENT:

Martin Woodford	Chair of the Board
Jason Killens	Chief Executive
Lee Brooks	Director of Operations
Craig Brown	Trade Union Partner
Bethan Evans	Non Executive Director
Dr Catherine Goodwin	Interim Director of Workforce & Organisational Development
Andy Haywood	Director of Digital Services
Wendy Herbert	Interim Executive Director of Quality and Nursing
Estelle Hitchon	Director of Partnerships and Engagement
Paul Hollard	Non Executive Director
Dr Brendan Lloyd	Executive Medical Director
Rachel Marsh	Director of Strategy, Planning and Performance
Trish Mills	Board Secretary
Hannah Rowan	Non Executive Director
Andy Swinburn	Director of Paramedicine
Chris Turley	Executive Director of Finance and Corporate Resources
Damon Turner	Trade Union Partner

Members of staff in attendance and viewers on Facebook: 12

Apologies

Professor Kevin Davies	Non Executive Director and Vice Chair
Ceri Jackson	Non Executive Director
Joga Singh	Non Executive Director
Martin Turner	Non Executive Director

44/22 WELCOME AND APOLOGIES FOR ABSENCE

Welcome and apologies

The Chair welcomed all to the meeting and explained the preliminaries and administrative set up of the meeting and advised attendees that the meeting was being recorded. It was being held in person at Beacon House in Cwmbran with a live stream via zoom, it was also available to view through Facebook. He reminded those in

attendance that it was a meeting being held in public and not a public meeting. Unfortunately at this meeting there was no British Sign Language service available. He welcomed Hannah Rowan, Non Executive Director to her first Board meeting and Dr Catherine Goodwin to her first meeting as the Interim Director of Workforce and Organisational Development.

Apologies had been received from Professor Kevin Davies, Ceri Jackson, Joga Singh and Martin Turner.

Declarations of interest – None recorded

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

45/22 PROCEDURAL MATTERS

Minutes: The Minutes of the last Board meeting on 24 March 2022 were presented and approved as a correct record

Action Log: The Board received the action log and noted the updated position.

RESOLVED: That

- (1) the Minutes of the meeting on 24 March 2022 were confirmed and approved as a correct record; and**
- (2) the action log was noted.**

46/22 CHAIR'S REPORT AND UPDATE

The Chair reported on the following meetings/events he had recently attended for the Board's attention:

1. The Long Service awards ceremony for staff and volunteers held in North Wales on 17 May was a particularly poignant occasion which acknowledged their sterling work, valued commitment and contribution over the years.
2. The unveiling of a new ambulance at Aberystwyth station which was purchased using charitable funds left by the late Morgan Jones who had emigrated to Canada many years ago.
3. Attended with Jason Killens, the Board of Community Health Councils meeting. There was concern raised at the meeting regarding the current system pressures.

RESOLVED: That the update was noted.

47/22 CHIEF EXECUTIVE UPDATE

In presenting his report, Jason Killens drew the Board's attention to the following key highlights:

1. The Emergency Medical Services (EMS) Roster Review project was to: deliver EMS Response rosters for Cymru High Acuity Response Unit (CHARU) replacing

Rapid Response Vehicles (RRV); Emergency Ambulance (EA) and Urgent Care Service (UCS) aligned to patient demand; improve staff well-being and achieve an efficiency gain (not saving) of 72 Full Time Equivalents, by December 2024. A separate independent simulation on the modelling had recently concluded that this was still the right approach to take; albeit taking into account the changes and disruption since 2018 when the original roster review was implemented. It was noted there had been no material change to Red performance as a result of the roster change as was currently configured; however there has been a noticeable reduction in the tail on Amber performance.

2. The Emergency Communications Nurse System (ECNS), the new triage system in Integrated Care, Clinical Support Desk has now gone live. ECNS provides for a more streamlined triage of the 999 caller once they reach the Clinical Support Desk and more efficient processes for quality assurance and governance. The Trust will continue to work with the supplier of the system to ensure maximum benefit is gained.
3. The Board were updated on the following Capital and Estates projects in particular:
 - a. Cardiff Ambulance Station opened at the end of March 2022 which has been transformational for staff previously stationed in Blackweir.
 - b. Beacon House, where this meeting is being held, opened at the end of April 2022 and the Grange University Hospital Discharge and Transfer staff have relocated. Corporate staff were working from Beacon House on an agile basis
4. Sadly, the Trust continued to see, despite the Trust's #WithUsNotAgainstUs campaign and several other initiatives, a rise in violence and aggression against front line and contact centre staff. The Trust was also working with BBC Wales on a package to mark one year since the launch of the Trust's flagship anti-violence campaign.
5. The Trust celebrated the rollout of NHS 111 Wales pan-Wales, holding a '111 week' in April, in a concerted effort to raise the profile of the service and educate the public on what it had to offer. An initial evaluation indicates that activity of the health board partners we had enlisted to amplify the message, had been widespread.
6. The Trust marked International Nurses Day on 12 May 2022 and celebrated this event in recognition of all its wonderful nurses. Nurses and midwives told their personal stories so that the general public could gain a greater understanding of the vast diversity of roles and expertise and how these professionals had an impact on our patients and wider society.

The Board welcomed the comprehensive report and raised the following comments:

1. The Hazardous Area Response Team (HART) was shortly reaching its 10 years in operation, how was the Trust intending to mark this milestone? Estelle Hitchon agreed to update the Board at its next meeting on the details.

2. Members recognised the extreme pressure the Trust was facing and welcomed and thanked those involved with the ongoing work with Welsh language, the palliative care paramedic scheme and the expansion of the Falls and Frailty response provision.
3. In respect of specialist palliative care, what were the Trust's plans to extend this? Dr Brendan Lloyd gave an overview of the work being undertaken in collaboration with health boards with particular support from the Cardiff area in partnership with palliative care networks. Rachel Marsh added that every health board was in the process of developing a local plan.
4. Violence and aggression was challenging for all staff and thanks were recorded for the Executive Management Team (EMT) in their work to combat and manage this effectively.

RESOLVED: That the update was noted, received and commented upon.

48/22 QUESTIONS FROM MEMBERS OF THE PUBLIC

One question had been received which would be addressed by Estelle Hitchon offline after the meeting.

49/22 STAFF EXPERIENCE

Due to technical issues with the sound, the staff story was deferred to the next meeting.

RESOLVED: That the staff experience was deferred to the next meeting.

50/22 MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT INTEGRATED MEDIUM TERM PLAN (IMTP) 2022-25

In terms of background information Rachel Marsh reminded the Board that the Integrated Quality & Performance Report contains information on 28 key indicators at a highly summarised level which aims to demonstrate how the Trust was performing across four integrated areas of focus; Our patients, our people, finance and value and partnerships and system contribution. The metrics are updated on an annual basis to ensure they continue to represent the most efficient way of tracking progress against the Trust's IMTP and strategies.

Rachel Marsh drew the Board's attention to the following points:

1. Call answering (safety): The speed at which the Trust was able to answer a 999 or 111 call was a key patient safety measure. 999 answering times have been challenged through significant increases in demand. The median and 65th percentile performance remain good, but the call answering tail remains at just over one minute. 111 call answering performance saw a slight decline in April 2022 with an increased demand over the Easter period. The Trust was in the process, for 999 calls, to recruit more staff with ongoing discussions with the Commissioner to secure suitable funding.
2. Red and Amber response times had declined into April 2022 despite a decrease in patient demand. In particular, the Amber 1 tail (95th centile) was

the longest it has ever been, at 7 hours 18 minutes. These long response times have a direct impact on outcomes for many patients. Actions within the Trust's control to mitigate this included recruitment to improve the capacity to respond; improve efficiency through the roster review and managing attendance to reduce staff sickness levels; and demand management, through the recruitment of an additional 41 clinicians in the Clinical Support Desk which has increased the consult and close rates, thereby reducing the demand on ambulance response.

3. Ambulance Care (formally NEPTS) (Patient Experience): performance was above target for enhanced renal patient arrivals prior to appointment in April 2022 and has improved for patients requiring discharge; however, overall demand for the service continued to increase, although it has not yet recovered to pre CoVID-19 levels. Other areas of focus include call answering performance, which was currently being addressed through a range of actions.
4. Staff abstraction levels had decreased in April 2022, which was positive, however, they remained very high at 41% (benchmark 30%). COVID-19 has had a significant impact on abstractions with sickness abstractions being 13% in April 2022 (benchmark 5.99%). Workforce fatigue was also an issue.
5. Post-production lost hours (PPLH): The reasons for PPLHs were many and varied, with around 5,500 hours attributed to return to base for meal break in April. The EMS Demand & Capacity Review identified that the Trust benchmarked favourably on all elements of PPLH other than return to base meal breaks. The Trust and Trade Union (TU) partners continued to work together on options for change. Modelling indicates that the efficiency gain in PPLH was very small in comparison to the impact of handover lost hours.
6. The Trust conveyed 34% of patients to emergency departments in April 2022, analysis has shown that conveyance rates may be linked to pressures within the system.

Comments:

1. Martin Woodford reported that the Board would be having a fuller discussion on service pressures in its private session following this meeting.
2. Jason Killens commented that the current situation of far too many patients waiting outside hospitals far too long was unacceptable and formally apologised for this. He added that the Trust was working hard to relieve those system pressures which were under its own control and outlined the initiatives and schemes it was continuing to undertake to achieve this, including recruitment to improve the capacity to respond; improve efficiency through the roster review and managing attendance to reduce staff sickness levels.
3. Dr Brendan Lloyd updated the Board on further developments and work to improve patient flow at hospitals which included work on new technology to improve the stroke pathway.

4. Lee Brooks referred to 999 call handling performance which was directly attributed to a decline in staff attendance. In terms of Amber responses he added that there was a noticeable improvement in May.
5. On Consult and Close, Lee Brooks advised that whilst the Trust's revised ambition was 15%, during April 2022 11.8% was achieved. In order to achieve its ambition in this area, the Trust has increased the establishment in the Clinical Support Desk by 41 Full Time Equivalents (FTEs), almost doubling the existing establishment, with 36 Paramedic FTEs and 5 mental health professionals FTEs into the Clinical Support Desk (CSD). The Trust was also implementing new clinical triage software (now live) and working with health boards on how they can support remote demand management.
6. In terms of Ambulance Care (formally NEPTS) (Patient Experience), Lee Brooks informed the Board that financial balance had been attained.
7. With regards to lost hours Lee Brooks advised that, whilst there have been some improvements it was still around 5k hours per week.

RESOLVED: The Trust Board;

Considered the April 2022 Integrated Quality and Performance Report and actions being taken and determined that:

- (1) **the report provided sufficient assurance and noted the further remedial actions undertaken through Executives.**

51/22

QUALITY, PATIENT SAFETY AND EXPERIENCE COMMITTEE HIGHLIGHT REPORT

Bethan Evans updated the Board on the following areas and the concerns raised in the alert section of the highlight report.

1. The Committee noted the significant impact on staff and patients as a result of system pressures, and particularly as a consequence of delays in handover at Emergency Departments. The Chair expressed grave concerns over this and highlighted its focus during the meeting.
2. The NHS Wales Delivery Unit attended the May Committee meeting to present their Analysis of Appendix B reports which covered the period June to November 2021. The report outlined areas of concern in terms of the deficiency in Appendix B reports being reviewed by Health Boards.
3. The Committee also noted and discussed the issues concerning immediate red releases.
4. The Committee received and were updated on a report on the two Coroner Regulation 28 – Prevention of Future Deaths.
5. The Patient Safety Highlight Report was presented at Committee and this demonstrated the level and depth of increasing risk and harm to individuals, as a result of the system wide pressures, which was extremely concerning.

6. The patient story concerned Mr Hughes who had raised funds to purchase a Mangar Elk lifting chair for the Community following the issues he had encountered with his mother who had fallen and the six hour wait for an ambulance to arrive.
7. In terms of the Quality strategy; the Committee noted the progress made and discussed the importance of everyone owning quality.
8. Committee Priorities; The Committee discussed whether the wording was appropriately written with sufficient clarity for the public and colleagues to understand, and it was agreed that this would be amended to reflect the Duty of Candour and Duty of Quality.
9. The Patient Experience and Community Involvement report described positive examples of engagement and palliative care.
10. An overview of Red performance was given and this had shown no indication demand would be lessening.
11. Despite the ongoing pressures, constraints and challenges, the Committee recognised the hard work of all staff across the Trust.
12. The Committee reviewed the risks related to its remit.

RESOLVED: The Board received the report.

52/22 FINANCE AND PERFORMANCE COMMITTEE HIGHLIGHT REPORT

Chris Turley and Paul Hollard raised the following points which had been discussed and reported at the last meeting for the Board's attention:

1. There was a deep dive on PPLH to ensure the efficiencies to be gained by some of the initiatives to reduce lost hours are balanced and proportionate. This was drawn out in the alert section of the highlight report for the Board. The Committee noted that PPLH in April was 7-10% of produced hours, appreciating that not all of this is avoidable as many of these hours are operationally legitimate and necessary, as compared to 30% of conveying resources lost to handover delays.
2. The outcome of a recent Project Assessment Review (PAR) in relation to Mobile Data Vehicle Solution was presented. The PAR provided a delivery confidence assessment of Amber (defined as 'successful delivery appears feasible but significant issues already exist requiring management attention. These appear resolvable at this stage and, if addressed promptly, should not present a cost/schedule overrun') The Committee reviewed the action plan against six key recommendations from the review and were assured on progress.
3. Progress on some areas of delivery with the Decarbonisation Action Plan was reviewed. The Trust was the only Ambulance Service in the UK to have ISO14001 (Environmental Management Systems) accreditation and the annual audit will take place in August, with some minor non-conformities from last year to

be progressed prior to that audit taking place. A presentation on the Dobshill Carbon Neutral station was received.

4. An update on delivery of year-end IMTP was given and the Committee reviewed the risks related to its remit.
5. The concerns raised regarding the impact on staff and patients as a result of system pressures raised in the Quality, Patient Experience and Safety Committee and the People and Culture Committee was echoed by this Committee.

RESOLVED: The Board received the report.

53/22 PEOPLE AND CULTURE COMMITTEE HIGHLIGHT REPORT

Paul Hollard drew attention to the following which was discussed at the last meeting and the concerns raised in the alert section of the highlight report:

1. There was a significant impact on staff as a result of system pressures, particularly as a consequence of the delays in handover at emergency departments. The Chair expressed grave concerns over this.
2. The PADR target was missed; work was continuing to improve this.
3. Sickness and absence levels were discussed and the efforts to improve them under the improving attendance programme. This is a key piece of work for the Committee to continue to closely monitor.
4. The staff story presented by Lisa O'Sullivan, Senior Paramedic, covered several areas of work of the CHARU including the increase in return of spontaneous circulation rates in Cardiff and the Vale.
5. Oversight of Health and Safety had been transferred from the Quality, Patient Experience and Safety Committee effective 1 April 2022 and the Committee received a report on this area and assurances it will receive.
6. The Corporate risk relating to maintaining effective and robust Trade Union (TU) Partnerships were discussed, and the TU annual report was received and was attached for the Board's review.
7. The disciplinary process was discussed and the Committee were updated on the progress to reduce the existing disciplinary cases.
8. The Audit Tracker was reviewed.
9. There had been a significant increase in translation costs and the intention was to centralise Welsh language translation services in house during 2022.
10. Details of the discussion held in the private session on suspension over four months was provided.
11. The Committee reviewed the risks related to its remit.

Comments:

Revised 22/07/2022

1. Jason Killens commented it was pleasing to see the Committee hearing from senior colleagues through the staff story. He added that the Trust was committed to improve and progress the Senior Paramedic role
2. Craig Brown commented on the increase in score regarding the risk with TU partnership relations adding it was a reflection of the current system pressures. He thanked the Board and Committees for their acknowledgment of the challenges and pressures on staff.

RESOLVED: The Board received the report

54/22 ACADEMIC PARTNERSHIP COMMITTEE HIGHLIGHT REPORT

In the absence of Kevin Davies, Chair of this Committee, Paul Hollard updated the Board on the following:

1. We continue to await confirmation from Welsh Government regarding our University Trust Application, however priorities set as part of that process are progressing.
2. The Committee discussed how to increase the apprenticeship role.

Comments:

Estelle Hitchon commented that the priorities going forward had been identified and it was hoped the next meeting would be face to face.

RESOLVED: That the report was received.

55/22 CHARITABLE FUNDS COMMITTEE HIGHLIGHT REPORT

In the absence of Ceri Jackson, Chair of this Committee, Bethan Evans provided the update for the Board and included the following highlight:

1. The engagement of a charity consultant to provide recommendations for the charity's strategic direction will be re-tendered due to a conflict of interest which has arisen. It was agreed to re-issue the tender, noting that this will delay the start of the review.

Chris Turley further updated on the following points:

2. The Bursary Panel terms of reference were approved by the Committee as were six historical applications (from March 2020) against the bursary fund from staff. These included both clinical and non-clinical development opportunities for staff and ranged from the full amount requested to part funding. The total of the bids approved was £5,814.
3. The recognition of the donated asset of an ambulance as previously mentioned had been a first for the Trust, thanks went out to the family of the late Morgan Jones and also to the finance and fleet teams who had made this possible.

Comments

The Board commented it was looking forward to seeing what emerged from the strategy work for the charity.

RESOLVED: The Board received the report.

56/22 REMUNERATION COMMITTEE HIGHLIGHT REPORT

Martin Woodford advised the Board that the newly appointed Executive Director of Nursing Liam Williams would be in post on 1 August 2022.

RESOLVED: The update was received

57/22 RISK MANAGEMENT AND CORPORATE RISK REGISTER

Trish Mills presented the report noting it provides an update in relation to the Trust's Corporate Risks with a particular focus on the work that has taken place to rearticulate and strengthen these.

1. There were currently 16 Corporate Risks on the register.
2. The Board noted that 3 Corporate Risks have increased in score due to the rearticulating of the risks and subsequent review of the controls, assurances, gaps and mitigating actions. Risk 160, increased in score from 15 to 20 (High absence rates impacting on patient safety, staff wellbeing and the Trust's ability to provide a safe and effective service), Risk 201, increased in score from 15 to 20 (Damage to Trust reputation following a loss of stakeholder confidence) and Risk 245, increased in score from 15 to 16 (Failure to have sufficient capacity at an alternative site for EMS Clinical Contact Centres (CCCs) which could cause a breach of Statutory Business Continuity regulations).
3. Work continued on the transitional Board Assurance Framework (BAF) which would focus on key risks that could compromise the achievement of the Trust's strategic objectives.
4. The Trust has recently undergone an Internal Audit review on Risk Management & Assurance which received a Reasonable Assurance rating. This will be presented to the Audit Committee meeting in June 2022.

Comments:

Following a comment regarding risk 245 (Failure to have sufficient capacity at an alternative site for EMS Clinical Contact Centres (CCCs) which could cause a breach of Statutory Business Continuity regulations), Lee Brooks advised that there have been challenges, especially in the smaller centres. The Trust was in the process of establishing a task and finish group to develop and implement a more sustainable solution going forward.

RESOLVED: The Board considered the report and noted the following:

- a) The Trust's rearticulated Corporate Risks including titles, summary**

descriptions and scores.

- b) The increase in score of Risk 160 from 16 to 20.
- c) The increase in score of Risk 201 from 15 to 20.
- d) The increase in score of Risk 245 from 15 to 16.

58/22 FINANCIAL PERFORMANCE YEAR END 2021/22

Chris Turley presented the above report for the Board's attention.

1. The revenue financial position reported a small underspend against budget of £0.075m (subject to audit).
2. In line with the financial plans that supported the submitted Annual Plan within the IMTP for this financial year, gross savings of £2.861m have been achieved against a target of £2.800m, thus a small over achievement of plan.
3. Public Sector Payment Policy was delivered with performance, against a target of 95%, of 97.2% for the number, and 98.4% of the value of non-NHS invoices paid within 30 days.
4. Finalisation of the Accounts and audit work continued in respect of the 2021/22 Trust Annual Accounts. The draft accounts were submitted to Welsh Government and Audit Wales, on 29th April 2022, with the audited accounts to be presented to Audit Committee on 7th June 2022 ahead of seeking final approval of these at Trust Board on 13th June 2022.

RESOLVED: The Board. Noted and gained assurance in relation to the Month 12 (and therefore draft 2021/22 year end) revenue and capital financial position and performance of the Trust as at 31st March 2022.

59/22 FINANCIAL PERFORMANCE MONTH 1

This paper presents to the Board the first Financial Performance Report of the 2022/23 financial year, the reported position as at Month 1 (April 2022). A summary presentation of this position was also provided to the Finance & Performance Committee on 16th May 2022.

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

1. The Trust reported a small revenue surplus (£4k) for Month 1 2022/23. This was after funding has been assumed for all of the exceptional cost impacts that Welsh Government (WG) have indicated would be funded centrally as we go through the 2022/23 financial year.
2. In line with the balanced financial plan approved as part of the 2022-25 IMTP, the Trust was forecasting to breakeven for the 2022/23 financial year.
3. Capital expenditure was forecast to be fully spent in line with updated plans.
4. In line with the financial plans that supported the IMTP, gross savings of £0.342m have been achieved against a target of £0.371m.

5. Public Sector Payment Policy was on track with performance, against a target of 95%, of 96.9% for the number, and 97.2% of the value of non NHS invoices paid within 30 days.
6. Due to the COVID-19 pandemic, and that which has been indicated by WG which will continue to be supported by additional funding in 2022/23, the Trust has recorded additional unavoidable spend up to the Month 1 position totalling £0.037m relating to non-pay costs.
7. In addition to the COVID - 19 costs, there were other exceptional cost pressures which included the increase in energy and national insurance costs.
8. The Board recognised there were some variances between Directorates when compared to the budgets set at the outset of the financial year. Some of this was driven by staffing vacancies. These were fairly minor in nature, given it was early in the financial year, but would continue to be closely monitored.
9. Inevitably, as this was early on in the year, the risks reported were still being fully assessed, however at present it was considered that there were no further high likelihood risks that the Trust was aware of and these would continue to be reviewed. The Trust Board and the Finance & Performance Committee would remain fully apprised of such risks and any mitigating actions.

RESOLVED: The Board

- (1) Noted and gained assurance in relation to the Month 1 revenue and capital financial position and performance of the Trust as at 30th April 2022 and;**
- (2) Noted the Month 1 Welsh Government monitoring return submission**

60/22 INTEGRATED MEDIUM TERM PLAN (IMTP) 2022-25: OUTTURN FOR 2021/22

Rachel Marsh provide an outline of the report which set out the end of quarter 4 2021/22 outturn position on the delivery of the IMTP.

The report gave assurance on the information about transformation and covered the following aspects in respect of the IMTP delivery cycle; Programme Governance, IMTP Delivery, achievements, Escalation of any barriers and challenges to the Strategic Transformation Board and any remedial actions against any deviation from the IMTP delivery timescales.

In terms of the remaining actions that remained Red, these were outlined below

1. Implementation of the new 111 system: SALUS delivery had slipped until at least May 23. New date to be agreed.
2. Under Empower the digital patient- Deliver new interactive services to the 111 website via SALUS – this was linked to the SALUS implementation delay.
3. Develop a Quality Strategy Implementation Plan to support the Trust to self-assess progress with Quality Governance – Implementation Action Plan drafted, a small Quality, Safety & Patient Experience Working Group has been initiated in November

2021 to accelerate progress, ahead of wider organisational consultation on actions proposed.

4. CHARU (Cymru High Acuity Response Unit): No funding for 90 FTEs required for CHARUs. Options have subsequently been discussed at EMT and Strategic Transformation Board. The preferred option was to maintain the CHARU Keys and partially fill (targeting a lower UHP to reflect the partial fill)
5. Roll out of Contact First: 111 First service commenced in C&VUHB on the 16th March 2022 aligned to the roll out of the core 111 service. However, further funding to roll out 111 First was not forthcoming and plans were being developed to mitigate the impact of this within the core 111 service.
6. 111 as access point for mental health crisis: The Trust continued to work with Health Boards on delivery of '111 press 2 for mental health support', 111 Press 2 scheduled for roll out across Wales by the end of March, this deadline will not be met by the 111 Programme Team Requirements and include: MOU, agreed governance processes and further discussion on implementation and roll out. This has been rolled over into this year's IMTP

RESOLVED: The Board noted the IMTP Delivery Assurance Report and the headlines highlighted in the executive summary.

61/22 ANNUAL BOARD AND COMMITTEE EFFECTIVENESS 2021/22

1. Trish Mills reported that the Board was required to undertake an annual self-assessment of its effectiveness. The purpose of this report was to bring together the sources of assurance that support this assessment process for 2021/22
2. The Board Committees underwent a programme of effectiveness reviews in Quarters 3 and 4. Their annual reports set out an evaluation of their effectiveness following completion of self-assessment questionnaires and meetings with the Chair and Executive leads and the full Committee, culminating in amendments being made to their Terms of Reference and their operating arrangements.
3. All the Committee effectiveness reviews, annual reports and changes to Terms of Reference and operating arrangements had been reviewed by the Executive Management Team and each Committee during Quarter 4 2021/22.

RESOLVED: The Board

(a) reviewed the external and internal sources of assurance to assure itself as to its effectiveness for 2021/22; and

(b) Reviewed and approved the annual reports and amendments to Terms of Reference and operating arrangements for:

- **Academic Partnership Committee**
- **Audit Committee**

- **Charitable Funds Committee**
- **Finance and Performance Committee**
- **People and Culture Committee**
- **Quality, Patient Experience and Safety Committee**
- **Remuneration Committee**

62/22 GOVERNANCE REPORT

Trish Mills updated the Board on the Chairs actions and the use of the Trust Seal as follows:

1. On 29 March 2022 Chair's Action was taken to approve the 2022-23 Initial Budget. The full minute of the virtual meeting to take this action was provided as was the paper upon which the decision was made.
2. On 27 April 2022 Chair's action was made to negotiate settlement of the Claimant's legal costs in a clinical negligence claim to a maximum authority of £133,300.60; and to pay a further £35,000 on account of costs which would form part of the maximum authority sought of £133,300.60.
3. On 9 May 2022 Chair's action was made to extend cohorting through ID Medical supporting the Grange and Morriston Hospitals from May to July 2022

The Trust Seal was used on 30 March 2022 for the following

1. Reference number: 0233 - Vantage Point House Storage lease.
2. Reference number: 0234 - Beacon House lease

RESOLVED: The Board ratified the Chair's actions and noted the use of the Trust seal as described.

63/22 CONSENT ITEMS

The following items were included in the consent item section of the agenda, and were noted for information.

Minutes of Board Committees:

1. Charitable Funds Committee dated 10 February 2022
2. Quality, Patient Safety and Experience dated 17 February 2022
3. People and Culture Committee dated 22 February 2022
4. Academic Partnership Committee dated 8 March 2022
5. Finance and Performance Committee dated 17 March 2022; and
6. The Emergency Ambulance Services Committee Minutes dated 15 March 2022
7. The Welsh Health Specialised Services Committee Joint Committee Joint Committee Meeting Briefing dated 15 March and 10 May 2022
8. The NHS Wales Shared Services Partnership Committee Assurance report dated 24 March 2022

RESOLVED: That the reports were noted and received.

64/22 CLOSING ITEMS

EXCLUSION OF THE PRESS AND MEMBERS OF THE PUBLIC – 26 MAY 2022

Members of the Press and Public were invited 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). It was also noted that the Board would resolve to meet in private on 24 March 2022.

RESOLVED: The Board would meet in private on 26 May 2022.

Date of next Open meeting: 13 June 2022

DRAFT

**UNCONFIRMED MINUTES OF THE OPEN MEETING OF THE WELSH AMBULANCE
SERVICES NHS TRUST BOARD, HELD on MONDAY 13 JUNE 2022
MEETING HELD VIA TEAMS**

PRESENT:

Martin Woodford	Chair of the Board
Jason Killens	Chief Executive
Lee Brooks	Director of Operations
Professor Kevin Davies	Non Executive Director and Vice Chair
Bethan Evans	Non Executive Director
Jillian Gill	Financial Accountant
Dr Catherine Goodwin	Interim Director of Workforce & Organisational Development
Andy Haywood	Director of Digital Services
Wendy Herbert	Interim Executive Director of Quality and Nursing
Estelle Hitchon	Director of Partnerships and Engagement
Paul Hollard	Non Executive Director
Ceri Jackson	Non Executive Director
Dr Brendan Lloyd	Executive Medical Director
Osian Lloyd	Internal Audit, NHS Wales Shared Services Partnership
Rachel Marsh	Director of Strategy, Planning and Performance
Trish Mills	Board Secretary
Jeff Prescott	Corporate Governance Officer
Liz Rogers	Deputy Director of Workforce and OD
Hannah Rowan	Non Executive Director
Joga Singh	Non Executive Director
Andy Swinburn	Director of Paramedicine
Chris Turley	Executive Director of Finance and Corporate Resources
Damon Turner	Trade Union Partner
Martin Turner	Non Executive Director
Mike Whitely	Audit Wales

Apologies

Craig Brown	Trade Union Partner
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65/22 WELCOME AND APOLOGIES FOR ABSENCE

Welcome and apologies

The Chair welcomed all to the meeting noting apologies had been received from Craig Brown.

Declarations of interest

The declarations of interest in respect of Professor Kevin Davies, Independent Trustee of St John Cymru and Ceri Jackson, a Trustee of the Stroke Association were recorded.

RESOLVED: The apologies and declarations of interest as described above were formally recorded.

66/22 ANNUAL ACCOUNTS AND ANNUAL REPORT 2021-22

The Annual Accounts for 2021/22 were considered and reviewed by the Board; noting they had previously been presented and recommended for Board approval at the last Audit Committee meeting on 7 June 2022. Chris Turley gave a PowerPoint presentation and drew attention to the following areas:

1. The draft accounts had been submitted to Audit Wales and Welsh Government (WG) on 29 April 2022 in line with the agreed timetable. All of the Trust's statutory financial duties had been met. The Trust had a retained surplus of £0.260m which when adjusted to take into account a donated asset of £0.185m was £0.075m, for performance reporting purposes.
2. Following presentation of the Annual Accounts to Audit Committee, continuing audit work had resulted in a small number of further adjustments being required. These adjustments did not result in a change to the retained surplus position and did not affect the value of the net assets of the Trust. An opportunity was taken, with Audit Wales colleagues' support, to make some changes to Note 13 'Property, Plant and Equipment' and Note 17 'Intangible assets'.
3. Income for the year for Patient care activities was £262m, an increase of £29m from the previous year, with the vast majority coming from the Emergency Ambulance Services Committee (EASC) - £186m. Income from local Health Boards was £41m which was predominantly for Ambulance Care and 111. Other operating income was £15m which was an increase of £6m. The total increase in overall income from the previous year was £35m.
4. In terms of expenditure this consisted of pay costs £192m, and non pay and other costs of £84m.
5. Other key areas of note: As in previous years, there was an additional 6.3% employers pension cost which equated to £7.8m. There was also the impact of COVID-19, the funding and further comprehensive details of costs were contained within the accounts. There had been an impact of late indexation advice to Welsh Government from the District Valuer in respect of property which resulted in an 'unadjusted misstatement' and this was across all Welsh Health bodies. Furthermore, there was a small impact in relation to the Airwave contract extension end date which resulted in another 'unadjusted misstatement' of less than £0.2m, well below the Trust's materiality threshold and one which would not impact on 2021/22 values in any case..
6. In terms of the balance sheet, the Trust's fixed assets had a net book value of £96m, debtors had increased by £1m from the previous year, cash in bank was consistent with last year, creditors had increased by £7m and borrowings had decreased by £1m.

7. It was confirmed that Audit Wales had provided an unqualified audit opinion on this year's accounts and that they provided a true and fair view of the state of affairs of the Trust as at 31 March 2022 and of its surplus for the year then ended.

Comments

1. Martin Turner, Chair of the Audit Committee added that any issues which had arisen from the Audit Committee meeting had been resolved prior to the meeting today; this was a credit to the finance team. He added that the Audit Committee were content to recommend approval of the accounts to the Board.
2. Members queried whether there was a risk in the Non Emergency Patient Transfer Services commissioning process going via EASC, given the difficulties in the eligibility matrix for service users. It was noted that EASC had been the commissioner for NEPTS for a number of years now, it is the financial flows going forward that will also now align via EASC / WHSSC in the way that it does for EMS, and specifically from a financial perspective, Chris Turley saw this as a positive step as the finances would flow through one route as opposed to several Health Boards.

Annual Report

Trish Mills provided the Board with an outline of the Annual Report which comprised of the following elements:

1. Performance report; this sets out how the Trust had performed during the year and illustrates details of the response to pandemic and system pressures.
2. Accountability report; this provided details in terms of resources and risks were managed and controlled and how the Trust complies with governance arrangements. It also includes information on Remuneration and Staff (it was noted there had previously been an error in this report when presented to Audit Committee relating to the average number of days lost to sickness which has since been corrected), a statement of the Accountable Officer's responsibilities and a statement reflecting Directors' responsibilities in respect of the Accounts.
3. Financial Statements; these detail spending and how the Trust had met its obligations in this regard.
4. Annual Report Highlights; this report refines the information contained in the Annual Report and Accounts.
5. The Board were apprised of the process in terms of how the Annual Report was subjected to the appropriate governance.
6. In respect of the next steps, Chris Turley advised the Board that following review today, and the appending of the relevant signatures, the reports will be submitted to Audit Wales later today for onward transmission to WG by 15 June, culminating in the presentation at the Annual General Meeting on 14 July 2022.

Comments:

7. Martin Turner confirmed that the Annual Report was recommended for approval by the Audit Committee.
8. Estelle Hitchon explained that the highlight report was currently being reviewed by Audit Wales adding it was aimed more for public consumption.
9. The Head of Internal Audit gave a reasonable assurance rating for 2021/22 and fully supported all the elements within the report and were satisfied that the appropriate governance procedures were carried out.
10. Mike Whitely explained how Audit Wales had reviewed and sense checked the report; adding that all comments were responded to with alacrity.
11. Members welcomed the highlight report and suggested that the infographic table contained on page 8 could be less busy.
12. In terms of safeguarding, for next year's report it may be useful to contextualise the information.
13. Volunteers contribution; it was important to illustrate this in more detail in the report.
14. In terms of accessibility issues regarding the report (people with sight loss). Trish Mills advised that a task and finish group was being set up to address this.
15. The Board acknowledged and recorded a note of thanks to all those involved in producing and contributing to the reports.

RESOLVED: The

(1) Trust's Annual Report and Annual Accounts for 2021/22 were adopted and approved by the Trust Board; and

(2) Letter of Representation was accepted and approved

67/22 EXCLUSION OF THE PRESS AND MEMBERS OF THE PUBLIC – 13 June 2022

Members of the Press and Public were invited 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). It was also noted that the Board would resolve to meet in private on 13 June 2022.

RESOLVED: The Board would meet in private on 13 June 2022.

Date of next Open meeting: 28 July 2022

Minute Ref	Date	Agenda Item	Action Note	Responsible	Due Date	Progress/Comment	Status
47.22	26 May 2022	Chief Executive Update	The Hazardous Area Response Team 10 year anniversary, the Board asked for details in terms of how this was being publicised. It was agreed details would be circulated to the Board by e mail.	Estelle Hitchon	28 July 2022	Verbal update on progress at 28 July meeting	Open
49.22	26 May 2022	Staff Story	To be deferred to next meeting	Dr Catherine Goodwin	28 July 2022	Video to be shown at 28 July meeting	Open



Ymddiriedolaeth GIG
Gwasanaethau Ambiwlaens Cymru
Welsh Ambulance Services
NHS Trust

AGENDA ITEM No	5
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	1

CHAIR'S REPORT

MEETING	Trust Board
DATE	28 July 2022
EXECUTIVE	Martin Woodford, Chair
AUTHOR	Trish Mills, Board Secretary
CONTACT	Trish.mills@wales.nhs.uk

EXECUTIVE SUMMARY

1. In addition to the verbal update from the Chair at the meeting, this report sets out:

- 1.1 Announcement of new Trust Board Chair
- 1.2 Trade Union Board Representatives from 30 June 2022

Recommendation: The Trust Board is requested to note the updates.

KEY ISSUES/IMPLICATIONS

Not applicable

REPORT APPROVAL ROUTE

Not applicable

REPORT APPENDICES

- 1. Annex 1 – WAST Behaviours
- 2. Annex 2 – Membership matrix as at 1st April 2022

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

CHAIR'S REPORT – MARCH 2022

1. New Trust Board Chair

1.1 Colin Dennis, who is currently the Chair of North Devon Homes and Citizen Housing, has been appointed by the Minister for Health and Social Services following a competitive selection process.

1.2 Colin has had a distinguished career in the financial and aviation sectors and has a wealth of experience in non-executive roles in regulated sectors including the NHS, social housing and adult care and social services. He's indicated that his objectives in the Chair include:

- Strong well respected effective and efficient governance processes
- Strong purposeful presence within the wider NHS system
- Demonstrable improvements in service levels

1.3 Colin will start on 1 October and discussions have commenced with him on his induction and the ways in which we can affect a smooth handover.

2. Updated Trade Union Board and Committee Representation

2.1 Following trade union elections on 30th June there has been some changes to Trade Union Representatives at the Board and Committees.

2.2 Hugh Parry and Damon Turner are the Board representatives, with Ian James and Sharon Thorpe as their deputies. Ian will join the Quality, Patient Experience and Safety Committee also. New representatives joining committees includes Mark Marsden, Keith Rogers and Marcus Viggers.

2.3 On behalf of the Board, I extend a warm welcome to all Trade Union representatives and will ensure you have everything you need to contribute fully to discussions at those forums.

2.4 Finally, my personal thanks goes to Craig Brown for the support he has shown to his members and to the Board as Trade Union Representative at these meetings, as well as at the Quality, Patient Experience and Safety Committee and the Remuneration Committee.

Recommendation: The Trust Board is requested to note the updates.



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

AGENDA ITEM No	6
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	One

CHIEF EXECUTIVE REPORT: 28 JULY 2022

MEETING	Trust Board
DATE	28 July 2022
EXECUTIVE	Jason Killens, Chief Executive
AUTHOR	Jason Killens, Chief Executive
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 26th May 2022. It is intended that this report will provide a useful briefing on current issues and is structured by directorate function.

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 28th July 2022.

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 26th May 2022.

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, Commissioners, AACE, EASC and senior elected representatives.
- A successful recruitment process has been completed and an offer of employment has been made for the vacant role of Director of Workforce and Organisational Development. Pre-employment checks are underway and a public announcement about the successful candidate will be made shortly.
- I have welcomed the latest cohort of ACA2 trainees currently studying in the Training School
- Lee Brooks and I had the pleasure of representing the Trust at the National Service of Thanksgiving to celebrate Her Majesty's Platinum Jubilee at St Paul's Cathedral on 3rd June.
- I have met with a number of Senedd Members to discuss the background and benefits of the ongoing roster review.
- A number of positive meetings have been held with Trade Union representatives to discuss potential workforce opportunities.
- We held the long service award events in Cardiff, Llandrindod Wells and Aberystwyth to recognise those achieving long service milestones of 20 years or more. There is a long list of colleagues to be seen as a result of the pandemic so over the course of the next few months we will recognise and thank over four hundred staff for their service.
- I was pleased to formally open the new Aberaeron station on 7th July accompanied by our Chairman and other Directors
- A Joint Executive Team meeting was held with Welsh Government on 12th July.

FINANCE AND CORPORATE RESOURCES

Finance

4. The 2021/22 year-end audit was concluded prior to the final draft of the audited accounts being approved by the Trust Board on 13th June 2022. The audit resulted in the Auditor General for Wales issuing an unqualified opinion. The reported position

remained as a £75k surplus. A full audit of the Charitable Fund accounts will take place later this year.

5. A balanced financial plan for the 2022/23 financial year was included in the IMTP submitted to Welsh Government on 31st March 2022 and the Trust continues to monitor the associated risks included as the financial year progresses that includes communication with Welsh Government, Finance Delivery Unit and the Commissioner through various forums.

6. The senior structure of the finance team has been completed and this will enhance dedicated business partnering support across the Trust to all of its budget holders and employees.

7. Detailed work is being undertaken into the financial capital planning to ensure that the current cashflows align with available funding for the 2022/23 financial year along with plans being developed to ensure current unallocated budgets are utilised in the most effective way to provide best value for the service. Work is also progressing to evaluate the use of automation and the development of the Patient Level Information Costing system (PLICs).

8. The requirement to achieve more sustainable savings has resulted in the commencement of the Financial Sustainability Workstreams (FSWs) with initial meetings taking place to discuss the brief and consider future sustainable savings and efficiencies across multiple areas of the Trust. Whilst not directly linked to the Value Based Healthcare Group (VBHC) and the Improvement and Innovation Network (WiIN), the Financial Sustainability Workstreams will provide synergies, therefore, the evaluation of opportunities will be done from a number of different lenses.

Capital and Estates

9. The main Capital and Estates projects being progress are detailed below:

- Vantage Point House (VPH) reconfiguration work is progressing at pace, with the commencement of Phase 2 work on 16th May 2022. It is expected that this will be completed during August/September 2022. During the latter stages of Phase 2, planning will commence for Phases 3 and 4 which run into early 2023.
- The formal opening of the new Aberaeron Ambulance Station was held on 7th July 2022.
- Following the successful commissioning and opening of Beacon House in April 2022, project closure activities are coming to an end and a User Group has been established to manage BAU actions going forward.
- Cardiff Ambulance Station is fully operational, with final snagging work and project closure activities underway. Work is progressing well on the Training School in Block B, with anticipated project completion in August 2022.
- The EMS Interim Solutions Programme continues for the Betsi Cadwaladr and Aneurin Bevan areas. Work is ongoing to progress the project at Rhyl. The lease agreement for Phoenix Business Park, Newport has been completed and works will begin shortly. Locker reviews in North East Wales will inform capacity availability for future staffing requirements.
- The South East Fleet Workshop Project Board met in mid-June and initial works related to security have commenced. Work continues on the design phase and planning has begun for the implementation and phasing of works.

- Work to establish Project Boards in support of the suite of business cases within the 2022/25 IMTP objectives has commenced and a scoping meeting for the Swansea Ambulance Station has been arranged with Welsh Government.
- The development of the ground floor 111 facility has been completed and was formally opened on 27th July 2022.

Fleet

10. The delivery of the Vehicle Replacement Project for 2021/22 has been complicated by global supply issues, however, the majority of the 44 replacement Emergency Ambulances planned for delivery in 2021/22 are operational.

11. The 10 NEPTS Ford Transit Customs converted into single wheel chair accessible vehicles have been delivered to the commissioning centre in Caerphilly. The delivery of 17 Renault Masters has been delayed until next month. They will be converted into a mixture of double wheel chair accessible vehicles and stretcher bearing vehicles, with the latter vehicles equipped with bariatric capability equipment to provide greater flexibility when planning and allocating workloads.

12. The DAF Chassis for the HART all-terrain vehicle carrier has been delivered to the convertor. The £15.175m Vehicle Replacement Programme Business Justification Case (BJC) 2022/23, is being implemented with 23 Toyota plug-in petrol hybrid RRVs going into operational service pan Wales. Fifty Mercedes Sprinter Emergency Ambulance chassis are on order, with August/September build dates confirmed and conversions later in the year. A small batch of 5 Ambulance Care transfer vehicles based on a 3.5 tonne MAN chassis have been delivered to the preferred supplier for conversion.

WORKFORCE AND ORGANISATIONAL DEVELOPMENT DIRECTORATE

Recruitment

13. The development of a power automate pre-Trac process flow will be piloted by the Operations Directorate. This should help improve some the recruitment KPIs, align with the Trust's strategic objectives and begin to fulfil our ambition of automating some processes.

14. Considerable work is being done to support the recruitment of additional clinical staff funded by additional in year funding provided by Welsh Government. This involves the recruitment of circa 130 FTEs to be deployed no later than January 2023. The APP Value Based Healthcare Fund APP business case will also have workforce implications, should it be successful. As a result, work has begun to explore innovative recruitment ideas without comprising quality.

15. The last Big Bang event was successful with over 100 candidates. Sixty three successful candidates were made offers of employment and are currently undergoing the required driving assessment. The Trust will have a stand at the Royal Welsh Show to promote employment and volunteering opportunities.

Managing Attendance

16. The Trust recorded a sickness absence rate of 8.95% for May 2022, which represented a significant reduction from March and April (11.4% in April). Likewise,

there has also been a significant decrease in sickness absence for the Operations Directorate which reduced from 13.12% in March to 9.76% in May. The focus on managing attendance has resulted in a number of people being supported back to their substantive roles or helped to secure alternative roles within the Trust.

17. There is continued emphasis and investment in supporting managers and colleagues to improve attendance. Training is being provided on how to conduct sickness meetings, having difficult conversations and when to apply discretion etc.

18. There was an increased number of COVID sickness absence cases recorded in June, reflecting the increased spread of the virus in the community which will impact on short term absence and the overall figure for this month. Special arrangements for the management of COVID related absence have been extended beyond 30 June across NHS Wales which will place at risk delivery of our stated attendance improvement trajectory contained within our IMTP for 22/23. The Autumn Booster programme is currently being planned by the Health Boards who will continue to vaccinate WAST staff.

Allyship

19. A quantitative review of the Allyship Programme has been undertaken with some participants and teams as a way of ensuring its validity and making improvements, where necessary.

Equality and Diversity

20. A new Organisational Development Manager for Equality, Diversity and Inclusion (EDI) has been successfully recruited. The appointee is scheduled to start in early August 2022. The Head of Inclusion & Engagement has met with the Senior Lecturer for Paramedic Sciences Programme Leads from Glyndwr University and Swansea University before reviewing the draft course materials from an EDI perspective. In addition, a review of the current Strategic Equality Objectives has been undertaken.

Driver Training

21. The driving team is currently in the process of ensuring all volunteer responders (MEDSERVE) and EMRTS colleagues receive a recognised Emergency Response Driving qualification in readiness for the expected enactment of Section 19, Road Safety Act. This will ensure the Trust continues to offer this specialised medical response when required.

22. Four new substantive Learning & Development Managers (LDMs) have joined the Training team and will deliver many aspects of ambulance education; including, driver education, clinical skills as well as supporting NQPs. Several LDMs have completed the PROMPT training with the Hywel Dda Midwifery Team and are using this learning to enhance our training offer.

23. Additional CPD sessions have been undertaken to support staff to complete outstanding regulatory and mandatory training requirements. This year's CPD is currently being finalised and will be presented to the next Strategic Education Steering Group for approval.

24. The Learning Launchpad continues to be developed. This has been adopted by several departments within the Trust. The airway management page has been viewed nearly 2,500 times, while the Terrapace training resources have been viewed over 10,000 times.

STRATEGY, PLANNING AND PERFORMANCE DIRECTORATE

Commissioning and Planning

25. The Monthly Integrated Quality & Performance Report has been reviewed for potential changes in its indicators based on changes in the IMTP and Welsh Government policy. These proposed changes will be discussed with committee chairs over the summer. The new Quality & Performance Management Framework is live and supported self-assessments are currently being undertaken in EMS Co-ordination and Resource. The team continues to provide Executives with quality and performance reports for key senior stakeholder meetings e.g. JET, EASC, CASC Assurance, etc.

26. The Ambulance Response roster review project, which is a large, high profile, complex and emotive project, is on target to go live through September 2022 to November 2022. The team is providing significant support to this project. It is one of three key efficiencies for the Trust along with reducing sickness absence and reducing post production lost hours. The team is also undertaking detailed preparation work for an anticipated roster review of NEPTS in 2023/24. The Team continues to lead on the wider EMS Operational Transformation Programme, with key areas of focus being the +100 FTEs and EMS Co-ordination reconfiguration.

27. The Team continues to support the Trust with various modelling outputs e.g. summer modelling, which form an important part of the Trust's dialogue with the rest of the health care system about predicted patient safety. The Team is working on winter modelling, the results of which are expected next month.

28. Finally, the Team will be reviewing the Trust's progress on the Ambulance Response and Ambulance Care EASC commissioning intentions over the next month; it is important that the Trust maintains a strong focus on delivering on its commitments as part of the wider dialogue about investment into the Trust and handover reduction.

Planning and Transformation

29. The Integrated Medium Term Plan (IMTP) delivery structures have been established with three new programmes in addition to our core transformational programmes: Financial Sustainability, Transformation Delivery & Assurance Group and Risk Improvement Programme. Further enabling programmes continue to deliver key areas of work including the Managing Attendance programme and Working Safely programme. At the time of writing, Ministerial approval for the IMTP is awaited. The internal planning guidance around directorate plans has also been distributed setting out a flexible approach to local planning that is in line with the Quality and Performance Management Framework.

30. The Planning and Transformation Teams have been working to further develop the detail around the Trust's strategic ambitions, focussing on the work in EMS to "Invert the Triangles". A Trade Union (TU) engagement workshop on the EMS operational and clinical transformation plans was held on the 30th May in Mid Wales,

with circa 20 TUPs in attendance. The discussions were positive and yielded some good ideas for how we can further develop our strategic thinking around EMS services. The teams have also established and supported the Transformation Steering & Assurance Group which held its first meeting in June chaired by the Director of Strategy Planning and Performance. Funding has been agreed to establish a dedicated team to lead strategic development and recruitment will take place over the coming weeks.

31. The Assistant Director of Planning and Transformation continues to lead the Business Continuity and Recovery team. Actions within its “Living with COVID-19” programme are making good progress and establishing a way of working that could see us move beyond the pandemic response and recovery structures, even at times of increased transmission of COVID-19 i.e. learning to live with COVID-19 as the new normal.

32. As recovery plans develop across NHS Wales the Planning Team has re-engaged with regional recovery and strategic service changes with health board partners. There has been continued collaborative work in South East Wales on the final planning stages for the implementation of the South East Vascular Network. A number of options have been developed to support go live, acknowledging the significant impact of system pressures and the impact this may have on transfers to a centralised hub. A final risk assessment and readiness check is due to take place to enable the final decision on readiness to go live on 18th July 22.

33. There has also been work with Aneurin Bevan Health Board and the NCCU on the implementation of recommendations from the Grange University Hospital Transfer Service evaluation, ensuring the Trust is linked into the wider learning for developing our All Wales Transfer and Discharge Model. Further learning for the development of this model will come from the positive report following the South Wales Major Trauma Network Peer Review, which (for WAST) had no immediate risks or areas for concern and we will build recommendations for improvement into the All Wales Transfer and Discharge project.

34. The Planning Team has supported and presented the travel time analysis at a public and stakeholder event which supported the scoring of the future site options for the new Urgent & Emergency Care Hospital in Hywel Dda Health Board. The team has also supported discussions with the 111 programme team to agree the provisional funded workforce baseline for 111 Call handlers & Clinicians for 2022/23. There has also been a detailed process mapping workshop with CSD staff to map out and baseline the current CSD process facilitated by the team.

QUALITY, SAFETY & PATIENT EXPERIENCE DIRECTORATE

Patient Safety - Serious Case Incident Forum Update (SCIF)

35. The vast majority of incidents reviewed at SCIF are in relation to patients being correctly categorised as Amber1 priority calls, and sadly deteriorating while waiting in the community for a response. Many of the patients discussed at SCIF continue to be ROLED (Recognition of Life Extinct) at scene. Other cases discussed include harm caused to patients due to delays in the handover of care at emergency departments, with some patients waiting over 40 hours prior to being transferred.

Chief Nursing Officer for Wales (CNO) Visit to Vantage Point House (VPH), 2 June 2022

36. Wendy Herbert, Interim Executive Director of Quality and Nursing and Deb Armstrong, Head of Education Professional and Clinical Practice (Nursing), hosted Sue Tranka (CNO) on her recent visit to VPH. Sue was able to meet with colleagues from the Clinical Support Desk (CSD), NHS 111 Wales, the Quality, Safety & Patient Experience Directorate/111 Education Team, Operational Delivery Unit (ODU) and with our Consultant Clinician for 111. The CNO was grateful for the opportunity to spend time with the teams and especially to understand more about the role of nurses in the Trust. During her conversation with the Education Team and Dr Mike Brady, Sue was able to ask questions about remote consultation and clearly recognised the specialist skills, knowledge and education required to undertake these roles. This led to a discussion regarding the Clinical Supervision Framework which is one of her current priorities for nursing in Wales.

37. Sue was keen to find out more about the Welsh Ambulance Services and took time to understand the patient journey through 111 and CSD. This was brought together with a visit to the ODU where the large screen dashboards depicting the Trust's activity (and challenges of the day) were explained in detail.

38. Sue said "it was so good to meet everyone and thank you for the tour. Insightful discussions on workforce and operational challenges but also opportunities for the future".

Patient Experience & Community Involvement

39. In June the Patient Experience & Community Involvement (PECI) Team participated in over 30 engagement opportunities, engaging with over 1,000 members of the community across Wales. This engagement included attendance at the Minority Ethnic Communities Health Fair, engagement with Mental Health Groups, Older People's Forums, school visits and attendance at community open days. Some of these engagement opportunities were also supported by the Trust's Volunteer Team and Inclusion Team, demonstrating cross Directorate partnership working and further supporting objectives of the Trust's Strategic Equality Plan.

Falls Improvement

40. The Improvement Team have recently completed an evaluation of the Falls Assistant Service, which has operated within the South Central and South East Territory areas. The evaluation demonstrated an increase in the utilisation of resources by night, improved response time for falls incidents and a reduction in number of emergency ambulances required to attend falls incidents. The Improvement Lead for Falls has worked closely with Betsi Cadwaladr University Health Board (BCUHB) on the spread and scale of our Integrated Falls and Frailty Response Service (level 2) provided by a Paramedic and Therapist. The pilot within BCUHB has demonstrated comparable utilisation and non-conveyance of fallers (85% non-conveyed), illustrating the benefit of this service model and the feasibility of spread and scale. When looking system-wide we can see a 14% reduction in falls attended by emergency ambulances from 2020 to the present date, releasing Emergency Medical Services (EMS) capacity to contribute to demand of other call types. This year until the end of June the Falls Assistants and level 2 falls response vehicles have responded to 3,160 falls, which is 20% of the total falls demand pan Wales, met by

just 14 designated falls resources. We have also been working closely with Health Boards on adoption of training and response to non-injury falls within nursing homes to reduce call outs to nursing homes where those patients are not conveyed, again supporting release of EMS capacity, and improving patient experience and outcomes by reducing time on the floor. Again, with successful evaluation of care home falls management, spread and scale is planned enabling care homes to manage non-injury falls without the need for WAST support.

Older Persons Improvement

41. The Improvement Lead's for Older People, Falls and Frailty and Dementia have developed a short film demonstrating the innovative work that the teams are leading on to assist in improving outcomes for older people, fallers and patients with dementia within the Welsh Ambulance Services NHS Trust. The film is to be launched at the Trust Board and will be shared with the public, partners and workforce and offers an insight into how through working together we can develop and improve. The Older Persons Framework is the key driver behind the development of this visual story and will aim to seek collaborative opportunities with partners.

Research Innovation and Collaboration (RIC) Hub update

42. The RIC Lead has been working with the Welsh Hack Team, following a successful bid for funding to work with the Science and Engineering Applications Ltd Team (Scinap). CHAI® (technology and IP owned by Scienap) was developed in partnership with Health Boards and naturally evolved into a community care platform in response to the COVID-19 pandemic. This digital platform harnesses community support networks, friends, family members, volunteers, able to sustainably assist vulnerable individuals and those with chronic conditions. CHAI® 999, created for the Welsh Health Hack, will enable our Clinical Contact Centres to access community teams pan-Wales. Each 999 Call Handler will get urgent 'eyes on' their patient to ensure most appropriate response, including alternative pathways and safe patient dispositions. Additional CHAI® services will soon afford the Trust with instant access to patient passports (rare/complex diseases and autistic patient), chronic condition records and smart fall devices. The ability for us to also add training and urgent information short films and signposting materials will reinforce the community resilience ethos. The Trust will have non-exclusive, royalty free licence to use and/or modify the videos in perpetuity. Scienap is also in the process of adding an Artificial Intelligence (AI) chatbot and AI signposting to CHAI® in partnership with the TriTech Institute.

43. Additionally, following a successful funding bid from the Bevan's Commission, the team have been working with Aneurin Beavan University Health Board (ABUHB), FUJI and the operations team to develop a feasibility project for a "Urgent Response X-ray Unit". This team will commence operating in September/October 2022 for a period of six months, followed by a period of evaluation. The project will aim to evaluate suitability of equipment and quality of x-ray films in the pre-hospital setting and determine risk and governance implications, from a medical physics perspective, that reflect safety and suitability of mobile x-ray imaging within Ambulance Service and community contexts. The project will look to develop a portable x-ray deployment model that details; staff skills and competency requirement; booking system processes (WAST-ABUHB flow centre); ICT infrastructure (FUJI Cloud system) and integration with local (ABUHB) systems. This is a very innovative project, with significant interest from stakeholders across the UK.

DIGITAL DIRECTORATE

Digital

44. This Trust Board sees the handover of the Director role from Andy Haywood to Dr Leanne Smith, who will assume the interim leadership of the directorate until a substantive replacement is appointed. Andy leaves the Trust after two and a half years to take up a role in management consulting.

Emergency Communications Nursing System (ECNS)

45. Whilst the ECNS programme has been clinically led via the Clinical Transformation Programme, the digitisation of decision support for our 999 clinicians, has required a huge effort from the digital team to get live. Elements of teams across ICT, Health Informatics and the EPCR programme has ensured that the new system operates effectively, whilst producing quality reporting and complying to all the relevant data protection and digital clinical safety standards. Video functionality will be enabled in due course, marking yet another significant shift forward with the Trust's digital transformation journey.

Robotic Process Automation (RPA)

46. The Trust is currently piloting the use of robotic technology to reduce administrative burden through automation of routine and repeatable processes. The first of these processes is now due to be deployed into live service, supporting the Quality Safety and Patient Experience directorate, with other potential processes being mapped across Workforce and Organisational Development, Digital and Operations teams. RPA presents a significant opportunity to standardise processes, reducing burden and cost, whilst also reducing errors and improving standardisation.

111.wales.nhs

47. The improvement work to our national website, which receives over 4 million interactions per year, continues. Most recently, this has been supported with additional funding from the 6 Goals of Urgent and Emergency Care Board to continue until March next year. The additional funding will allow the development of new content and symptom checkers that target 111 calls, where a telephone call isn't the most efficient route to the correct service.

Data and Analytics

48. This most recent period has seen some significant advances with new datasets, such as the Electronic Staffing Record (ESR) data being brought into our data warehouse. This allows the Trust to build reports from an increasing number of data sources, gaining greater insights and intelligence from our activity. In addition, a number of key new dashboards and reports have been launched including greater oversight of the situation in our Clinical Contact Centres.

Exercise JOSHUA

49. As reliance on technology increases across the Trust, we need to constantly review how this affects our resilience, business continuity and disaster recovery posture. In June the Trust held the second in a series of exercises to stress test

departmental and organisational plans in the event of a major cyber-attack or systems failure. Colleagues in the Emergency Preparedness, Resilience and Response (EPRR) facilitated an organisational wide discussion which has significantly aided our organisational posture.

PARTNERSHIPS AND ENGAGEMENT DIRECTORATE

50. Although the Communications Team had some difficult media handling in June, including the death of a colleague, it was also the month we celebrated our hard-working volunteers as part of Volunteers' Week, as well as the launch of a 999 BSL service launched for deaf people and a new telephone triage support system for 999 calls. Ambulance stalwart Jeff Price was recognised in the Queen's Jubilee Birthday Honours List, and we also paid thanks to six paramedics and technicians who supported the world-famous Isle of Man TT motorsport festival.

51. Four of six Long Service Awards events this year have now taken place, with a further two due to be held in September. More than 400 colleagues across the Trust are set to receive an award this year for their length of service. The team also helped to organise and run the Trust's Annual General Meeting, as well as shape and produce the annual report.

52. We continue to work closely with broadcasters to tell our story to staff, stakeholders and the three million people in Wales, and have a filming opportunity lined up later this month with Channel 5. We are also lending support to a series which celebrates multi-agency working in rural North Wales.

53. The most recent period has seen a discrete focus on engagement, particularly as it relates to the Trust's long term strategy, while political and stakeholder interest in the roster review work remains significant.

CLINICAL SERVICES DIRECTORATE

WAST Improvement and Innovation Network (WiiN) Summit

54. The Service Improvement Team and Quality Directorate held a two-day WiiN summit on the 29th and 30th March 2022. Following reflection on last year, discussions took place surrounding developing the best approach moving forward. Here it was agreed that there would be a move to a three-phase approach to managing submissions:

- Phase 1 – 'Your Voice Counts' which requests submissions from May to August
- Phase 2 – A review of submissions between September and November
- Phase 3 – 'You Said/We Did' between the months of December and April

55. Adopting this approach was found to be the best way of ensuring that submissions could be linked to the Integrated Medium-Term Plan and Winter Planning. Also, during the summit, the team were able to successfully complete a review of three months of submissions.

Leadership Symposium

56. In collaboration with the University of Wales Trinity St David, the Trust successfully hosted 'The Leadership Symposium' on the 10th June. This event focused on all

aspects of leadership and was aimed at both current and aspiring leaders/managers across the organisation. The all-day event was well attended with approximately 70 staff from both the Trust and the University having registered. The day was opened by Jason Killens and we welcomed a variety of key-note speakers including Nazir Afzal OBE and Tracy Nicholls, CEO College of Paramedics. During the conference, attendees shared opinions, thoughts and posed some challenging questions. In the afternoon, attendees had the opportunity to choose from different sessions to discuss topics such as the role of the leader in making impossible decisions and influencing people in times of change.

ePCR Programme

57. The Trust has had a positive uptake of the solution with almost 5000 users of the new TerraPACE ePCR solution including; 2,291 EMS application users and 2,465 external hospital portal users, with a further cohort of Volunteer Community First Responder users to come on board this year. The Trust's supplier continues in the development of; the CFR solution software, our Welsh GP records interface and digital referrals solution.

58. Since April, the TerraPACE Project Team has focussed on ensuring the management platform for the solution is sustainable and increasing engagement with the English Hospitals who will be using the portal. Currently we are live with the Countess of Chester, Shrewsbury, Telford, Hereford and North Staffs City Hospital, Stoke. In the next few weeks, the solution will go live in Worcester, Alder Hey, Liverpool H&C, Walton and Southmead.

59. The new digital system has stabilised over the past few months as it has become fully embedded throughout Wales and positive feedback has been received from TerraPACE users and third parties accessing our new digital records for their patients. A programme of benefits realisation is underway to monitor the achievement of our investment objectives which is reporting regularly into the ePCR Programme Board.

60. The Trust has established an ePCR Clinical Reference Group (CRG) to support the longer term development of the TerraPACE solution through a formal change and testing process with our supplier. There are currently nine formal developments in the system which originate from WIIN ideas, clinical initiatives, ePCR Champions and EMS users contact with ICT Service Desk. Each change is costed, assessed and then approved by CRG before an implementation plan is put in place. As developments begin to be rolled out in a regular release cycle, users will have access to release notes and new training materials to support additional or improved functionality within the solution.

Advanced Paramedic Practitioner (APP) Conferences

61. In May the Clinical Directorate held 2 Advanced Clinical Practice Conferences (in North and South Wales), aimed at established advanced paramedics, clinicians considering a career in advanced practice, and other members of the organisation interested in understanding more about the role of advanced practice in our workforce. The conferences were well attended with over 110 people across the 2 days. Whilst the theme of the conferences was based around the four pillars of advanced practice (Leadership, Clinical, Education and Research), the afternoon was broken into 3 smaller focus groups to explore key areas of continuing advanced practice. Several staff members who attended have subsequently applied for the funded MSc. The

feedback from the conference was positive and the team will look to host future events, potentially on an annual basis and ideally before MSc funding opportunities are available to encourage uptake.

CORPORATE GOVERNANCE

62. An internal audit review on declarations of interest has commenced as part of the Internal Audit 22/23 annual plan. Parallel to this a new Standards of Business Conduct framework is underway to streamline the process of making declarations of interests, gifts, hospitality, sponsorship and outside employment.

63. Audit Wales have commenced their structured assessment work which will review the Trust's arrangements for supporting good governance and the efficient, effective and economical use of resources. This work is set to continue until the end of August with a final report in November.

64. Work continues with the second stage of the committee effectiveness reviews on the building of the cycles of business and mapping the sub-groups which have traditionally fed into committees. These will be presented to the September and October rounds of committee meetings. A revision of the terms of reference and operating arrangements for the Board's sole advisory group, the WAST Partnership Team, is underway.

65. A self-assessment process was introduced in June against the Welsh Language Standards. The evidence gathered will be used to update the Trust's Welsh Language Standards Tracker Plan that will include actions against those standards not met or partially met with exception reporting and escalations to the People and Culture committee.

66. Work has commenced on a Welsh Language Framework which will be driven by the Welsh Government's strategic framework for the Welsh language in health and social care, referred to as 'more than just words'. Its aim is to ensure the language needs of Welsh speakers are met and to demonstrate that language plays an important part in the quality of care and is not seen as an 'add on'. The More than just words plan 2022-27 will be launched by the Minister for Health and Social Services on 2nd August.

67. The Risk Management Team are finalising the re-articulation of the Trust Corporate Risks including the review of ratings, controls and assurances, and identification of the actions to address any gaps. The transitional Board Assurance Framework (BAF), which is before the Board at this meeting, focusses the Board on the key risks that are mapped to the IMTP deliverables. The Risk Management Transformation Programme will drive the maturity of the BAF and risk management more generally over the next 3 years, progress against which is on track and is reported under the governance structures established to monitor the IMTP.

68. The Terms of Reference for the UK Covid-19 Public Inquiry have been agreed and the inquiry team has commenced their work. The Terms of Reference includes the response of health with respect to initial contact with official healthcare advice services such as 111 and 999. The Board was appraised of the Trust's preparation in archiving and logging our response to the pandemic at a Board Development session in May and a Pandemic Governance Group has been established to focus on the Trust's preparation for any involvement in the public inquiry.

69. A work programme is being set out and Terms of Reference established in relation to the Freedom to Speak Up project which will provide full assurance of anonymity for staff when raising concerns. This is a critical step in enabling colleagues to speak up, be heard and share their stories safely and securely.

OPERATIONS DIRECTORATE

National Operations and Support

70. Following submission of the Trust's proposal for the retention of Mobile Testing Units, Welsh Government has confirmed an extension of the contract until 31st March 2023. This contract provides for three MTU teams (one in the North and two in South) working Monday-Friday with some weekend contingency factored in should this be required.

71. In May, our EPRR specialist and non-specialist assets took part in Exercise Celtic Consolidation; a large multi-agency exercise testing our combined response to a Manchester Arena style attack at Cardiff City Stadium. The exercise involved twenty Trust staff (including HART and SORT) working with partners from EMRTS, St John Ambulance Cymru, South Wales Police and South Wales Fire and Rescue. Further multi-agency exercises remain scheduled this year.

72. In June, six members of staff and a DOM travelled to the Isle of Man to support the Manx Ambulance Service during this year's TT race. Our staff worked alongside the Isle of Man ambulance service staff and colleagues from Gibraltar and Guernsey. The staff who were deployed reported that the experiences they had were hugely beneficial to them clinically and personally and we look forward to a continued relationship with colleagues in the Isle of Man.

73. In the first week of June, we celebrated our amazing workforce of volunteers during National Volunteer Week. A number of coordinated media releases shone a light on the work of our volunteers who continue to provide a dedicated response as Volunteer Car Drivers and Community First Responders

Emergency Medical Service (EMS)

74. Voting on the EMS Roster Review closed on Friday 20th May 2022. The project team have been working over the past few weeks to ratify the results, which is now complete. We are working through independent validation with our Trade Union Partners. Results of the roster staff have opted to work have been shared with all staff with an implementation plan agreed at Project Board, which will commence with Emergency Ambulance rosters in Hywel Dda from 5th September. A separate implementation plan for UCS and CHARU will be agreed in due course.

Ambulance Care

75. The Capacity Management Plan has successfully reduced expenditure on taxi usage. Further work will be undertaken to understand the impact of the Plan.

76. Following completion of the new externally hosted environment for the upgraded NEPTS Computer Aided Dispatch (CAD), the system is due to go live in August 2022.

Resourcing & EMS Coordination

77. A Global Rostering System (GRS) Steering Group will shortly be established to review the functionality available through the GRS Rostering System. Due to the onset of Covid many aspects of functionality available through the Rostering System were deferred and additional functionality is now available to the Trust that would significantly improve the way we manage functions such as Continuous Professional Development, Timesheets and Annual leave. There are several system improvements that could prove useful to the organisation and staff alike and would help move us to a position where staff members are able to carry out a number of functions themselves. It is hoped that the Steering Group will help shape not only the current use of the GRS system but also shape further development to the system to realise greater opportunities for working more efficiently.

Integrated Care

78. 111 Press 2 went live in the Hywel Dda Health Board area on the 20th June. The service, operated by the Health Board in collaboration with the Trust connects callers requiring urgent mental health support to a specialist practitioner. Further roll outs of the service are expected through the summer.

79. Following a significant staff engagement exercise the 111 team have been working with Trade Unions, Resourcing and staff to improve our approach to resourcing. During July trials of new shift lengths and shift start times will commence pan-Wales. It is expected that these trials will improve our people's working lives and improve the alignment between 111 demand and capacity. Further trials of fixed rosters are being developed to be in place later this summer.

RECOMMENDATION

80. That Trust Board notes the contents of this report.



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

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

ACTIONS TO MITIGATE REALTIME AVOIDABLE PATIENT HARM IN THE CONTEXT OF EXTREME AND SUSTAINED PRESSURE ACROSS URGENT AND EMERGENCY CARE

MEETING	Trust Board
DATE	28 July 2022
EXECUTIVE	Jason Killens, Chief Executive
AUTHOR	Jason Killens, Chief Executive
CONTACT	Jason.Killens@wales.nhs.uk

EXECUTIVE SUMMARY

1. Sustained and extreme pressure across the Welsh NHS urgent and emergency care system has negatively impacted patient flow through all hospital sites. This pressure has led to a substantial growth in emergency ambulance handover lost hours.
2. The workplace experience for our people has been under considerable stress leading to pressure on overall attendance rates which has reduced the number of hours we are able to produce.
3. These and a range of other factors have meant that response times have deteriorated significantly. Delays in community response and those associated with a delayed transfer from the ambulance on arrival at the emergency department to a suitable hospital bed have led to a growing number of cases of avoidable harm or death to patients.
4. The rate, extent and frequency of these cases together the growing evidence of harm to our people was particularly evident at the May 2022 meetings of the Quality, Patient Experience and Safety Committee (QUEST), the People and Culture Committee, and the Finance and Performance Committee. Those meetings and the Finance and Performance Committee meeting in July heard of the significant impact on staff and patients as a result of system pressures, including as a consequence of delays in handover at emergency departments.
5. The concerns of the Chairs of these committees were escalated to the Trust Board and further to system stakeholders. The purpose of this report is to review actions taken to date and decide what, if any, further actions are

required to mitigate avoidable patient harm and death and improve the workplace experience for our people.

RECOMMENDATIONS

6. NOTE the contents of this paper and the actions taken to date and underway shown as Annex 2.
7. DISCUSS and AGREE whether the totality of the actions taken and underway are necessarily sufficient, in all the circumstances, to provide suitable assurance to the Trust Board that:
 - a. WAST has taken or is taking all reasonable steps internally that it can to ameliorate the risk of avoidable harm to our patients and our people
 - b. Sufficient escalation to Welsh Government, Commissioners, NHS Wales/Health Boards and other system stakeholders as appropriate has taken place detailing the extent, rate and frequency of avoidable harm concern that the Trust Board holds
8. DISCUSS and AGREE any further actions that WAST could reasonably take to further ameliorate the risk of avoidable harm to our patients and our people.

KEY ISSUES/IMPLICATIONS

As set out in executive summary

REPORT APPROVAL ROUTE

The Trust Board meeting held on 28th July 2022.

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)	Yes
Health Improvement	Yes	Socio Economic Duty	Yes
Health and Safety	Yes	TU Partner Consultation	N/A

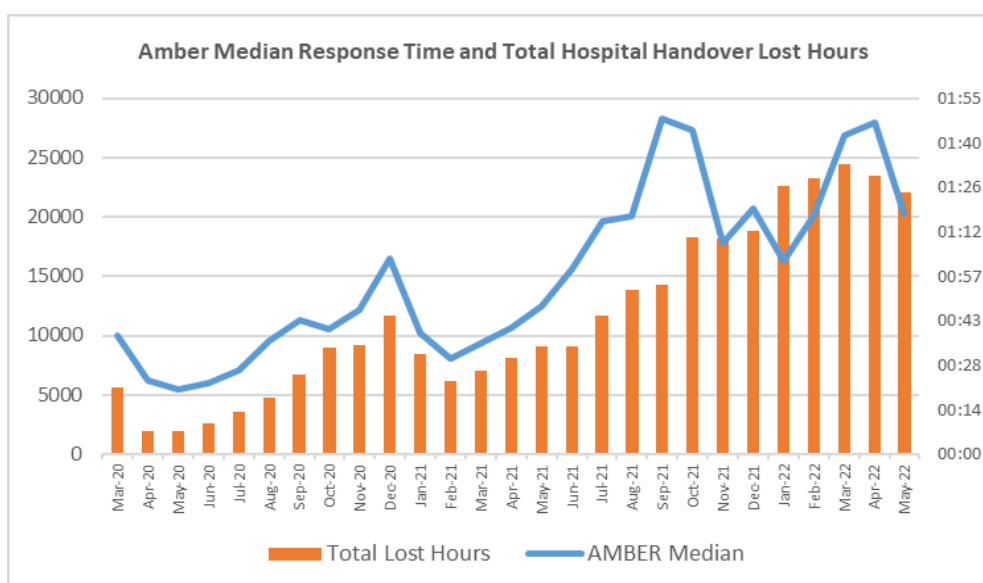
SITUATION

1. Sustained and extreme pressure across the Welsh NHS urgent and emergency care system has negatively impacted patient flow through all our hospital sites. Whilst such pressure was evident prior to the COVID19 pandemic it has been most acute as we have emerged from the pandemic in late 2021 and into 2022. The situation continues today with no real improvement noted.
2. This pressure has led to a substantial growth in emergency ambulance handover lost hours from c6000 hours per month at the end of 2018 to in excess of 22000 hours per month during Q4 21/22 and Q1 22/23. This scale of lost emergency ambulance capacity has peaked at 30% per month of the entire emergency ambulance fleet.
3. As a result of this pressure WAST has remained at high levels of escalation in both its Resource Escalatory Action Plan (REAP) and Clinical Safety Plan (CSP) in an attempt to protect responses to respond to the most seriously ill patients.
4. The workplace experience for our people has been under considerable stress leading to pressure on overall attendance rates beyond those routinely seen and as a consequence of COVID-19. Improvements have been seen in recent weeks, with organisational sickness absence levels falling to 9.3% in June 2022 from 12.44% in December 2021 at the height of winter and the Omicron wave. These levels of sickness absence impact on the number of hours that we are able to produce.
5. Despite the best efforts of WAST to maximise production: recruiting additional commissioned frontline staff; improving efficiency within existing resources; managing demand; and influencing system wide action to reduce emergency ambulance handover delays; far too many patients are waiting far too long in the community for a response to their 999 call or are being held in the rear of an ambulance at the emergency department for longer than is appropriate. Avoidable harm and death is occurring. The extent, rate and frequency of this avoidable harm is such to cause the Trust Board, following detailed assessment through its Committee structure, to hold the gravest of concerns appertaining to the safety of services being provided to communities across Wales.

BACKGROUND

6. Emergency ambulance lost hours at emergency departments have been a chronic issue across Wales for many years with a steady decay over time being seen. This is one of the major factors that has led to protracted patient waiting times across all categories of response despite investment to grow the WAST frontline workforce as part of the 2018/19 Demand and Capacity review.
7. Figure 1 below shows the correlation between growing lost hours and decaying patient waiting times.

Figure 1



8. There are a range of other factors which have also impacted on response times. These include higher sickness absence levels and some areas within the organisation that could potentially operate more efficiently.
9. WAST has taken a range of mitigating actions including recruitment of significant numbers of additional front line staff commissioned through EASC and delivery of increased levels of Consult and Close which reduce demand for an ambulance response. However, despite these actions, the negative impact on patient waiting times has been such that in excess of 800 patients waited more than 12 hours for an emergency ambulance response in April.
10. The delays in community response and those associated with a delayed transfer from the ambulance on arrival at the emergency department to a suitable hospital bed have led to a growing number of cases of avoidable harm or death to patients.
11. The rate, extent and frequency of these cases together the growing evidence of harm to our people was particularly evident at the May 2022 round of committee meetings where the Quality, Patient Experience and Safety Committee (QUEST), the People and Culture Committee, and the Finance and Performance Committee heard of the significant impact on staff and patients as a result of system pressures, and particularly as a consequence of delays in handover at emergency departments. The following was discussed at these committees:
 - a. Two Regulation 28 Prevention of Future Deaths Reports were received in Quarter 4 2021/22, reflecting a worsening position with regards to patient safety and harm. Two further Regulation 28 reports have been received since the May Committees were held.
 - b. Risk 223 (the Trust's inability to reach patients in the community causing patient harm and death) and 224 (significant handover delays outside A&E departments impacts on access to definitive care being delayed and affects the Trust's ability to provide a safe and effective service) remain at the highest risk

rating of 25, with risk 160 (high absence rates impacting on patient safety, staff wellbeing and the Trust's ability to provide a safe and effective service) rose from a rating of 16 to 20.

- c. Compliance with immediate release requests being low. Such requests are made directly to an emergency department for a Red or Amber 1 incident where all actions to identify a suitable resource fail and there are crews delayed at the hospital.
- d. The NHS Wales Delivery Unit investigation into Appendix B compliance demonstrating outstanding investigations into cases of avoidable death and harm in the community at a health board level¹.
- e. WAST efficiency actions such as those related to post production lost hours and sickness continue with monitoring at these Committees. Post production lost hours account for less than 10% of production loss whereas emergency department handover lost hours had amounted to 30% of conveying capacity per month.
- f. The pressure the current workplace experience is adding to our overall sickness challenges.
- g. The scale of our positive wellbeing and staff support offer.
- h. The risk of harm to our people through [moral injury](#).
- i. Declining Red and Amber response times.
- j. Hours lost due to handover delays at emergency departments over the preceding three months being just short of 71,000 hours.
- k. Sustained use of the Clinical Safety Plan (CSP). The CSP was developed with extremis in mind in order to preserve limited and pressured resources for the most seriously ill patients where demand outstrips supply.

12. These concerns gave rise to a joint escalation report from the Chairs of these committees being considered by Trust Board initially in closed session on 26 May 2022.

13. It should be noted that this was not the first time these concerns had been discussed as they have featured in provider reports to the Emergency Ambulance Committee (EASC); been the subject of Accountable Officer correspondence to the NHS Wales Chief Executive; numerous escalations to professional peer groups initiated by WAST Directors; and coverage at Joint Executive Meetings with Welsh Government.

14. Three recent publications touching on the issue of avoidable harm resulting from emergency department handover delays have been published. WAST has contributed to two of these (A and B below). They are:

¹ The joint investigation framework which was jointly developed by the Health Boards, Trusts and WAST provides for a clear and consistent approach to the identification, reporting, investigation and closure of incidents. Referral to a Health Board or Trust by WAST is made by way of the Appendix B Incident Referral Form, hence 'Appendix B' reporting process. This is the mechanism by which the Trust identifies those cases which are believed to be wholly attributable to handover delays.

- a. [Association of Ambulance Chief Executives - Delayed hospital handovers: impact of patient harm](#)
- b. [Welsh Parliament - Hospital discharge and its impact on patient flow through hospitals](#)
- c. [Healthcare Safety Investigations Branch - Harm caused by delays in transferring patients to the right place of care](#)

ASSESSMENT

15. Following the May Committee and Board meetings numerous meetings with system stakeholders have taken place where escalation of the concerns held by the Trust Board have been shared with the intent of driving improvement action. They include:

- a. 8 June – meeting with NHS Wales Chairs and Chief Executives led by Judith Paget, Director General of Health and Social Services and the NHS Wales Chief Executive.
- b. 23 June – a regular planned meeting with NHS Wales Chairs and Chief Executives hosted by Eluned Morgan, Minister for Health and Social Services. The agenda covered a range of topics including planned care recovery and unscheduled care pressure specifically covering emergency department handover delays and ambulance performance.
- c. 1 July 2022 - meeting of the Chair of the Emergency Ambulance Services Committee and the Chief Ambulance Services Commission with the WAST Chair, the Chairs of QUEST, People and Culture Committee and Finance and Performance Committee, and the Chief Executive. The meeting emerged as a consequence of the joint escalation report by the Chairs.
- d. 6 July - meeting with the Chief Executive of Health Improvement Wales (HIW), the Trust Chair and Chief Executive where our concerns over avoidable patient harm and the actions we have taken to date were conveyed to HIW in their role as our regulator.

16. Actions which have been taken to date and which are underway as a result of the Trust's response to the avoidable harm to patients are set out in Annex 2. This annex also includes the actions which have been agreed with system stakeholders following the meetings set out above.

17. An action plan incorporating actions planned by WAST and Health Boards (both separately and jointly) has been developed by the Emergency Ambulance Services Committee (EASC). This includes specific work underway within each Health Board on handover improvement plans, with agreed trajectories for improvement based on a 25% reduction in lost hours from the October 2021 position, discussed fortnightly at tri-partite meetings with the Chief Ambulance Services Commissioner

(CASC). This action plan was reviewed by the NHS Leadership Board on 20 July and will be updated monthly to reflect the ongoing work across the system to introduce and sustain improvements. It will be monitored at all Welsh Government Integrated Quality, Planning and Delivery meetings with EASC, WAST and Health Boards.

RECOMMENDATIONS

18. NOTE the contents of this paper and the actions taken to date and underway shown as Annex 2.
19. DISCUSS and AGREE whether the totality of the actions taken and underway are necessarily sufficient, in all the circumstances, to provide suitable assurance to the Trust Board that:
 - a. WAST has taken or is taking all reasonable steps internally that it can to ameliorate the risk of avoidable harm to our patients and our people
 - b. Sufficient escalation to Welsh Government, Commissioners, NHS Wales/Health Boards and other system stakeholders as appropriate has taken place detailing the extent, rate and frequency of avoidable harm concern that the Trust Board holds
20. DISCUSS and AGREE any further actions that WAST could reasonably take to further ameliorate the risk of avoidable harm to our patients and our people.

ANNEX 2

Ref	Description	Owner	Progress Update	Planned Delivery Date
WAST ACTIONS				
1.	With respect to Red and Amber 1 immediate release directions: 1. Devise escalation protocol in the event of rejection 2. Share weekly highlight data with Judith Paget and CEOs showing those directions made, accepted and rejected	Lee Brooks Rachel Marsh	<ul style="list-style-type: none"> NHS Wales CEOs and Chairs commit to Red and A1 rejection now being never event in 8/6 meeting and reconfirmed in meeting with Minister on 23/6 Draft escalation protocol shared with COOs 17/6 and tabled at EASC for approval and adoption on 12/7 and agreed to be implemented 25/7 Weekly report commissioned 20/6 – circulation to follow 	31 July
2.	Recruit additional frontline capacity – additional £3m non recurrent 22/23 allocation	Catherine Goodwin	<ul style="list-style-type: none"> Recruitment decision made at EMT on 15/6 for 100 WTE with offers already made to ACA2s and EMTs on hold list Courses to commence in Q2 with first new deployments in Q3, and working towards the additional 100 being in place by Jan 2023 Offers also made to all 61 NQPs from “Big Bang” event Correspondence to CASC confirming action taken sent 21/6 with request for recurrent funding source set out 	End of Q3 and into Q4
3.	Recruit and train more Advanced Paramedic Practitioners – Value Based Healthcare Fund bid for up to 50 WTE	Andy Swinburn	<ul style="list-style-type: none"> Bid to Value Based Healthcare Fund made for up to 50 WTE APPs to commence fulltime education for 12 months from January 2023 	Q4 2023/24
4.	Improve internal efficiency – roster review	Rachel Marsh	<ul style="list-style-type: none"> National roster review on track to commencement implementation in a phase way from September concluding in November Independent due diligence modelling undertaken in May confirms that despite system disruption 	Q3

Ref	Description	Owner	Progress Update	Planned Delivery Date
			and further decay in ED handover delays since original and revised roster design that improvement to access for patients continues to be delivered when new rosters are implemented	
5.	Improve internal efficiency – improve attendance in line with agreed trajectory	Lee Brooks Catherine Goodwin	<ul style="list-style-type: none"> Improvement trajectory agreed as part of IMTP 22/23 that returns us to pre pandemic sickness' rates over the lifetime of the IMTP Comprehensive action plan established Management of COVID related absence initially planned to return to routine management from 1 July – not now fully returned to routine management May 8.95%, June 9.2%, in line with trajectory 	See IMTP trajectory
6.	Improve internal efficiency – post production lost hours (PPLH) (6792 hours unavailable for all reasons in June 2022) <ol style="list-style-type: none"> End of shift/rest break arrangements Other business/operational reasons 	Lee Brooks	<ul style="list-style-type: none"> Discussions with TUs positive and construct of a potential agreement to reduce duration and frequency of end of shift overruns combined with moving from two to one break in the shift outlined. Modelling on scenarios from ORH awaits to inform next steps. Task and Finish group established within Ops Directorate to assess what improvements can be made to business/operational related PPLH. 	End of Q2
7.	Maximise the opportunity from Consult and Close – stretch to 15% and beyond	Lee Brooks Andy Swinburn	<ul style="list-style-type: none"> Additional 36 WTE deployed doubling CSD workforce in December 2021 ECNS live in May 2022, training continues through to end of July 2022 to deliver the benefits D&C target of 10.2% of daily volume hit and some days now at 14% CPAS to review suitable MPDS determinants for Consult and Close 	TBC

Ref	Description	Owner	Progress Update	Planned Delivery Date
			<ul style="list-style-type: none"> Continued working with Health Boards to roll out PTAS and its benefits. 	
8.	Senior system influencing	Jason Killens Martin Woodford	<ul style="list-style-type: none"> Ensure that system safety and avoidable harm remain a live topic of discussion in all relevant fora Seize opportunities as they emerge that can contribute to mitigating avoidable harm JESG forum used to raise awareness amongst Emergency Service Chief Officers who have written twice to NHS Wales Chief Executive to convey the impact of our inability to respond to incidents in the community on their core service provision 	Ongoing
9.	24/7 operational oversight by ODU with dynamic CSP review and system escalation as required	Lee Brooks	<ul style="list-style-type: none"> Realtime management and escalation of risks and harm with system partners Triggering and escalation levels within CSP to best manage patient safety in the context of prevailing demand and available response capacity Monitoring, escalation and reporting of extreme response or handover delays 	On going
10.	Weekly REAP review by senior Operations Directorate team with assessment of action compliance	Lee Brooks	<ul style="list-style-type: none"> Proactive and forward-looking weekly review of predicted capacity and forecast demand Deployment of predetermined actions dependant on assessed level of pressure Consideration of any bespoke response/actions plans in the light of what is expected in the coming week 	On going
11.	Recruitment and deployment of new CFRs	Lee Brooks	<ul style="list-style-type: none"> Rural model options submitted in August 2021 (some of this now decoupled with CHARU) 	Q3

Ref	Description	Owner	Progress Update	Planned Delivery Date
			<ul style="list-style-type: none"> • Mileage rates subject to urgent review to ensure they reflect current fuel costs • Increasing recruitment and training would require additional resource as size of current team would not support – some additional non recurrent resource made available via CASC for this year to support this area. 	
12.	Sharing of potential case of serious avoidable harm/death with LHBs for investigation when response delay associated with ED congestion is the primary cause	Wendy Herbert	<ul style="list-style-type: none"> • Weekly SCIF to identify potential cases • Appendix B reports shared as cases identified now with supporting notification letter to CEO • Commitment given by CEOs and Chairs on 8/6 and again on 23/6 in meeting with Minister to investigate and close all historic and outstanding Appendix B's referenced in the DU review by end of September • CNO and CMO plus peer group plus COOs regularly updated on volume of cases • NRI cases routinely highlighted in provider report to EASC 	Ongoing
13.	Evidence submission to Senedd Health and Social Care Committee	Jason Killens	<ul style="list-style-type: none"> • Written evidence submitted during Q4 21/22 to the committee to assist their inquiry into <i>Hospital Discharge and its impact on patient flow through hospitals</i> • Report published in June 2022 containing 25 recommendations with recommendation six specifically WAST related stating "The Welsh Government should explain how the targets outlined in the Minister for Health and Social Service's statement of 19 May 2022 on urgent and emergency care and the Six Goals Programme to eradicate ambulance patient 	Q2

Ref	Description	Owner	Progress Update	Planned Delivery Date
			<p>handover delays of more than four hours and reduce the average ambulance time lost per arrival by 25 per cent (from the October 2021 level) have been set. It should also confirm the target dates for the achievement of these targets.”</p> <ul style="list-style-type: none"> • Our evidence appears in the report from paragraph 57 through to 65 	
14.	National 111 awareness campaign	Estelle Hitchon Andy Haywood	<ul style="list-style-type: none"> • National public awareness campaign funded by Welsh Government to promote appropriate use of services (111 as an alternative to 999/ED where appropriate) • Upgrade to 111 website and symptom checkers also underway 	Q3
15.	Emergency Department cohorting	Lee Brooks	<ul style="list-style-type: none"> • Provide additional clinical staff and suitable space for patients arriving by ambulance to be held at the emergency department awaiting admission enabling the ambulance to be released • In place at Morriston and The Grange 	Ongoing
16.	Third party additional capacity	Lee Brooks	<ul style="list-style-type: none"> • Contracted third party UCS equivalent capacity deployed where available and funded by commissioners • Ceased end of April 2022 as cost recovery arrangements were not confirmed 	Q3 and Q4 21/22
17.	Transition Plan	Jason Killens	<ul style="list-style-type: none"> • Formally submitted to Commissioners in December 2021 and subsequently subject to a part year funding request of Welsh Government on 24 May 2022 this plan sought to grow our establishment to a further 294 WTE having forecast the challenges currently being seen • Around two thirds of the growth was to deploy additional response capacity (now provided in 	Ongoing

Ref	Description	Owner	Progress Update	Planned Delivery Date
			part by 4 above) whilst the system took action to reduce emergency department handover delays <ul style="list-style-type: none"> • Around one third of the growth was to accelerate the transition to a new model of service delivery (inverting the triangles) – also now subject to a separate bid as in 5 above 	
18.	Overnight falls service extension	Wendy Herbert	<ul style="list-style-type: none"> • Review current extension to falls scheme that has temporarily been running on night duty • Benefit derived but further improvement in utilisation and overall volume of work undertake are necessary in the next 3 months • Scheme extension agreed to 31 March 2023 	30 June
19.	Audit Wales investigation of Urgent and Emergency Care System: Does NHS Wales and its partners have effective arrangements for unscheduled care to ensure patients have access to the right care at the right time?	Jason Killens	<ul style="list-style-type: none"> • Conducted in three phases over the next 6 to 9 months Audit Wales will independently investigate and report on patient flow out of hospital; access to unscheduled care services and national arrangements (structure, governance and support) • WAST will proactively support this work and offer best practice examples from other jurisdictions that can support benchmarking and improvement activities 	Q1 23/24
20.	Consideration of additional WAST schemes to support overall risk mitigation through winter	Lee Brooks	<ul style="list-style-type: none"> • Summer performance forecast complete and winter underway imminently • Discussions underway during Q2 to create new/further schemes to support operational delivery through winter 	Q3
SYSTEM STAKEHOLDER ACTIONS				
21.	NHS Wales reduces emergency department handover lost hours by 25%	LHB CEOs	<ul style="list-style-type: none"> • Commitment made at EASC in October 2021 	TBC

Ref	Description	Owner	Progress Update	Planned Delivery Date
			<ul style="list-style-type: none"> Commitment reaffirmed by Minister in CEO and Chair meeting on 23/6 	
22.	NHS Wales eradicates all emergency department handover delays in excess of 4 hours	LHB CEOs	<ul style="list-style-type: none"> Commitment made at EASC in October 2021 Commitment reaffirmed by Minister in CEO and Chair meeting on 23/6 	TBC
23.	Alternative capacity equivalent to 1000 beds	LHB CEOs	<ul style="list-style-type: none"> Led by CS on behalf of all CEOs this work emerging from a CEO away day held on 22 April seeks to establish alternative capacity equivalent to 1000 beds (roughly the number of medically fit for discharge patients nationally held in acute beds) As a shared/collaborative endeavour with Local Authorities who hold the statutory responsibility for the provision of social care local plans are being developed to boost step down beds, domiciliary care and so on 	Q3
24.	Implement nationwide approach to emergency department 'Fit 2 Sit'	CMO/CNO	<ul style="list-style-type: none"> Acceptance at meeting of Chairs and CEOs led by JP on 8/6 that a national approach to Fit 2 Sit should be adopted CMO and CNO to champion development through peer groups Learning from NWS shared that indicates up to 20% of ambulance arrivals may be suitable for Fit 2 Sit 	Q3
25.	Implementation of Same Day Emergency Care services in each Health Board	NHS Wales	<ul style="list-style-type: none"> Welsh Government funding provided to each Health Board to implement SDEC WAST has nationally agreed referral rights to these services enabling us to avoid the emergency department with suitable patients Escalation to maintain compliance to nationally agreed referral protocol completed in June 	Q4 22/23

Ref	Description	Owner	Progress Update	Planned Delivery Date
26.	National Six Goals programme for Urgent and Emergency Care	NHS Wales	<ul style="list-style-type: none"> Led by the NHS Wales Deputy Chief Executive this programme seeks to modernise access to and the provision of Urgent and Emergency Care across Wales WAST is represented on the Clinical Reference Group by Andy Swinburn 	Ongoing



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	4

RISK MANAGEMENT & BOARD ASSURANCE FRAMEWORK REPORT

MEETING	Trust Board
DATE	28th July 2022
EXECUTIVE	Trish Mills, Board Secretary
AUTHOR	Julie Boalch, Head of Risk, Deputy Board Secretary
CONTACT	Julie.Boalch@wales.nhs.uk

EXECUTIVE SUMMARY

1. The purpose of the report is to provide an update to the Trust Board in respect of activity relating to the Trust's Corporate Risks.

RECOMMENDATION:

Members are asked to consider and discuss the contents of the report and:

- a. Receive the improved Board Assurance Framework.
- b. Note that there are further actions outlined in the avoidable harm paper on the Trust Board agenda for this meeting that will further mitigate risks 223 and 224.
- c. Note the adoption of the new nationally agreed Risk Matrix including scoring levels, review schedules and risk descriptors.
- d. Note the 2022/23 Risk reporting timetable.

KEY ISSUES/IMPLICATIONS

2. This paper sets out the outcome of the work that has been undertaken to date to strengthen and rearticulate the Trust's Corporate Risks including new titles, summary descriptions and scores which Members are asked to note.
3. A review of each Corporate Risk score has been undertaken by mapping each control to related assurances and by identifying any gaps in these as well as any actions that can be taken to further mitigate the risk. As a result of this, 3 scores have increased.
4. Members are asked to note the risk reporting timetable approved by Audit Committee.
5. The nationally agreed Risk Matrix is included in this paper for information.

6. The Trust has recently undergone an Internal Audit review on Risk Management & Assurance and received a Reasonable Assurance rating.
7. The Executive Management Team (EMT) received formal, monthly feedback from the Assistant Director Leadership Team (ADLT) on activity relating to the corporate risks for approval.
8. Furthermore, each of the Corporate Risks were considered by the following Committees, as relevant to their remit, during the reporting period:
 - a) **People & Culture Committee** (10th May 2022)
 - b) **Quality, Safety & Patient Experience** (12th May 2022)
 - c) **Finance & Performance Committee** (18th July 2022)

REPORT APPROVAL ROUTE

9. The report has been considered by:
 - ADLT – 21st March 2022
 - ADLT – 22nd April 2022
 - EMT – 11th May 2022
 - Audit Committee – 7th June 2022

REPORT ANNEXES

10. SBAR report.
11. Annex 1 - Summary table describing the Trust's Corporate Risks.
12. Annex 2 - Risk Matrix
13. Annex 3 – Risk Reporting Timetable
14. Annex 4 - Board Assurance Framework

REPORT CHECKLIST

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

RISK MANAGEMENT & BOARD ASSURANCE FRAMEWORK REPORT

SITUATION

1. The purpose of this report is to provide an update in relation to the Trust's Corporate Risks with a particular focus on the work that has taken place to rearticulate and strengthen these.
2. A summary report describing each of the corporate risks as of 12th May 2022 is detailed in Annex 1 as an extract from the Corporate Risk Register (CRR).
3. The approved National Risk Matrix is included in Annex 2 for Members information.
4. A Risk Reporting Schedule is included in Annex 3 for information.
5. The improved Board Assurance Framework (BAF) report is included in the paper in Annex 4.

BACKGROUND

6. The Risk Management and Board Assurance Framework Transformation Programme was supported as the direction of travel at the Audit Committee in December 2021 and has been included in the IMTP. A progress report was submitted to the Audit Committee meeting in June 2022.
7. The immediate priority was for a detailed review of the Trust's 5 highest scoring risks with the remaining corporate risks to follow. A programme of work has been undertaken to strengthen the articulation of the corporate risks and any new risks including title, summary descriptions, controls, assurances and any gaps or additional actions required.
8. The Assistant Directors Leadership Team (ADLT) continue to review the risk assessments, which have been approved by the Risk Owner, on all new risks in addition to reviewing any changes to existing risks and mitigating actions, reporting activity to the Executive Management Team (EMT), Board Committees and Trust Board.

ASSESSMENT

9. There are currently 16 Corporate Risks on the register which are described in the summary table in Annex 1. The table sets out the rearticulation of each of the Corporate Risks including new titles and summary descriptions, utilising an '*if, then, resulting in*' approach, the Executive Owner of the Risk and the Risk score with any changes that have occurred during the period.

Highest Scoring Risks

10. The immediate priority of the transformation programme was to undertake a full review of the Trust's highest scoring risks: Risks 223, 224, 199, 316 and 160 which has been completed. New titles were determined, and the risks clearly articulated with new summary descriptions. The controls and assurances have been mapped together and any gaps identified. Further actions have been

identified to mitigate the risks in addition to reviewing the scores and controls rating assurances.

11. The same process has been applied to the remaining Corporate Risks on the CRR and these are described in the table in Annex 1 focussing on titles, summary descriptions and scores only. The full Risk detail, including controls, assurances, gaps and mitigating actions form part of the improved Board Assurance Framework (BAF) detailed in Annex 4; however, whilst significant progress has been made, this work is not fully complete with a number of risks still a work in progress.
12. The EMT has approved the rearticulation of each of the Corporate Risks, which are included in the summary table in Annex 1.
13. The Board are asked to note that there are a number of actions outlined before the Board at agenda item 8 of this meeting which will mitigate real time, avoidable harm in the context of extreme and sustained pressure across the urgent and emergency care service. These actions will further mitigate the Trust's highest scoring risks 223 and 224 and will be incorporated into the Board Assurance Framework during the July/August review of these risks. The Board will see these reflected in the reporting for the September Board.

Closure and De-Escalation of Risks

14. No risks have been closed from the CRR or de-escalated to Directorate Registers since the last meeting in May 2022.

Changes to Risk Scores

15. There have been no changes to the risk scores since the last meeting in May 2022.

Further Review of Risks

16. 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*
 - *NHS Decarbonisation*
 - *Supply Chain Issues – Digital Equipment*
 - *Securing Stakeholder Support to Deliver the Strategy and IMTP*
 - *Capacity to deliver change (IMTP)*
 - *Ongoing Impact of CoVID and Increasing Demand for Services (IMTP)*
 - *Staff health and wellbeing in the face of continued pressure (IMTP)*

Board Assurance Framework

17. One element of the Risk Transformational Programme was to develop a transitional BAF that focusses the Board on the key risks that are mapped to the IMTP deliverables and that might compromise the achievement of the Trust's strategic objectives. Until such time as the more mature and strategic BAF is developed during 2023/24 as part of the transformational programme, these key risks are the corporate risks due to their relationship to the IMTP delivery and their risk ratings.
18. This BAF was presented to Audit Committee in June 2022 and will be presented to each of the Committees as a standing Agenda item throughout the reporting cycles.

Internal Audit Review

19. The Trust has recently undergone an Internal Audit review on Risk Management & Assurance which received a Reasonable Assurance rating. Recommendations will be monitored by the Audit Committee at each meeting.

National Approach and Risk Matrices

20. Members are asked to note the new, nationally agreed Risk Scoring Matrices (Annex 2). These have been developed in partnership across Health Boards and Trusts to align the approach to Risk Management across the NHS in Wales wherever possible.
21. It should be noted that some of the likelihood and consequence descriptors have been improved by the inclusion of additional narrative and are highlighted in yellow on the matrix in Annex 2. None of the existing narrative has been removed. Two additional rows have been included to describe the *Environment, Estate and Infrastructure* as well as a separate row for *Health Inequalities and Equity*.
22. The Trust's current risk scoring matrix has 4 levels of *Red, Amber, Yellow and Green* as described in the table below:

Risk Score	Review Frequency	Risk Rating
15 – 25 Red	Review monthly	Extreme
8 – 12 Amber	Review quarterly	High
4 – 6 Yellow	Review every 6 months	Moderate
1 - 3 Green	Review at least annually	Low

23. The national agreement is for only 3 levels, and this has been achieved by removing the existing *Yellow* level and in addition to this, the *Extreme* risk rating has been removed and the levels recategorized as per the proposed new matrix in the table below:

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

Reporting Timetable

24. Members are asked to note the risk reporting timetable described in annex 3.
25. Each of the red and high scoring risks will be reviewed monthly by the Risk Owners with the support of the Risk Team as part of the agreed review frequency matrices; however, these will be reported to Trust Board on a quarterly basis and any additional actions included where possible.




RECOMMENDED:

26. **Members are asked to consider and discuss the contents of the report and:**
 - a) **Receive the improved Board Assurance Framework.**
 - b) **Note that there are further actions outlined in the Avoidable Harm paper that will further mitigate Risk 223 and 224.**
 - c) **Note the adoption of the new nationally agreed Risk Matrix including scoring levels, review schedules and risk descriptors.**
 - d) **Note the 2022/23 Risk reporting timetable.**

Annex 1 – Corporate Risk Register Summary

CORPORATE RISK REGISTER				
RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
223	<p>The Trust's inability to reach patients in the community causing patient harm and death</p> <p>Previous title: <i>Unable to attend patients in community who require See & Treat</i></p>	<p>IF significant internal and external system pressures continue</p> <p>THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community</p> <p>RESULTING IN patient harm and death</p>	Director of Operations	<p>25 (5x5)</p> <p>➔</p>
224	<p>Significant handover delays outside A&E departments impacts on access to definitive care being delayed and affects the trust's ability to provide a safe and effective service</p> <p>Previous title: <i>Patients delayed on ambulances outside A&E Departments</i></p>	<p>IF patients are significantly delayed in ambulances outside A&E departments</p> <p>THEN there is a risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised</p> <p>RESULTING IN patients potentially coming to harm and a poor patient experience</p>	Director of Quality & Nursing	<p>25 (5x5)</p> <p>➔</p>
160	<p>High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service</p> <p>Previous title: <i>High Sickness Absence Rates</i></p>	<p>IF there are high levels of absence</p> <p>THEN there is a risk that there is a reduced resource capacity</p> <p>RESULTING IN an inability to deliver services which adversely impacts on quality, safety and patient/staff experience</p>	Director of Workforce & Organisational Development	<p>20 (5x4)</p> <p>➔</p>
199	<p>Failure to embed an interdependent and mature health and safety culture which could cause harm and a breach in compliance with Health & Safety statutory legislation</p> <p>Previous title:</p>	<p>IF there is a failure to embed an interdependent and mature health and safety culture, effective arrangements and associated governance</p> <p>THEN there is a risk of a potential breach in compliance with the requirements of the Health & Safety at Work etc. Act 1974 and associated regulations and other statutory instruments</p>	Director of Quality & Nursing	<p>20 (4x5)</p> <p>➔</p>




CORPORATE RISK REGISTER

RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
	<i>Compliance with Health and Safety legislation</i>	RESULTING IN death or serious injury, and punitive actions from multiple enforcement agencies including penalties and adverse publicity leading to damage to reputation		
201	Damage to Trust reputation following a loss of stakeholder confidence <i>Previous title: Trust Reputation</i>	IF the stability of the Trust deteriorates to a level where service delivery fails to meet patient safety, national standards and contractual obligations THEN there is a risk of a loss of stakeholder confidence in the Trust RESULTING IN damage to reputation and increased external scrutiny	Director of Partnerships & Engagement	20 (4x5) 
139	Failure to Deliver our Statutory Financial Duties in accordance with legislation <i>Previous title: Non Delivery of Financial Balance</i>	IF the Trust does: <ul style="list-style-type: none"> not achieve financial breakeven and/or does not meet the planning framework requirements and/or does not work within the EFL and/or fails to meet the 95% PSPP target and/or does not receive an agreement with commissioners on funding (linked to 458) THEN there is a risk that the Trust will fail to achieve all its statutory financial obligations and the requirements as set out within the Standing Financial Instructions (SFIs) RESULTING IN potential interventions by the regulators, qualified accounts and impact on delivery of services and reputational damage	Director of Finance & Corporate Resources	16 (4x4) 
244	Estates accommodation capacity limitations impacting on EMS	IF the Trust is unable to increase accommodation capacity	Director of Operations	16 (4x4) 


CORPORATE RISK REGISTER

RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
	<p>Clinical Contact Centre's (CCC) ability to provide a safe and effective service</p> <p>Previous title: <i>Impact on EMS CCC service delivery due to estates constraints</i></p>	<p>THEN there is a risk that EMS CCC will not be able to accommodate all roles during periods of escalation and surge management or expand operations to support new initiatives</p> <p>RESULTING IN EMS CCC being unable to deliver services effectively which adversely impacts on quality, safety and patient/staff experience</p>		
245	<p>Failure to have sufficient capacity at an alternative site for EMS Clinical Contact Centres (CCCs) which could cause a breach of Statutory Business Continuity regulations</p> <p>Previous title: <i>Inability to maintain safe and effective services during a disruptive challenge due to insufficient capacity in EMS CCCs</i></p>	<p>IF CCCs are unable to accommodate additional core functions and do not have alternative site arrangements in place in the event of a business continuity incident</p> <p>THEN there is a risk that EMS CCCs cannot utilise other CCC's space, accommodation and facilities</p> <p>RESULTING IN potential patient harm and a breach of the requirements of the Civil Contingencies Act (2004) and Contingency Planning Regulations (2005)</p>	Director of Operations	<p>16 (4x4)</p> <p>➔</p>
311	<p>Inability of the Estate to cope with the increase in FTEs</p> <p>Previous title: <i>Failure to manage the cumulative impact on estate of the EMS Demand & Capacity Review, the NEPTS Review and GUH</i></p>	<p>IF the cumulative impact on the estate of the EMS Demand & Capacity Review and the NEPTS Review is not adequately managed</p> <p>THEN there is a risk that the Estate will not be able to cope with the increase in FTEs</p> <p>RESULTING IN potential failure to achieve the benefits/outcomes of the programme and reputational damage to the Trust</p>	Director of Finance & Corporate Resources	<p>16 (4x4)</p> <p>➔</p>

CORPORATE RISK REGISTER

RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
458	<p>A confirmed commitment from EASC and/or Welsh Government is required in relation to funding for recurrent costs of commissioning</p> <p>Previous title: <i>Confirmed commitments from EAST and/or Welsh Government required regarding funding for recurrent costs of commissioning to deliver the IMTP and/or additional services</i></p>	<p>IF sufficient recurrent funding is not forthcoming there is a risk that the Trust will be committed to additional expenditure through delivery of the IMTP and in year developments which are only recognised by commissioners on a cost recovery basis</p> <p>THEN there is a risk that the Trust may not be able to deliver services and there will be a lack of funding certainty when making recurrent cost commitments. Any potential 'exit strategies' from developed services could be challenging and harmful to patients.</p> <p>RESULTING IN patients not receiving services, the Trust not achieving financial balance and a potential failure to meet statutory obligations causing reputational damage</p>	Director of Finance & Corporate Resources	<p>16 (4x4)</p> 
260	<p>A significant and sustained cyber-attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems</p> <p>Previous title: <i>Cyber Risk</i></p>	<p>IF there is a large-scale cyber-attack on WAST, NHS Wales and interdependent networks which shuts down the IT network and there are insufficient information security arrangements in place</p> <p>THEN there is a risk of a significant information security incident</p> <p>RESULTING IN a partial or total interruption in WAST's ability to deliver essential services, loss or theft of personal/patient data and patient harm or loss of life</p>	Director of Digital Services	<p>15 (3x5)</p> 
100	<p>Failure to persuade EASC/Health Boards about WAST's ambitions and reach agreement on actions to deliver appropriate levels of patient safety and experience</p>	<p>IF WAST fails to persuade EASC/Health Boards about WAST ambitions</p> <p>THEN there is a risk of a delay or failure to receive funding and support</p>	Director of Strategy Planning & Performance	<p>12 (3x4)</p> 

CORPORATE RISK REGISTER				
RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
	Previous title: <i>Failure to collaborate, engage and reach agreement with EASC on ambitions and plans for WAST</i>	RESULTING IN a catastrophic impact on services to patients and staff and key outcomes within the IMTP not being delivered		
163	Maintaining Effective & Strong Trade Union Partnerships Previous title: <i>Trade Unions/Partnership Working</i>	IF the response to tensions and challenges in the relationships with Trade Union partners is not effectively and swiftly addressed and trust and (early) engagement is not maintained THEN there is a risk that Trade Union partnership relationships increase in fragility and the ability to effectively deliver change is compromised RESULTING IN a negative impact on colleague experience and/or services to patients.	Director of Workforce & Organisational Development	12 (3x4) ➡
283	Failure to implement the EMS Operational Transformation Programme Previous title: <i>EMS Demand & Capacity Review Implementation Programme</i>	IF there are issues and delays in the planning and organisation of the EMS Demand & Capacity Review Implementation Programme THEN there is a risk that WAST will fail to implement the EMS Operational Transformation Programme to the agreed performance parameters RESULTING IN potential patient harm, deterioration in staff wellbeing and reputational damage	Director of Strategy Planning & Performance	12 (3x4) ➡
424	Prioritisation or Availability of Resources to Deliver the Trust's IMTP Previous title: <i>Resource availability (capital) to deliver the organisation's IMTP</i>	IF resources are not forthcoming within the funding envelope available to WAST (link to risk 139) THEN there is a risk that there is insufficient capacity to deliver the IMTP RESULTING IN delay or non-delivery of IMTP deliverables which	Director of Strategy Planning and Performance	12 (3x4) ➡

CORPORATE RISK REGISTER				
RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
		will adversely impact on the Trust's ability to deliver its strategic objectives and improvement in patient safety and staff wellbeing		
303	<p>Delayed administration of chest compressions to patients as part of resuscitation</p> <p>Previous title:</p> <p><i>Delayed administration of chest compressions to patients as part of resuscitation</i></p>	<p>IF there is no universal guidance issued in relation to the level of PPE required when administering chest compressions and no reduction in infection rates of Covid-19</p> <p>THEN there is a risk of delayed administration of chest compressions to patients as part of resuscitation due to WAST ambulance crews continuing to wear level 3 PPE</p> <p>RESULTING IN potential patient harm and damage to the Trust's reputation</p>	Director of Paramedicine	<p>10 (2x5)</p> 

Annex 2 – Proposed National Risk Matrix begins at the top of the next page (17)

Consequence:	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
Safety & Well-being - Patients/ Staff/Public	Minimal injury requiring no/minimal intervention or treatment. No time off work. Physical injury to self/others that requires no treatment or first aid. Minimum psychological impact requiring no support. Low vulnerability to abuse or exploitation - needs no intervention. Category 1 pressure ulcer.	Minor injury or illness, requiring minor intervention. Requires time off work for >3 days Increased hospital stay 1-3 days. Slight physical injury to self/others that may require first aid. Emotional distress requiring minimal intervention. Increased vulnerability to abuse or exploitation, low level intervention. Category 2 pressure ulcer.	Moderate injury/professional intervention. Requires time off work 4-14 days. Increased hospital stay 4-15 days. RIDDOR/Agency reportable incident. Impacts on a small number of patients. Physical injury to self/others requiring medical treatment. Psychological distress requiring formal intervention by MH professionals. Vulnerability to abuse or exploitation requiring increased intervention. Category 3 pressure ulcer.	Major injury leading to long-term disability. Requires time off work >14 days. Increased hospital stay >15 days. RIDDOR Reportable. Regulation 4 Specified Injuries to Workers. Patient mismanagement, long-term effects. Significant physical harm to self or others. Significant psychological distress needing specialist intervention. Vulnerability to abuse or exploitation requiring high levels of intervention. Category 4 pressure ulcer.	Incident leading to death. RIDDOR Reportable. Multiple permanent injuries or irreversible health effects. An event which impacts on a large number of patients.
Quality/ Complaints/ Assurance/ Patient Outcomes	Peripheral element of treatment or service suboptimal. Informal complaint/inquiry.	Overall treatment/service suboptimal. Formal complaint (Stage 1). Local resolution. Single failure of internal standards. Minor implications for patient safety. Reduced performance.	Treatment/service has significantly reduced effectiveness. Formal complaint (Stage 2). Escalation. Local resolution (poss. independent review). Repeated failure of internal standards. Major patient safety implications.	Non-compliance with national standards with significant risk to patients. Multiple complaints/independent review. Low achievement of performance/delivery requirements. Critical report.	Totally unacceptable level or quality of treatment/service. Gross failure of patient safety. Inquest/ombudsman/inquiry. Gross failure to meet national standards/requirements.
Workforce/ Organisational Development/ Staffing/ Competence	Short-term low staffing level that temporarily reduces service quality (< 1 day).	Low staffing level that reduces the service quality.	Late delivery of key objective/service due to lack of staff. Unsafe staffing level (>1 day)/competence. Low staff morale. Poor staff attendance for mandatory/key professional training.	Uncertain delivery of key objective/ service due to lack/loss of staff. Unsafe staffing level (>5 days)/competence. Very low staff morale. Significant numbers of staff not attending mandatory/key professional training.	Non-delivery of key objective/service due to loss of several key staff. Ongoing unsafe staffing levels or competence/skill mix. No staff attending mandatory/professional training.
Statutory Duty, Regulation, Mandatory Requirements	No or minimal impact or breach of guidance/statutory duty.	Breach of statutory legislation. Reduced performance levels if unresolved.	Single breach in statutory duty. Challenging external recommendations/improvement notice.	Enforcement action. Multiple breaches in statutory duty. Improvement notices. Low achievement of performance/ delivery requirements. Critical report.	Multiple breaches in statutory duty. Zero performance rating. Prosecution. Severely critical report. Total system change needed.
Adverse Publicity or Reputation	Rumours. Low level negative social media. Potential for public concern.	Local media coverage - short-term reduction in public confidence/trust. Short-term negative social media. Public expectations not met.	Local media coverage - long-term reduction in public confidence & trust. Prolonged negative social media. Reported in local media.	National media coverage <3 days, service well below reasonable public expectation. Prolonged negative social media, reported in national media, long-term reduction in public confidence & trust. Increased scrutiny: inspectorates, regulatory bodies and WG.	National/social media coverage >3 days, service well below reasonable public expectation. Extensive, prolonged social media. MP/MS questions in House/Senedd. Total loss of public confidence/trust. Escalation of scrutiny status by WG.
Business Objectives or Projects	Insignificant cost increase/ schedule slippage.	<5 per cent over project budget. Schedule slippage.	5–10 per cent over project budget. Schedule slippage.	Non-compliance with national targets.10-25 per cent over project budget. Schedule slippage. Key objectives not met.	>25 per cent over project budget. Schedule slippage. Key objectives not met.
Financial Stability & Impact of Litigation	Small loss. Risk of claim remote.	Loss of 0.1–0.25% of budget Claim less than £10,000.	Loss of 0.25–0.5% of budget. Claim(s) between £10,000 and £100,000.	Uncertain delivery of key objective. Loss of 0.5-1.0% of budget. Claim(s) between £100,000 and £1 million. Purchasers failing to pay on time.	Non-delivery of key objective. Loss of >1 per cent of budget. Failure to meet specification. Claim(s) >£1 million. Loss of contract/payment by results.
Service/ Business Interruption	Loss/interruption of >1 hour. Minor disruption.	Loss/interruption of >8 hours. Some disruption manageable by altered operational routine.	Loss/interruption of >1 day. Disruption to a number of operational areas in a location, possible flow to other locations.	Loss/interruption of >1 week. All operational areas of a location compromised; other locations may be affected.	Permanent loss of service or facility. Total shutdown of operations.
Environment/Estate / Infrastructure	Minimal or no impact on environment/service/property.	Minor impact on environment/ service/property.	Moderate impact on environment/ service/property.	Major impact on environment/ service/property.	Catastrophic impact on environment/service/property.
Health Inequalities/ Equity	Minimal or no impact on attempts to reduce health inequalities/improve health equity.	Minor impact on attempts to reduce health inequalities or lack of clarity on the impact on health equity.	Lack of sufficient information to demonstrate reducing equity gap, no positive impact on health improvement or health equity.	Validated data suggests no improvement in the health of the most disadvantaged, whilst supporting the least disadvantaged, no impact on health improvement and/or equity.	Validated data demonstrates a disproportionate widening of health inequalities, or negative impact on health improvement and/or equity.

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

Annex 3 - Risk Reporting Timetable

	ADLT	EMT	Deadline for Papers	Audit Committee	FPC	QuEST	PCC
1	5th May 2022	11th May 2022	31st May 2022	7th June 2022	18th July 2022	11th August 2022	6th September 2022
2	8th August 2022	24th August 2022	8th September 2022	15th September 2022	19th September 2022	10th November 2022	29th November 2022
3	31st October 2022	9th November 2022	24th November 2022	1st December 2022	16th January 2023	9th February 2023	21st February 2023
4	23rd January 2023	8th February 2023	23rd February 2023	2nd March 2023	20th March 2023		


Risk Register locked and no further changes will be made apart from any amendments agreed at EMT.
 No risk report to FPC on 14th November 2022 (duplicate of 19th September 2022 report).


Annex 4 – Board Assurance Framework

Risk ID 223	The Trust’s inability to reach patients in the community causing patient harm and death			Date of Review:		11/05/2022		TREND	25 (5x5)
				Date of Next Review:		09/06/2022		➡	
IF significant internal and external system pressures continue		THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community	RESULTING IN patient harm and death		Likelihood	Consequence	Score		
				Inherent	4	5	20		
				Current	5	5	25		
				Target	2	5	10		
IMTP Deliverable Numbers: 3, 7,9,11, 12, 14,16, 18, 21, 22, 26									
EXECUTIVE OWNER		Director of Operations		ASSURANCE COMMITTEE		Quality, Safety and Patient Experience Committee			
CONTROLS				ASSURANCES					
<p>a. Hospital Ambulance Liaison Officer (HALO)</p> <p>b. Regional Escalation Protocol</p> <p>c. Immediate release protocol</p> <p>d. Resource Escalation Action Plan (REAP)</p> <p>e. 24/7 Operational Delivery Unit (ODU)</p> <p>f. Incident Response Plan (IRP)</p> <p>g. Gold/Strategic, Silver/Tactical and Bronze/Operational 24 hour/ 7 day per week system to manage escalation plans</p> <p>h. Alternative care pathways in place</p> <p>i. Hear and Treat</p> <p>j. Consult and Close</p> <p>k. Advanced Paramedic Practitioner (APP) deployment model</p> <p>l. Clinical Safety Plan</p> <p>m. Volunteers getting to patients</p> <p>n. Extended cohorting arrangements at Morriston and Grange hospitals to end of July 2022</p> <p>o. ETA scripting</p> <p>p. Clinical Contact Centre (CCC) emergency rule</p> <p>q. Protocol 36 (dealing with pandemic flu symptoms)</p> <p>r. BT duplicate call filter</p> <p>s. Escalation forums to discuss reducing and mitigating system pressures</p> <p>t. SCIF to discuss patient incidents that have triggered a certain risk level which have a potential of being reported to the Welsh Government</p>				<p>Internal Management (1st Line of Assurance)</p> <p>a. Patient Flow Coordinators (PFCs) are a commissioned service by the Health Board (x2 in ABUHB specifically for GUH) with a bespoke job description, these link directly with the National Delivery Managers in ODU</p> <p>b. Daily conference calls to agree RE levels in conjunction with Health Boards</p> <p>c. The Immediate Release Protocol is a Nationally agreed NHS Wales protocol. Refusals by Health Boards are Datixed by WAST and compliance report shared weekly with the Health Board Chief Operating Officers (COOs)</p> <p>d. Weekly review by Senior Operations team. The Senior Leadership Team convenes every Tuesday as the Weekly Performance Meeting to review performance and demand data, and review/assign REAP Levels as appropriate. Dynamic escalation via Strategic Command structure.</p> <p>e. Shift reports from ODU & ODU Dashboard received by Exec, SOT and On-Call Team at start/end</p> <p>f. The Incident Report Plan has been ratified via EMT</p> <p>g. Same as e</p> <p>h. Health Informatics reports, APP dashboard monitors, reports on app use by Consultant Connect</p> <p>i. Monitoring CSD rates through AQIs</p> <p>j. Consult and Close volumes form part of EMS CCC weekly reports to SPT. Regular reporting of incident volumes to Operational Review Groups. Summary level information about Consult and Close volumes, targets, trends and recontact rates reported to TB and sub-committees. Metrics relating to Ambulance Quality Indicators (AQI) published on a quarterly basis by EASC. Bi-monthly EASC Provider reports. Consult and Close performance reported in Joint Executive Team meeting every 6 months with Welsh Government. NWSSP Information Management Internal Audit report February 2022 (External Assurance)</p> <p>k. Qlik sense APP dashboard monitors performance and provides assurance that APPs are flowing patients into alternatives to emergency department. Qlik sense is a national report and can drill down into regional, local and individual performance as required</p> <p>l. Clinical agreement – agreeing escalation to higher levels, ODU dashboard, AACE paper through National Director of Operations group</p> <p>m. Volunteers are another resource for response, Volunteer</p> <p>n. Service level agreement in place</p> <p>o. The ETA Dashboard is a tactic that was signed off by EMT – there is a dashboard that supports scripting analysed by comparing with real time data</p> <p>p. CCC Emergency Rule is policy that has been signed off by Execs.</p> <p>q. There is a regular review of levels through SPT ratified at EPT.</p> <p>r. This is a tactic contained in REAP ratified through SPT and EPT</p> <p>s. Daily risk huddles are recorded, and documented actions are shared with stakeholders and progress monitored via the ODU</p> <p>t. Occurs on a weekly basis and meetings are minuted</p>					

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Risk ID 223	The Trust’s inability to reach patients in the community causing patient harm and death			Date of Review:		11/05/2022		TREND	25 (5x5)
				Date of Next Review:		09/06/2022		➡	
IF significant internal and external system pressures continue		THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community		RESULTING IN patient harm and death			Likelihood	Consequence	Score
						Inherent	4	5	20
						Current	5	5	25
						Target	2	5	10
GAPS IN CONTROLS				GAPS IN ASSURANCE					
<ul style="list-style-type: none">Acknowledgement and acceptance of risk by Health Boards and balancing the risks across the whole systemBlockages in system e.g internal capacity within Health Boards which affect patient flowCovid capacity streamingTransition Plan/Inverted Triangle – bid for transition plan has been put in and is now subject to fundingLocal delivery units mirroring WAST ODUHandover delays link to risk 224Tolerance in Health Boards has become the norm. As delays have increased, there appears to be no visible appetite to address these issuesThere is an ambition that no handover should exceed 4 hours and for lost hours to handover to be reduced by 25% but given the track record over last 6 months there is a low confidence in attaining this.Outputs from the NHS System Reset – it is a closer collaboration to address some of the system blockages and reduce system pressures. This is the aspiration <p><i>Please note that the gaps listed are not WAST’s and are therefore outside of the control of WAST</i></p>				None immediately identified but subject to continual review					
Actions to reduce risk score or address gaps in controls and assurances				Action Owner		By When/Milestone	Progress Notes:		
1. Exploring Rural model options (Paused during Pandemic Response) – subject to funding through IMTP				Assistant Director of Operations EMS / Assistant Director of Operations – National Operations & Support		Subject to funding - no timeframe for this			
2. Leading Change Together (forum to progress workforce related work streams jointly with TUPs)				ADLT Sub-Group		30.09.22			
3. EMS Demand & Capacity i.e. review and implementation of new EMS rosters				Assistant Director of Operations EMS		30.09.22			
4. Transition arrangements post pandemic				Executive Pandemic Team		30.09.22			

Risk ID 224	Significant Handover of Care Delays Outside Accident and Emergency Departments Impacts on Access to Definitive Care Being Delayed and Affects the Trust’s Ability to Provide a Safe & Effective Service for Patients			Date of Review:		20/05/2022		TREND	25 (5x5)
				Date of Next Review:		30/06/2022			
IF patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments		THEN there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised		RESULTING IN patients coming to significant harm and a poor patient experience			Likelihood	Consequence	Score
						Inherent	5	5	25
						Current	5	5	25
						Target			
IMTP Deliverable Numbers: 7,9, 10, 11, 12, 13, 14, 15, 16, 23, 24, 25, 26, 33, 35									
EXECUTIVE OWNER		Director of Quality & Nursing			ASSURANCE COMMITTEE		Quality, Safety and Patient Experience Committee		
CONTROLS					ASSURANCES				
<p>a. WAST Serious Clinical Incident Forum (SCIF) is in place to discuss patient safety incidents, learning and improvement actions to prevent future harm, working in collaboration with Health Boards / NHS Wales Delivery Unit under the <i>Framework for the Investigation of Patient Safety Serious Incidents (SIs)</i> V2.2, dated July 2019.</p> <p>b. WAST membership of the working group to reform the Framework for the Investigation of Patient Safety Serious Incidents (SIs) national investigation framework with system partners. To be chaired by the Deputy Chief Ambulance Commissioner.</p> <p>c. WAST and system compliance with National Standards - 15-minute handover (NHS Wales Hospital Handover Guidance v2 (May 2016)</p> <p>d. WAST Clinical Notice in place - Escalating a clinical concern with a deteriorating patient outside the Emergency Department (11.02.2021). National Early Warning Score (NEWS) trigger of 5 or above for escalation to hospital clinicians.</p> <p>e. Workstreams put in place to meet requirements of <i>Right care, right place, first time Six Goals for Urgent and Emergency Care A policy handbook 2021–2026</i>. Goal 4 incorporates the reduction of handover of care delays through collective system partnership. WAST membership on the workstream in place looking at handover of care delays which includes the implementation of Fit2Sit programme and handover of care checklist pan NHS Wales. Additionally, the Emergency Ambulance Services Committee (EASC) have stated that no delay should exceed 4 hours.</p> <p>f. Hospital Ambulance Liaison Officer (HALO) (Some health Boards).</p> <p>g. Regional Escalation Protocol and Resource Escalation Action Plan (REAP).</p> <p>h. Staff from WAST, Health Boards and third sector organisations assisting to meet patient’s Fundamentals of Care as best they can in the circumstances.</p> <p>i. 24/7 Operational Delivery Unit (ODU) escalating handover delays / patient condition to Health Board colleagues.</p> <p>j. Gold/Strategic, Silver/Tactical and Bronze/Operational 24 hour/ 7 day per week system to manage escalation plans.</p> <p>k. Escalation forums to discuss reducing and mitigating system pressures.</p> <p>l. WAST Education and training programmes include deteriorating patient (NEWS), tissue viability, dementia awareness, mental health.</p> <p>m. Clinical audit programme</p> <p>n. Workshop set up by the Deputy Chief Ambulance Commissioner to respond to the findings in the Health Care Inspectorate Wales (HIW) Report <i>Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover</i> (undertaken 2021). WAST has senior representation at this meeting. – assurance is that HIW approve and sign off WAST elements and Health Board elements of recommendations.</p>					<p>Internal Management (1st Line of Assurance)</p> <p>a.Patient safety reporting and escalation through the Serious Clinical Incident Panel (SCIF), Patient Safety Highlight Reports, Health Board specific reports in place with escalation through WAST governance framework</p> <p>e. Monitoring of Ambulance Quality Coordinators</p> <p>f. Patient Flow Coordinators (PFCs) are a commissioned service by the Health Board (x2 in ABUHB specifically for GUH) with a bespoke job description, these link directly with the National Delivery Managers in ODU</p> <p>g. The Senior Leadership Team convenes every Tuesday as the Weekly Performance Meeting to review performance and demand data, and review/assign REAP Levels as appropriate. Dynamic escalation via Strategic Command structure</p> <p>h. Confirmed through HIW workshops</p> <p>i. Shift reports from ODU & ODU Dashboard received by Exec, SOT and On-Call Team at start/end</p> <p>j. Same as i</p> <p>k. Daily risk huddles are recorded, and documented actions are shared with stakeholders and progress monitored via the ODU</p> <p>l. Integrated Quality and Performance Report, Health Informatics reports, APP dashboard monitors, reports on app use by Consultant Connect (I) and shared at local and corporate meetings regarding patient safety and handover of care position across NHS Wales and NHS England</p> <p>m. <i>TBC via meeting with Assistant Director Research, Audit and Service Improvement</i></p> <p>n. HIW approve and sign off WAST elements of recommendations</p> <p>External Management (1st Line of Assurance)</p> <p>a. Monitoring and oversight of the Ambulance Quality Indicators (AQIs) including handover of care timeliness and Commissioning Framework by the Chief Ambulance Services Commissioner (CASC) and Joint Executive Team meeting Welsh Government (I&E).</p> <p>b. Healthcare Inspectorate Wales (HIW) ‘Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover’ Report and system wide improvement plan with working group in place with WAST senior representation. Oversight by HIW and CASC</p>				
GAPS IN CONTROLS					GAPS IN ASSURANCE				
<ul style="list-style-type: none">• Inconsistent review of potentially serious / catastrophic patient safety incidents in line with the Framework for the Investigation of Patient Safety Serious Incidents (SIs) V2.2, dated July 2019 (frequently referenced as ‘Appendix B’ Reports) by Health Boards pan NHS Wales and lack of ownership of system risks* (covering control a)• Lack of pace in the formation of a working group (pan Wales) to address the findings of the NHS Wales Delivery Unit Report on the implementation of the Framework for the Investigation of Patient Safety Serious Incidents (SIs)* (covering control b)• Lack of implementation and holding to account regarding the <i>NHS Wales of the Handover Guidance v2</i> and recognition of the patient safety risks pan NHS Wales* (covering control c)• Variation in responsiveness at Emergency Departments to the escalating concerns regarding patients’ NEWS* (covering control d)• Internally WAST require rapid access to collective patient safety data including NEWS at Emergency Department level for local managers, the Operational Delivery Unit, senior managers, and patient safety / quality improvement teams to support quality and patient safety conversations and reporting (covering control d)					<ul style="list-style-type: none">• Lack of live collective patient safety metrics and look back data at ED level for in baseline data for improvement projects and WAST reports (covering assurance a)• Strengthen current quality, safety and patient experience reports to include collective data over time and use statistical process charts where appropriate (covering assurance b)• 15-minute handover target is not being achieved pan-Wales * (covering assurance c)• TBC via discussion with Assistant Director Research, Audit and Service Improvement (covering assurance d)• Planning and performance teams are preparing workstreams. Lack of escalation and response to AQIs by the wider urgent care system and regulators * (covering assurance e)• Lack of escalation and response to AQIs by the wider urgent care system and regulators* (covering assurance a)• Lack of collective system response to HIW ‘Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover’ Report. Meetings cancelled x 2 in May 2022. WAST has representation on the working group* (covering assurance b) <p>(*WAST can influence but the gap is out of WAST’s control).</p>				

Risk ID 224	Significant Handover of Care Delays Outside Accident and Emergency Departments Impacts on Access to Definitive Care Being Delayed and Affects the Trust’s Ability to Provide a Safe & Effective Service for Patients			Date of Review:		20/05/2022		TREND	25 (5x5)
				Date of Next Review:		30/06/2022			
IF patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments			THEN there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised	RESULTING IN patients coming to significant harm and a poor patient experience		Likelihood	Consequence	Score	
					Inherent	5	5	25	
					Current	5	5	25	
					Target				
<ul style="list-style-type: none">Variation in appetite across the Health Boards to implement Fit2Sit, citing overcrowded emergency department waiting rooms as the reason. Quality Improvement approach required to engage and influence, led by WAST (WAST have some control on this). Limited confidence in system engagement to address Goal 4 (covering control e)Protracted timescales in the <i>Right care, right place, first time Six Goals for Urgent and Emergency Care - A policy handbook 2021–2026</i>. Goal 4 ‘Improving ambulance patient handover, ensuring no one arriving by ambulance at an Emergency Department waits more than 60 minutes from arrival to handover to a clinician – by the end of April 2025. The number of people waiting over this period for ambulance patient handover will reduce on an annual basis until that point’. No detail on incremental improvements required at emergency department level or oversight mechanisms. EASC have stated that no delay should exceed 4 hours although WAST is yet to see any demonstrable plans to support this*.Position not implemented across all emergency departments* (covering control f)Variable depending on staff resources and facilities at each ED. WAST have minimal control on this at patient level* (covering control h)Mandatory training compliance lower than required. Recovery plan in place (covering control i)Lack of pace and engagement from system partners. Second meeting cancelled on two occasions in May 2022* (covering control n)National steer required to confirm the accountability arrangements regarding patients in ambulances outside of the emergency departments. The seven Local Health Boards (LHBs) in Wales are responsible for planning and securing delivery of primary, community, secondary care services, and also the specialist services for their areas* (covering control n) (*WAST can influence but the gap is out of WAST’s control).									
Actions to reduce risk score or address gaps in controls and assurances				Action Owner	By When/Milestone	Progress Notes:			
1.Right care, right place, first time Six Goals for Urgent and Emergency Care A policy handbook 2021–2026 Goal 4: Rapid response in physical or mental health crisis.				TBC	Awaiting internal programme details				
2. Fit 2 Sit implementation – through the Emergency Department Quality Delivery Framework (EDQDF).				Head of Quality (QSPE)	Timeframes awaited via EDQDF				
3. Develop and implement patient safety dashboards at Emergency Department level (NHS Wales & NHS England). With a handful key quality metrics / KPIs which may include: <ul style="list-style-type: none">NEWSAgeWaiting times (Live) (Call to current time)Existing long-term conditionImmediate release data (Links to 223) 3. Incrementally strengthen the look back collective intelligence data in the Patient Safety Highlight Report over the next six months to include as relevant: <ul style="list-style-type: none">‘Call to definitive care’ time‘Number of patients ROLED at scene – outside of response time’Safeguarding referralsPatient experience dataClinical audit dataSCIF (NRIs) / Appendix Bs numbersPressure damage – whole pathway (grade 3 /4 – ambulance transfers)Regulation 28 Prevention of Future Deaths Reports issuedConcerns dataMedical examiner / mortality review outcomes				Head of Patient Safety	October 2022				
				Head of Patient Safety	Develop during Quarter 2 2022 data period				
4. HIW Improvement Workshop and Task & Finish Group (coordinated by CASC). WAST actions required and also influencing improvements across the system in response to the Healthcare Inspectorate Wales Inspection report (2021) ‘Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover’ which links to Fundamentals of Care.				Assistant Director Quality & Nursing	Quarterly updates on progress to QuEST commencing August 2022				
5. Participation in the CASC led workshop to reform <i>the Framework for the Investigation of Patient Safety Serious Incidents (SIs) V2.2, dated July 2019</i>				Assistant Director Quality & Nursing	Timeframes awaited from CASC / NHS Wales Delivery Unit	18			

Risk ID 160	High absence rates impacting on patient safety, staff wellbeing and the trust’s ability to provide a safe and effective service			Date of Review:		11/04/2022		TREND	20 (5x4)
				Date of Next Review:		30/06/2022		➡	
IF there are high levels of absence e.g. sickness and alternative duties		THEN there is a risk that there is reduced resource capacity		RESULTING IN an inability to deliver services which adversely impacts on quality, safety and patient/staff experience			Likelihood	Consequence	Score
						Inherent	4	4	16
						Current	5	4	20
						Target	3	4	12
IMTP Deliverable Numbers: 1,5, 9, 10, 12, 17, 18, 19, 20, 26, 34									
EXECUTIVE OWNER		Director of Workforce & Organisational Development		ASSURANCE COMMITTEE		People and Culture Committee			
CONTROLS				ASSURANCES					
<div>a. Managing Attendance at Work Policy/Procedures in place b. Respect and Resolution Policy c. Raising Concerns Policy d. Health and Wellbeing Strategy e. Operational Workforce Recruitment Plans f. Roster Review & Implementation g. Return to Work interviews are undertaken h. Training i. Directors receives monthly email with setting out ESR sickness data j. Operational managers receive daily sickness absence data via GRS k. People Services & Occupational Health & Wellbeing support/Employee Assistance Programme l. WAST Keep Talking (mental health portal) m. Suicide first aiders n. TRiM o. Peer Support network p. Coaching and mentoring framework q. Staff surveys r. Stress risk assessments s. Sickness statistics are reported to SLT, SOT, People & Culture Committee, Trust Board and the CASC t. External agency support e.g. St John Ambulance, Fire and Rescue u. Strategic Equality Objectives v. Volunteers w. Monthly reviews of colleagues on Alternative duties x. Manager guidance on managing Alternative duties y. Fortnightly report on absence to EMT and report to every meeting of People & Culture Committee</div>				<div>Internal Management (1st Line of Assurance) ‘a.Policy reviews to ensure policies and procedures are fit for purpose (covering a – c) a. Audits by People Services on sickness (covering a) b. Sickness forms part of Workforce Scorecard to People & Culture Committee (covering s) c. Action plans arising from meetings with colleagues implemented through monthly diarised meetings (covering w) d. Minuted meetings and action logs for EMT & People & Culture Committee (covering y) External Management (1st Line of Assurance) e. All Wales review of All Wales Attendance at Work Policy (covering a) Independent Assurance (3rd Line of Assurance) f. Internal Audits scheduled through Shared Services Partnership (covering controls a – x) g. Audit Wales – Taking Care of the Carers report in October 2021 (covering controls a – x)</div>					
GAPS IN CONTROLS				GAPS IN ASSURANCE					
<div><ul style="list-style-type: none">Wellbeing policy currently being produced (covering control d)There is no steering group for Health and Wellbeing – there are plans to restart the group (covering control d)Consistency and Application in Managing Attendance at Work Policy (covering control a)Education and communication with managers about resources available and how to implement it e.g. stress risk assessments (cover controls a – v)It is not known what is undertaken with respect to the data covered in assurances i and j once it is received</div>				<div>Internal<ul style="list-style-type: none">Reporting on training compliance (covering control h)Absence data is not updated in a timely manner into ESR by managers (covering controls i, j and s)There are other factors that impact on sickness which can’t be controlled External None identified at the present moment</div>					

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Risk ID 160	High absence rates impacting on patient safety, staff wellbeing and the trust’s ability to provide a safe and effective service			Date of Review:		11/04/2022		TREND	20 (5x4)
				Date of Next Review:		30/06/2022		➡	
IF there are high levels of absence e.g. sickness and alternative duties		THEN there is a risk that there is reduced resource capacity		RESULTING IN an inability to deliver services which adversely impacts on quality, safety and patient/staff experience			Likelihood	Consequence	Score
						Inherent	4	4	16
						Current	5	4	20
						Target	3	4	12
Actions to reduce risk score or address gaps in controls and assurances				Action Owner		By When/Milestone	Progress Notes:		
1. Implementation of Improving Attendance project				Deputy Director of Workforce & OD		30.09.23			
2. Implementation of Behaviours Refresh Plan				Assistant Director – Inclusion, Culture and Wellbeing		31.10.22			
3. Long term sickness absence deep dive				Deputy Director of Workforce & OD		31.07.22			
4 . Develop guidance for line managers to support addressing challenging conversations and change				Deputy Director of Workforce & OD		31.07.22			
5. Roll out platform for raising concerns (in relation to Freedom to Speak Up Arrangements)				Freedom to Speak Up Arrangements Task & Finish Group		31.07.22			
6. Strengthen Freedom to Speak Up Arrangements policy and advice				Deputy Director of Workforce and OD		31.05.23			
7. Create a Manager and Staff training plan for Freedom to Speak Up Arrangements				Deputy Director of Workforce and OD		31.05.23			
8. Accountability meetings with senior ops managers				Deputy Director of Workforce & OD		30.09.22			
9. Attendance Management training for managers				Deputy Director of Workforce & OD		31.12.22			
10.PADR review including wellness questions				Assistant Director – Inclusion, Culture and Wellbeing		31.05.22			
11.Restart the Health and Wellbeing Steering Group				Assistant Director – Inclusion, Culture and Wellbeing		31.05.22			
12. Roll out of meta data compliance policy solution				Senior ICT Security Specialist		31.12.22			

Risk ID 199	Failure to embed an interdependent and mature health and safety culture which could cause harm and a breach in compliance with Health & Safety statutory legislation			Date of Review:		24/05/2022		TREND	20 (4x5)	
				Date of Next Review:		30/06/2022		➡		
IF there is a failure to embed an interdependent and mature health and safety culture, effective arrangements and associated governance		THEN there is a risk of a potential breach in compliance with the requirements of the Health & Safety at Work etc. Act 1974 and associated regulations and other statutory instruments		RESULTING IN death or serious injury, and punitive actions from multiple enforcement agencies including penalties and adverse publicity leading to damage to reputation			Likelihood	Consequence		Score
						Inherent	4	5		20
						Current	4	5		20
						Target	2	5		10
IMTP Deliverable Numbers: 1, 7, 9, 12, 16, 17, 24, 25, 26, 33, 35, 38										
EXECUTIVE OWNER		Director of Quality and Nursing			ASSURANCE COMMITTEE		Quality, Safety and Patient Experience Committee People and Culture Committee			
CONTROLS					ASSURANCES					
a. Systematic review and assessment of Health and Safety arrangements and Governance (Health & Safety Management system) b. Health & Safety Governance and reporting arrangements e.g. committees and sub-groups c. Provision of dedicated health and safety expertise and advice d. Health & Safety Policy and procedures e. Mandatory Health and Safety training f. Scheduled H&S visits and inspections g. Risk assessments (including local risk assessments -Covid 19, workplace risk assessments, risk assessments covering EMS and NEPTs activities) h. Working Safely Programme Board, Dynamic Delivery Action Group & Programme Manager to provide oversight of Working Safely Action Plan i. IOSH Managing Safely for Managers training in place j. IOSH Leading Safely for Directors and Senior Managers training in place					Internal Management (1 st Line of Assurance) a. Assessment criteria set for management system (all Wales system) b. Monthly H&S report to ADLT, quarterly report and annual report to ADLT, H&S committee, EMT, PCC c. Working Safely team in place until end of September 2022 d. H&S Policy approved in 2018 e. Quarterly statistics available from ESR and this forms part of Head of Health and Safety’s quarterly report f. Head of Health and Safety’s monthly report to ADLT g. Covid 19 assessments are monitored by Business Continuity and Recovery Cell Team (BCRT) on a weekly basis. Other risk assessments and SOPs are held on Sharepoint and have been submitted to SOT for approval h. Working Safely Action Plan has been agreed and this is being held to account by Strategic Transformation Board. Deliverables are being monitored fortnightly through Dynamic Delivery Group meeting. Terms of reference for Dynamic Delivery Group are approved. i. Attendance and competency figures provided in a monthly report to ADLT and quarterly report to committees and above j. Attendance and figures provided in monthly report to ADLT. Personal safety commitments are being monitored on a quarterly basis External Independent Assurance (3 rd Line of Assurance) Internal Audit to be undertaken in Q4 22/23(covering a – j)					
GAPS IN CONTROLS					GAPS IN ASSURANCE					
• Baseline audit for (a) not to be commenced till Q1 2022 (<i>being addressed in Actions 1 & 7</i>) • The Health and Safety Policy and some procedures are due to be reviewed by the end of Q1 2022 (covering control d in Q1 2022 (<i>being addressed in Action 1</i>) • Effective learning from events to be documented (<i>being addressed in Action 1</i>) • Operational pressures on service impacting on Working Safely Programme delivery (covering control h) (<i>being addressed in Action 1</i>) • Staff available to deliver training (covering control i). There is an aim to commence training in May 2022 (<i>being addressed in Action 4</i>) • Staff availability to provision and schedule training (covering control j) (<i>being addressed in Actions 2 & 3</i>) • 2 live vacancies for H&S Business Partners will be advertised week commencing 3.05.22. This will need to be filled (covering control c) (<i>being addressed in Action 4</i>) • Poor uptake in H&S training due to sustained pressures and under capacity to deliver in H&S (covering control e) (<i>being addressed as part of Actions 2 – 3</i>) • Lack of cultural baseline to demonstrate H&S awareness (covering control a) (<i>being addressed in Action 5</i>) • A compliance register is under construction that describes the requirements of the various Health & Safety legislation that we need to comply with (covering control a) (<i>being addressed in Action 6</i>) • An assessment section will provide assurance on how we are complying with the legislation (covering control d) (<i>being addressed in Action 7</i>)					Internal • Capacity issues in assessing management system (covering assurance a) • Subgroups of H&S committee currently under review (covering assurance b) • After September 2022, uncertainty over capacity to deliver to the Working Safely programme (covering assurance c) • Review of H&S Policy is due at end of Q1 2022 (covering assurance d) • Workforce Transformational change will influence content within H&S policy (covering assurance d) • Developing schedule for H&S inspections and visits. Once this is undertaken, metrics to be developed (covering assurance f) • Current copies of risk assessments and SOPs are not available at all stations (covering assurance g) • Do not know how many SOPs are required until baseline audit completed (covers assurance g) • H&S team in discussions with best way of monitoring Personal safety commitments (covering assurance j) • Do not have a schedule of training in place but expecting to complete this in Q1 2022 (covering assurance j)					

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Risk ID 199	Failure to embed an interdependent and mature health and safety culture which could cause harm and a breach in compliance with Health & Safety statutory legislation			Date of Review:		24/05/2022		TREND	20 (4x5)
				Date of Next Review:		30/06/2022		➡	
IF there is a failure to embed an interdependent and mature health and safety culture, effective arrangements and associated governance		THEN there is a risk of a potential breach in compliance with the requirements of the Health & Safety at Work etc. Act 1974 and associated regulations and other statutory instruments		RESULTING IN death or serious injury, and punitive actions from multiple enforcement agencies including penalties and adverse publicity leading to damage to reputation			Likelihood	Consequence	Score
						Inherent	4	5	20
						Current	4	5	20
						Target	2	5	10
Actions to reduce risk score or address gaps in controls and assurances				Action Owner	By When/Milestone	Progress Notes:			
1. Delivery of the Working Safely Action Plan (WSAP) (Priority top 25)				Head of Health & Safety	31.08.22				
2. IOSH Leading Safely training to be delivered to Exec Team and Board (forms part of WSAP)				Head of Health & Safety	31.12.22				
3. WAST Leading Safely Behavioural Audit training to Exec Team and Board (forms part of WSAP)				Head of Health & Safety	31.12.22				
4. H&S team workforce review (accompanying Business Case forms part of this) (this forms part of WSAP)				Head of Health & Safety	31.03.22	Completed H&S Workforce report was presented and discussed at EMT on 6.04.22. Director of Finance and Corporate Resources would be formulating a paper for discussion at the ADLT/EMT meeting on 13.04.22 to discuss the issue of investment in Corporate Services based on the evidence provided in H&S Workforce report.			
5. Culture survey to all members of staff (forms part of WSAP)				Head of Health & Safety	30.06.22				
6. A compliance register that describes the requirements of the various Health & Safety legislation that the Trust needs to comply with (part of WSAP)				Working Safely Programme Manager	30.06.22				
7. An initial assessment will provide assurance on how we are complying with the legislation.				Working Safely Programme Manager	Assurance - 30.06.22 Rolling programme of audits – 31.12.22 (Checkpoint date)				

Risk ID 201	Damage to Trust reputation following a loss of stakeholder confidence			Date of Review:		19/04/2022		TREND	20 (4x5)
				Date of Next Review:		30/06/2022		➡	
IF the stability of the Trust deteriorates to a level where service delivery fails to meet patient safety, national standards and contractual obligations		THEN there is a risk of a loss of stakeholder confidence in the Trust		RESULTING IN damage to reputation and increased external scrutiny			Likelihood	Consequence	Score
						Inherent	4	5	20
						Current	4	5	20
						Target	3	5	15
IMTP Deliverable Numbers: 2,18, 26, 34, 38									
EXECUTIVE OWNER		Director of Partnerships and Engagement		ASSURANCE COMMITTEE		People and Culture Committee			
CONTROLS				ASSURANCES					
a. Regular engagement with senior stakeholders e.g. Ministers, senior Welsh Government officials, commissioners, elected politicians and NHS Wales organisational system leaders b. Challenging of media reports to ensure accuracy c. Media liaison to ensure relationships developed with key media stakeholders d. Board approved Engagement Framework e. Engagement Framework Delivery Plan f. Engagement governance and reporting structures are in place g. Escalation procedure for issues to the Board				Internal Management (1 st Line of Assurance) a. Agendas, minutes and documents of engagement events b. Programme of daily media engagement c. Same as b d. Issues of reputation monitored at EMT – minuted meetings and action logs. ‘f. Relevant information which impacts on reputation is reported and scrutinised via all internal committees e.g. EMT, FPC, PCC, QuEST & Audit Committee – minuted meetings and action logs ‘g. Minuted meetings, action logs and Board papers External Not applicable					
GAPS IN CONTROLS				GAPS IN ASSURANCE					
a. Inability to control external environment b. Dependency on Commissioners’ decisions c. Unpredictable external environment affecting the way the Trust operates d. Engagement Framework is due to be submitted to the Board for approval in May 2022 (covering control d) e. Engagement Framework Delivery Plan suspended due to Covid-19 and will be reinstated subject to the Engagement Framework being approved by the Board (covering control e) f. Lack of resilience in the function – team is very small so any absences would have an impact on ability to respond				Internal • Engagement Framework Delivery Plan suspended due to Covid-19 and will be reinstated subject to the Engagement Framework being approved by the Board (covering control e) External Not applicable					
Actions to reduce risk score or address gaps in controls and assurances				Action Owner		By When/Milestone		Progress Notes:	
1. Submit refreshed Board Engagement Framework to Trust Board for approval				Director of Partnerships & Engagement		26.05.22			
2. Report progress on Engagement Framework Delivery Plan to the People and Culture Committee				Director of Partnerships & Engagement		30.09.22 – Checkpoint Date			
3. Monitoring internal Quality and Performance of Trust				Executive Management Team Finance and Performance Committee Quality, Safety and Patient Experience Committee People and Culture Committee Audit Committee		31.03.23 – Checkpoint Date			
4. Engaging with internal and external stakeholders to develop confidence				CEO & Director of Partnerships & Engagement		31.03.23- Checkpoint Date			
5. Monitoring external factors that may affect the Trust				CEO & Director of Partnerships & Engagement		31.03.23 – Checkpoint date			

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Risk ID 139	Failure to deliver our Statutory Financial Duties in accordance with Legislation			Date of Review:		01/04/2022		TREND	16 (4x4)
				Date of Next Review:		30/06/2022		➡	
IF the Trust does: <ul style="list-style-type: none">not achieve financial breakeven and/ordoes not meet the planning framework requirements and/ordoes not work within the EFL and/orfails to meet the 95% PSPP target and/ordoes not receive an agreement with commissioners on funding (linked to 458)		THEN there is a risk that the Trust will fail to achieve all of its statutory financial obligations and the requirements as set out within the Standing Financial Instructions (SFIs)		RESULTING IN potential interventions by the regulators, qualified accounts and impact on delivery of services and reputational damage			Likelihood	Consequence	Score
						Inherent	3	4	12
						Current	4	4	16
						Target	2	4	8
IMTP Deliverable Numbers: 10, 18, 28, 30, 34. 35, 37,38									
EXECUTIVE OWNER		Director of Finance and Corporate Resources			ASSURANCE COMMITTEE		Finance and Performance Committee		
CONTROLS					ASSURANCES				
<div>a. Financial governance and reporting structures in place</div> <div>b. Financial policies and procedures in place</div> <div>c. Budget management meetings</div> <div>d. Regular financial reporting to ADLT, EFG, EMT, FPC and Trust Board in place</div> <div>e. Welsh government reporting</div> <div>f. Monthly review of savings targets</div> <div>g. Regular review monitoring and challenge via WAST and CASC quality and delivery meeting with commissioners.</div> <div>h. Monthly ICMB (Internal Capital Monitoring Board) meetings to monitor and review progress against capital programme and engagement with WG and capital leads.</div> <div>i. PSPP monthly reporting and regular engagement with P2P colleagues and periodic Trust Wide communications</div> <div>j. Forecasting of revenue and capital budgets</div> <div>k. Business cases and benefits realisation (both revenue and capital)</div>					Internal Management (1st Line of Assurance) <div>'a. Risk is reviewed quarterly at F&P and a report is submitted bi-monthly to Trust Board</div> <div>'c. Diarised dates for budget management meetings</div> <div>d. Diarised dates for EFG and FPC and monthly reports</div> <div>f. ADLT monthly review</div> <div>h. Diarised dates for ICMB meetings with regular monthly reports</div> <div>i. Regular PSPP communications (Trust wide) on Siren</div> <div>j. Monthly monitoring returns to ADLT, EFG, EMT and FPC</div> <div>j. Reliance on available intelligence to inform future forecasting.</div> <div>k. Business cases – scrutiny and approval at senior management team which are submitted to ADLT, EMT, FPC prior to Trust Board for approval as appropriate according to value.</div>				
					External Management (1st Line of Assurance) <div>e. Monthly Monitoring Returns to Welsh Government</div> <div>g. EASC management meetings. Monthly meetings with EASC and DAG for NEPTS.</div> <div>h. Bi-monthly Capital CRL meetings with Trust and WG capital leads</div> <div>i. Regular P2P meetings diarised (bi-monthly)</div> <div>j. Monthly monitoring returns into Welsh Government</div>				
					Independent (3rd Line of Assurance) <ul style="list-style-type: none">Internal audit reviews covering controls a – jExternal audit reviews covering controls a – j				

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Risk ID 139	Failure to deliver our Statutory Financial Duties in accordance with Legislation			Date of Review:		01/04/2022		TREND	16 (4x4)
				Date of Next Review:		30/06/2022		➡	
IF the Trust does: <ul style="list-style-type: none">not achieve financial breakeven and/ordoes not meet the planning framework requirements and/ordoes not work within the EFL and/orfails to meet the 95% PSPP target and/ordoes not receive an agreement with commissioners on funding (linked to 458)		THEN there is a risk that the Trust will fail to achieve all of its statutory financial obligations and the requirements as set out within the Standing Financial Instructions (SFIs)		RESULTING IN potential interventions by the regulators, qualified accounts and impact on delivery of services and reputational damage			Likelihood	Consequence	Score
						Inherent	3	4	12
						Current	4	4	16
						Target	2	4	8
GAPS IN CONTROLS				GAPS IN ASSURANCE					
<ul style="list-style-type: none">Lack of formalised service contracts between Commissioner and WAST as a commissioned body				None identified					
Actions to reduce risk score or address gaps in controls and assurances				Action Owner		By When/Milestone	Progress Notes:		
1. Continuing negotiations with Commissioners				Director of Finance and Corporate Resources/ Director of Strategy Planning and Performance		31/03/23 – Checkpoint Date			
2. Embed a transformative savings plan and ensure organisational buy in				ADLT and Savings subgroup		31/03/23 – Checkpoint Date			
3. Embed value-based healthcare working through the organisation				Executive Management Team and Value Based Healthcare Group		31/03/23 – Checkpoint Date			
4. WIIN support for procurement, savings and efficiencies				WAST Improvement and Innovation Network group		31/03/23 – Checkpoint Date			
5. Foundational economy, Decommissioning and procurement to mitigate social and economic wellbeing of Wales				Estates, Capital and Fleet Groups, NHS Wales Shared Services Partnership		31/03/23 – Checkpoint Date			


Risk ID 244	Estates accommodation capacity limitations impacting on EMS Clinical Contact Centre’s (CCC) ability to provide a safe and effective service			Date of Review:		03/05/2022		TREND	16 (4x4)
				Date of Next Review:		30/05/2022		➡	
IF the Trust is unable to increase accommodation capacity		THEN there is a risk that EMS CCC will not be able to accommodate all roles during periods of escalation and surge management or expand operations to support new initiatives	RESULTING IN EMS CCC being unable to deliver services effectively which adversely impacts on quality, safety and patient/staff experience		Likelihood	Consequence	Score		
				Inherent	5	4	20		
				Current	4	4	16		
				Target	3	4	12		
IMTP Deliverable Numbers: 1,5,9, 10,18, 28, 30, 34									
EXECUTIVE OWNER		Director of Operations		ASSURANCE COMMITTEE		Finance and Performance Committee			
CONTROLS				ASSURANCES					
a. Temporary call handling provision in Carmarthen b. Maximum use of space at the Bryn Tirion site c. Maximum use of space at the Vantage Point House (VPH) site d. Prioritisation of space utilisation for each shift by CCC management team and alignment to priorities associated with safe service delivery				Internal Management (1 st Line of Assurance) a. Monitoring of Performance standards for call handling (daily) and dispatch (weekly) to identify impacts on service with further investigation on a monthly basis b. All desks have been realigned to 2m physical distancing as part of covid preparations c. Review of VPH undertaken – November 2021 Staffing levels are managed according to maximum desk space on each centre. In VPH, because of agile working there is capacity for non-dispatch functions. d. Business continuity tracker for staffing levels updated daily External Not applicable					
GAPS IN CONTROLS				GAPS IN ASSURANCE					
• Call handling provision is a short-term solution and not fully resilient • Lack of resilience in temporary accommodation may trigger risk if business continuity plans are invoked • Current social distancing plans for EMS CCC do not provide solutions for the dispatch environment in Carmarthen • Current social distancing plans for EMS CCC provide limited solutions for call handling and dispatch in Bryn Tirion • Current social distancing plans for EMS CCC provide limited solutions for dispatch environment in VPH. • Estates Strategy is silent on risk associated with CCC environment				• Carmarthen solution for call handling is temporary • Reconfiguration work reviewed by architects during pandemic preparation and earlier have yet to be delivered. • Agile working solution would be compromised in an ICT outage and paper-based approach would be used					
Actions to reduce risk score or address gaps in controls and assurances				Action Owner		By When/Milestone		Progress Notes:	
1. Review current estate to identify moderate workplans to maximise available capacity within existing estate.				Assistant Director of Operations – Integrated Care		30.09.22 – Checkpoint Date			
2. Develop digital solutions for remote supervision and clinical support to maximise virtual network of CCC reducing capacity required in existing sites.				EMS CCC Area Manager		30.06.22			
3. Option appraisal required to review options for increasing CCC capacity. This should be aligned to the HIW review recommendation for the North CCC estates strategy and expanding this to support the pan-Wales estates position.				Assistant Director – Capital & Estates		31.12.22 – Checkpoint Date			
4. Based on modelling data under D&C review explore any efficiencies that can be gained in CCC estates through revised dispatch models maximising use of digital technology				CCC SE Manager		30.06.22 - Checkpoint Date			

Risk ID 245	Failure to have sufficient capacity at an alternative site for EMS Clinical Contact Centres (CCCs) which could cause a breach of Statutory Business Continuity regulations		Date of Review:		03/05/2022		TREND		16 (4x4)
			Date of Next Review:		26/05/2022		➡		
IF CCCs are unable to accommodate additional core functions and do not have alternative site arrangements in place in the event of a business continuity incident		THEN there is a risk that EMS CCCs cannot utilise other CCC’s space, accommodation and facilities	RESULTING IN potential patient harm and a breach of the requirements of the Civil Contingencies Act (2004) and Contingency Planning Regulations (2005)		Likelihood	Consequence	Score		
				Inherent	3	5	15		
				Current	4	4	16		
				Target	2	4	8		
IMTP Deliverable Numbers: 1, 5, 9									
EXECUTIVE OWNER		Director of Operations		ASSURANCE COMMITTEE		Finance and Performance Committee			
CONTROLS				ASSURANCES					
a. Trust Business Continuity Procedure and Incident Response Plan b. National EMS CCC Business Continuity Plan (reviewed in March 2021) c. Clinical remote working arrangements d. Single instance CAD allowing virtualisation which enables staff to work anywhere e. ITK (Interoperability Toolkit) technology in place which provides connectivity with other UK ambulance Trusts. This is used on a daily basis				Internal Management (1 st Line of Assurance) a. Debrief from significant business continuity incidents which are put into organisational learning spreadsheet. Governance with respect to this goes through SOTs. Full review of Incident Response plan every 3 years and partial review annually unless there is a major learning point. This is currently undergoing a partial review. BCPs and BIAs should be reviewed annually by their owners. Annual schedule of testing b. Business Continuity Plan is up to date and has been reviewed and is currently waiting sign off. Business continuity exercise undertaken on 9.03.22. c. SOP in place with respect to Clinical Remote Working – this is being reviewed at present moment d. CAD alerts if there are systems issues e. Monitoring undertaken locally at least weekly E Not applicable					
GAPS IN CONTROLS				GAPS IN ASSURANCE					
• If CAD is not functional then any impact of current controls would be negated by need to move physical staff				• Business continuity plan requires increased duties for existing staff as a result of lack of physical accommodation (link to risk 244)					
Actions to reduce risk score or address gaps in controls and assurances				Action Owner		By When/Milestone		Progress Notes:	
TBC									

Risk ID 311	Inability of the Estate to cope with the increase in FTES			Date of Review:		20/05/2022		TREND	9 (3x3)
				Date of Next Review:		26/05/2022		↓	
IF the cumulative impact on the estate of the EMS Demand & Capacity Review and the NEPTS Review is not adequately managed		THEN there is a risk that the Estate will not be able to cope with the increase in FTEs	RESULTING IN potential failure to achieve the benefits/outcomes of the programme and reputational damage to the Trust		Likelihood	Consequence	Score		
				Inherent	4	4	16		
				Current	3	3	9		
				Target	2	3	6		
IMTP Deliverable Numbers: 1,3, 9, 10, 17, 18, 28, 30, 34									
EXECUTIVE OWNER		Director of Finance and Corporate Resources		ASSURANCE COMMITTEE		Finance and Performance Committee			
CONTROLS				ASSURANCES					
<div>a. Programme governance and reporting structures in place e.g. Estates SOP Delivery Group and EMS Operational Transformation Programme Board, Integrated Strategic Planning Group Technical subgroup</div> <div>b. “Mega” spreadsheet combining all information into total cumulative impact on estate (and fleet) held by Assistant Director, Commissioning and Performance</div> <div>c. Programme risk register sits with EMS Programme Board.</div> <div>d. Risk logs held with respect to delivery of aspects of the project</div> <div>e. Project Manager in place (for delivery of the solutions identified)</div> <div>f. Interim estates solution project</div> <div>g. Finance and Corporate Resources directorate delivery plan</div>				<div>Internal Management (1st Line of Assurance)</div> <div>a. Highlight report goes to Estates SOP Delivery Group every other month, report to EMS Operational Transformation Programme Board every 6 weeks, Technical Group meet monthly and there is an agenda, minutes and an action log</div> <div>b. Information is sense checked by AD Commissioning and Performance and reviewed by Integrated Technical Planning Group</div> <div>c. On agenda of meetings of Board</div> <div>d. Regional meetings are held regularly, and projects are discussed</div> <div>e. This resource is allocated to projects</div> <div>f. Same as d</div> <div>g. Reports go every 6 weeks to the Strategic Transformation Board</div> <div>External</div> <div>Not applicable</div>					
GAPS IN CONTROLS				GAPS IN ASSURANCE					
<div>• NEPTS D&C Review – Ambulance Care Programme Board</div> <div>• NEPTS Covid recovery planning</div> <div>• Finance may be a constraint to delivery of solutions when problem is identified</div>				<div>• Information is received in an ad hoc and fragmented manner as opposed to a regular method from Operations</div>					
Actions to reduce risk score or address gaps in controls and assurances				Action Owner		By When/Milestone		Progress Notes:	
1. NEPTS and EMS – confirmation required from Operations functions about current and future numbers				Senior Management within Operations, Workforce & OD, Strategy Planning & Performance		31.12.22 – Checkpoint Date			
TBC									

Risk ID 458	A confirmed commitment from EASC and/or Welsh Government is required in relation to funding of recurrent costs of commissioning services to deliver the IMTP and/or any additional services			Date of Review:		17/03/2022		TREND	16 (4x4)
				Date of Next Review:		30/06/2022		➡	
IF sufficient recurrent funding is not forthcoming there is a risk that the Trust will be committed to additional expenditure through delivery of the IMTP and in year developments which are only recognised by commissioners on a cost recovery basis.		THEN there is a risk that the Trust may not be able to deliver services and there will be a lack of funding certainty when making recurrent cost commitments. Any potential ‘exit strategies’ from developed services could be challenging and harmful to patients.		RESULTING IN patients not receiving services, the Trust not achieving financial balance and a potential failure to meet statutory obligations causing reputational damage			Likelihood	Consequence	Score
						Inherent	3	4	12
						Current	4	4	16
						Target	2	4	8
IMTP Deliverable Numbers: 2, 12, 16, 18, 23, 24, 25, 26, 28,30, 34, 37, 38									
EXECUTIVE OWNER		Director of Finance and Corporate Resources			ASSURANCE COMMITTEE		Finance and Performance Committee		
CONTROLS					ASSURANCES				
a. Financial governance and reporting structures in place b. Financial policies and procedures in place c. Setting and agreement of recurrent resources d. Budget management meetings e. Budget holder training f. Annual Financial Plan g. Regular financial reporting to EFG & FPC in place h. Regular engagement with commissioners of Trust’s services i. Welsh Government reporting on a monthly basis					Internal Management (1 st Line of Assurance) a. Risk is reviewed quarterly at F&P and a report is submitted bimonthly to Trust Board d. Diarised dates for budget management meetings. If an area is in financial deficit, the meeting would be at least once a month. If the area is in balance or surplus, the meeting would be quarterly. e. Diarised dates for budget holder training f. Submission to Trust Board in March annually g. Diarised dates for EFG and FPC with full financial reports External Management (1 st Line of Assurance) a. Accountability Officer letter to Welsh Government e.g. November 2021 c & h EASC management meetings. Monthly meetings with EASC and DAG meetings for NEPTS. Meetings are diarised i.Monthly monitoring returns Independent Assurance (3 rd Line of Assurance) b. Internal Audit reviews of financial policies & procedures as part of their audit plan				
GAPS IN CONTROLS					GAPS IN ASSURANCE				
• Lack of clarity regarding EASC/Welsh Government commitments with respect to recurrent funding					• Dialogue with EASC and DAG does not always result in recurrent arrangements (outside of WAST control)				
Actions to reduce risk score or address gaps in controls and assurances					Action Owner		By When/Milestone	Progress Notes:	
1. A formal approach to service change to be developed providing secure recurrent funding with commissioners.					Deputy Director of Finance		31.12.22		
2. Develop a Value Based Healthcare system approach with commissioners. This would mean that funding would flow more seamlessly between organisations and would go some way to mitigating the risk of not receiving recurrent funding.					Deputy Director of Finance		31.12.22		

Risk ID 260	Significant and Sustained Cyber Attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems			Date of Review:		19/04/2022		TREND	15 (3x5)
				Date of Next Review:		24/06/2022		➡	
IF there is a large-scale cyber-attack on WAST, NHS Wales and interdependent networks which shuts down the IT network and there are insufficient information security arrangements in place		THEN there is a risk of a significant information security incident		RESULTING IN a partial or total interruption in WAST’s ability to deliver essential services, loss or theft of personal/patient data and patient harm or loss of life			Likelihood	Consequence	Score
						Inherent	4	5	20
						Current	3	5	15
						Target	2	5	10
IMTP Deliverable Numbers: 7,8,9,10,12, 16,18,21,23, 24,25, 26, 38									
EXECUTIVE OWNER		Director of Digital Services			ASSURANCE COMMITTEE		Finance and Performance Committee		
CONTROLS					ASSURANCES				
<div>a. Appropriate policy and procedures in place for Information/Cyber Security</div> <div>b. Trust Business Continuity Procedure and Incident Response Plan</div> <div>c. IT Disaster Recovery Plan</div> <div>d. Relevant expertise in Trust with respect to information security</div> <div>e. Data Protection Officer in post</div> <div>f. Cyber and information security training and awareness</div> <div>g. Mandatory Information Governance training which includes GDPR</div> <div>h. ICT tests and monitoring on networks & servers</div> <div>i. Information Governance framework</div> <div>j. Internal and NHS Wales governance reporting structures in place</div> <div>k. Checks undertaken on inactive user accounts</div> <div>l. Business Continuity exercises</div> <div>m. Operational ICT controls e.g. penetration testing, firewalls, patching</div> <div>n. Security alerts</div>					<div>Internal Management (1st Line of Assurance)</div> <div>a. Information Security Policy reviewed every 3 years (currently due for renewal). Incident Policy and Procedure put in place in February 2022 – renewed annually.</div> <div>b. Debrief from significant business continuity incidents captured within organisational learning spreadsheet. Governance with respect to this goes through SOTs. Full review of Incident Response plan every 3 years - currently undergoing a partial review. BCPs and BIAs should be reviewed annually by their owners. Annual schedule of testing</div> <div>c. Organisation-wide tabletop exercise undertaken in March 2022 with all BC leads and Digital teams.</div> <div>d. Staff undertake relevant training courses e.g. CISSP to increase knowledge and expertise</div> <div>e. In job description of Head of ICT</div> <div>f. Training statistics are available on ESR and from Phish threat module</div> <div>g. Training statistics reported on by Information Governance department</div> <div>h. Any issues would be identified and flagged and actioned</div> <div>i. WAST self-assesses its Information Governance Framework against the Welsh Information Governance toolkit.</div> <div>j. Internal WAST Information Governance Steering Group & All Wales Information Governance Management Advisory Group (IGMAG) meets quarterly, National Ambulance Information Governance Group (NIAG) meets every 2 weeks, Operational Security and Service Management Board (OSSMB) (national) – daily/weekly meetings and minuted meetings every 2 months. Minutes and actions logs available for meetings.</div> <div>k. Software in place to run check on inactive accounts as and when</div> <div>l. Annual schedule of testing</div> <div>m. Monthly scans on infrastructure. Penetration testing has occurred for different systems. 2 physical firewalls on networks to monitor traffic. Monthly patching occurs or as and when.</div> <div>n. Daily alerts are received. Anti-virus alerts received as and when threat discovered</div> <div>External Independent Assurance</div> <div>• NHS Wales Cyber Response Unit independent view of Network and Information Systems (NIS) Directive compliance within last 4 – 5 months (covering controls a, c – k, m – n)</div>				
GAPS IN CONTROLS					GAPS IN ASSURANCE				
<div>• Not all information security procedures are documented</div> <div>• Lack of understanding and compliance with policy and procedures by all staff members</div> <div>• No organisational information security management system in place</div> <div>• IT Disaster Recovery Plan does not include a cyber response</div> <div>• Departments do not communicate in a timely manner with Digital Services around putting in new processes, new projects and procurement and this has a cyber security, information governance and resource impact</div>					<div>• No regular Cyber/Info Security KPIs are reported to senior management committees</div> <div>• Cyber awareness campaigns could be undertaken more regularly e.g. bi-monthly</div>				
Actions to reduce risk score or address gaps in controls and assurances					Action Owner	By When/Milestone	Progress Notes:		
1.Establish Cyber and Information Security KPIs					Director of Digital Services	31.08.22			
2.Discuss how cyber risk is reviewed and frequency of review					Director of Digital Services	31.08.22 – Checkpoint Date			
3.Suite of business continuity exercises that departments can undertake to test their plans to be provided.					North Resilience Manager	31.12.22	30		
4.Exercise template report which shows recommendations to be created					North Resilience Manager	31.12.22			

Risk ID 260	Significant and Sustained Cyber Attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems				Date of Review:		19/04/2022		TREND	15 (3x5)
					Date of Next Review:		24/06/2022			
IF there is a large-scale cyber-attack on WAST, NHS Wales and interdependent networks which shuts down the IT network and there are insufficient information security arrangements in place		THEN there is a risk of a significant information security incident		RESULTING IN a partial or total interruption in WAST’s ability to deliver essential services, loss or theft of personal/patient data and patient harm or loss of life			Likelihood	Consequence	Score	
						Inherent	4	5	20	
						Current	3	5	15	
						Target	2	5	10	
5.Formalise Cyber Incident Response Plan				Head of ICT		31.12.22 – Checkpoint Date				
6.Implement Meta Compliance Policy Solution				Senior ICT Security Specialist		31.12.22 – Checkpoint Date				

Risk ID 100	Failure to persuade EASC/Health Boards about WAST’s ambitions and reach agreement on actions to deliver appropriate levels of patient safety and experience			Date of Review:		20/05/2022		TREND	12 (3x4)
				Date of Next Review:		31/08/2022		➡	
IF WAST fails to persuade EASC/Health Boards about WAST ambitions		THEN there is a risk of a delay or failure to receive funding and support		RESULTING IN a catastrophic impact on services to patients & staff and key outcomes in the IMTP not being delivered			Likelihood	Consequence	Score
						Inherent	4	4	16
						Current	3	4	12
						Target	2	4	8
IMTP Deliverable Numbers: 2, 3, 4, 6, 11, 14, 29, 34									
EXECUTIVE OWNER		Director of Strategy Planning & Performance			ASSURANCE COMMITTEE		Finance and Performance Committee		
CONTROLS					ASSURANCES				
a. EASC/WAST Forward Plan b. EASC and its 2 sub-committees c. Weekly catch up between CASC/CEO d. Collaboration between EASC and WAST on specific projects e.g. Amber Review, EMS Operational Transformation Programme, Ambulance Care Programme e. Monthly CASC Quality and Delivery Meeting f. Patient Safety information e.g. Appendix B incidents, weekly/monthly patient safety reports					Internal & External Management (1 st Line of Assurance) ‘c. Meetings are diarised every week d. Representatives are co-opted onto meetings and frequency is between 3 – 6 weeks. Set agendas with NCCU reps co-opted. e. Formal meeting with agendas, minutes and action logs available. f. Information is going to Director of Quality and Nursing in Health Boards and other senior stakeholders External Management (1 st Line of Assurance) a. Plans go to every bi-monthly meeting b. Meet bi-monthly and agendas, minutes and action logs available				
GAPS IN CONTROLS					GAPS IN ASSURANCE				
• WAST’s ability to influence hospital handover delays (this is outside of the Trust’s control and a Health Board responsibility) • Funding does not flow in a manner to balance demand with capacity (this is outside of WAST’s control)					• Health Boards are not sending Patient Safety Incidents that are National Reportable Incidents to the Delivery Unit (identified within a Delivery Unit audit) • Identified need for a governance meeting between NCCU and WAST to manage the overall commissioner/provider interface				
Actions to reduce risk score or address gaps in controls and assurances					Action Owner		By When/Milestone	Progress Notes:	
1. Persuade EASC/Health Boards that sufficient funding to be provided to WAST					CEO WAST		30.06.22 – Checkpoint Date		
2. Persuade EASC/Health Board of the need for significant reduction in hospital handover hours					CEO WAST		30.06.22 – Checkpoint Date		
3. Increased understanding of NEPTS by EASC					Director of Strategy Planning and Performance		30.06.22 – Checkpoint Date		
4. Governance meeting between NCCU and WAST to manage the commissioner provider interface					Assistant Director Commissioning & Performance		30.06.22 – Checkpoint Date		

Risk ID 163	Maintaining Effective & Strong Trade Union Partnerships			Date of Review:		18/05/2022		TREND	12 (4x3)
				Date of Next Review:		31/08/2022		➡	
IF the response to tensions and challenges in the relationships with TU partners is not effectively and swiftly addressed and trust and (early) engagement is not maintained		THEN there is a risk that TU partnership relationships increase in fragility and the ability to effectively deliver change is compromised		RESULTING IN a negative impact on colleague experience and/or services to patients			Likelihood	Consequence	Score
						Inherent	5	3	15
						Current	4	3	12
						Target	4	3	12
IMTP Deliverable Numbers: 2, 4, 6, 11, 20, 34									
EXECUTIVE OWNER		Director of Workforce and Organisational Development		ASSURANCE COMMITTEE		People & Culture Committee			
CONTROLS				ASSURANCES					
a. Agreed (Refreshed) TU Facilities Agreement developed in partnership b. Go Together Go Far (GTGF) statement and CEO/TU Partners statement c. IPA Workshops d. Trade Union representation at Trust Board, Committees e. Monthly Informal Lead TU representatives and Chief Executive meetings f. Staff representative management in Task & Finish Groups g. Fortnightly TUP Cell meetings h. Local Co-Op Forums, and informal monthly meetings between TUs and Senior Operations Team i. Quarterly Report on TU activity to People and Culture Committee				Internal Management (1 st Line of Assurance) a. Agreed document which states governance arrangements and the criteria for time off for TU activity etc. b. Both parties refer to the documents and are signed up/committed to it c. Meetings completed with participation from TUs and senior managers. Attendance lists are available d. Committee or Board ask TU representative for feedback or whether they have been consulted. Big issues items progress as planned as a result of TU partner buy in e. Diarised meetings f. Good attendance and commitment is observed at the meetings. TU partners listed as members in terms of reference g. Diarised meetings with a formal agenda. Any business needed to be discussed is included in the agenda. Good attendance and commitment observed at meetings. h. Consistency of invitation and good attendance/commitment observed at meetings. Trade Union representations on SOT meetings i. Report at every P& C committee meeting regarding activities TUPs involved with which is noted. Whenever Partnerships are discussed, the value of these is formally minuted in the Board and Committee minutes External Not applicable					
GAPS IN CONTROLS				GAPS IN ASSURANCE					
• Need to move back to business-as-usual footing • Facility to manage situations where there is a failure to agree, to avoid grievance and disputes from occurring				None identified					
Actions to reduce risk score or address gaps in controls and assurances				Action Owner		By When/Milestone	Progress Notes:		
1. Clarify the formal and informal consultation and engagement framework and definitions				Deputy Director of Workforce & Organisational Development		31.05.22			
2. Agree the ToR for refreshed Partnership Forum meeting and move back to a business-as-usual footing				Deputy Director of Workforce & Organisational Development		31.05.22			
3. Proposed externally facilitated mediation session(s) building on the IPA workshops and specifically to address the thorny issue of what happens when we fail to agree				Deputy Director of Workforce & Organisational Development		30.06.22			
4. Minutes of formal Partnership Forum should be reported to PCC or Board in future (return to BAU).				Deputy Director of Workforce & Organisational Development		30.09.22			

Risk ID 283	Failure to implement the EMS Operational Transformation Programme			Date of Review:		19/05/2022		TREND	12 (3x4)
				Date of Next Review:		31/08/2022		➡	
IF there are issues and delays in the planning and organisation of the EMS Demand & Capacity Review Implementation Programme		THEN there is a risk that WAST will fail to implement the EMS Operational Transformation Programme to the agreed performance parameters		RESULTING IN potential patient harm, deterioration in staff wellbeing and reputational damage			Likelihood	Consequence	Score
						Inherent	4	4	16
						Current	3	4	12
						Target	2	4	8
IMTP Deliverable Numbers: 3, 7, 17, 18, 19, 20, 27									
EXECUTIVE OWNER		Director of Strategy Planning & Performance			ASSURANCE COMMITTEE		Finance and Performance Committee		
CONTROLS					ASSURANCES				
<div>a. Implementation Programme Board in place – meetings held every 3 weeks b. Executive sponsor and Senior Responsible Owner (SRO) for programme in place c. Programme Manager and Programme support office in place (for delivery of the programme) d. Programme risk register e. Assurance meetings held with Strategic Transformation Board (STB) every 6 weeks and with CEO every 3 weeks f. Programme budget in place g. Programme documentation and reporting is in place h. Regular engagement with the Commissioner and Trade Unions i. Management of external stakeholder and political concerns</div>					<div>Internal Management (1st Line of Assurance) a. Minutes and papers of Implementation Programme Board b. Project Initiation Document (PID) detailing structure and minutes of Implementation Programme Board c. Same as b d. Highlight reports showing key risks reported to STB every 6 weeks e. Highlight reports presented to STB every 6 weeks f. Programme budget monitoring report is provided to the Implementation Programme Board – every 6 weeks g. PID and Programme Plan Summary kept up to date. PID is presented to the STB if there is a significant change in the programme deliverables. Programme Plan Summary reported to the Implementation Programme Board every 3 weeks. h. Commissioner and TU participation at the Implementation Programme Board i. Communications and Engagement Plan sets out WAST’s arrangements for engagement with stakeholders External Management (1st Line of Assurance) a. Deputy Ambulance Services Commissioner sits on the Implementation Programme Board b. Emergency Ambulance Service Committee Management Group receives a highlight report every two months e. EASC receives an update every 2 months on the programme as part of the WAST Provider Report</div>				
GAPS IN CONTROLS					GAPS IN ASSURANCE				
<div>• Lack of workforce buy in due to changes in working practices • System pressures – patient handover delays at hospitals (link to risks 223 & 224)</div>					<div>• Project Initiation Document (PID) needs to be updated to reflect 22/23 budget position • No prompts from STB for programme PID or risk register updates</div>				
Actions to reduce risk score or address gaps in controls and assurances					Action Owner		By When/Milestone	Progress Notes:	
1. Increase in engagement on the specifics of change at a locality level					Assistant Director – Commissioning & Performance		31.05.22 – Checkpoint Date		
2. More capacity requested (transition plan)					Assistant Director of Planning & Transformation		31.05.22 – Checkpoint Date		
3. Engage with key stakeholders to reduce handover delays					CASC		31.05.22 – Checkpoint Date		
4. Reduce abstractions in particular sickness absence					Deputy Director of Workforce & OD		30.09.22 – Checkpoint Date		
5. Engage with Assistant Director of Planning and Transformation on process for PID updates					Assistant Director – Commissioning & Performance		30.06.22 - Checkpoint Date		

Risk ID 424	Resource availability (capital) to deliver the organisation’s Integrated Medium-Term Plan (IMTP)		Date of Review:		19/05/2022		TREND	12 (3x4)
			Date of Next Review:		31/08/2022		➡	
IF resources are not forthcoming within the funding envelope available to WAST (link to risk 139)	THEN there is a risk that there is insufficient capacity to deliver the IMTP	RESULTING IN delay or non-delivery of IMTP deliverables which will adversely impact on the Trust’s ability to deliver its strategic objectives and improvement in patient safety and staff wellbeing		Likelihood	Consequence	Score		
			Inherent	4	4	16		
			Current	3	4	12		
			Target	1	4	4		
IMTP Deliverable Numbers: 5,9,10, 17, 28								
EXECUTIVE OWNER		Director of Strategy Planning & Performance	ASSURANCE COMMITTEE		Strategic Transformation Board Finance and Performance Committee			
CONTROLS			ASSURANCES					
a. Prioritisation of IMTP deliverables b. Financial policy and procedures c. Governance and reporting structures e.g. Strategic Transformation Board (STB) d. Assurance meetings with Welsh Government and Commissioners e. Transformation Support Office (TSO) which supports the major delivery programmes f. Project and programme management framework g. Regular engagement with key stakeholders			Internal Management (1 st Line of Assurance) a. Prioritisation detailed in IMTP and reviewed and agreed at Strategic Transformation Board ‘c. IMTP sets out delivery structures and meeting minutes are available d. Agendas, minutes and slide decks available e. Paper on TSO to Strategic Transformation Board f. Powerpoint pack detailing PPM g. Stakeholder Engagement Framework E Independent Assurance (3 rd Line of Assurance) ‘b. Subject to Internal Audit					
GAPS IN CONTROLS			GAPS IN ASSURANCE					
• Project and programme management (PPM) framework to be reviewed • Head of Transformation vacancy • Lack of a commercial contractual relationship with Commissioners (link to risk 458)			• PPM needs to be reviewed and approved through STB • Benefits have not been fully linked to benefits realisation					
Actions to reduce risk score or address gaps in controls and assurances			Action Owner		By When/Milestone	Progress Notes:		
1. Recruit a Head of Transformation			Assistant Director of Planning		30.09.22 – Checkpoint Date			
2. Review the PPM			Head of Transformation		31.03.23 – Checkpoint Date			
3. Develop Benefits Realisation plans in line with Quality and Performance Management framework			Assistant Director of Planning/Assistant Director, Commissioning & Performance		30.09.22 – Checkpoint Date			
4. A formal approach to service change to be developed providing secure recurrent funding with commissioners (link to risk 458)			Deputy Director of Finance		31.12.22			

Risk ID 303	Delayed administration of chest compressions to patients as part of resuscitation			Date of Review:		26/04/2022		TREND	10 (2x5)
				Date of Next Review:		05/07/2022		➡	
IF there is no universal guidance issued in relation to the level of PPE required when administrating chest compressions and no reduction in infection rates of Covid-19		THEN there is a risk of delayed administration of chest compressions to patients as part of resuscitation due to WAST ambulance crews continuing to wear level 3 PPE		RESULTING IN potential patient harm and damage to the Trust’s reputation			Likelihood	Consequence	Score
						Inherent	3	5	15
						Current	2	5	10
						Target	1	5	5
IMTP Deliverable Numbers: 7,12,16, 36									
EXECUTIVE OWNER		Director of Paramedicine		ASSURANCE COMMITTEE		Quality, Safety and Patient Experience Committee			
CONTROLS				ASSURANCES					
<div>a. PPE provision to frontline staff b. Mandatory PPE training for frontline staff c. Clear Trust guidelines for PPE to be used during resuscitation d. PPE guidance to staff on intranet – this clearly states what level 3 PPE consists of e. Communication to caller via CCC call handler regarding Basic Life Support (BLS) f. Guidance updates relating to IPC/PPE/Resuscitation guidelines provided to Clinical Advisory Cell g. Monitoring and reporting of patient safety incidents via Executive Pandemic Team/Senior Pandemic Team (SPT) h. Dissemination of process for rapidly donning PPE. This includes briefing of bank staff, volunteers and military for donning and doffing PPE i. PPE breach reporting process j. Covid 19 vaccination of staff members k. Monitoring return of spontaneous circulation rates l. Chest compression advice provided to callers by call handlers</div>				<div>Internal Management (1st Line of Assurance): a. Staff have emergency PPE wallet if caught unawares. All PPE is ordered via logistics in local area. All staff are fit tested for FFP3 protection. Fit testing and Respiratory Protection Equipment (RPE) SOPs – these go through WAST governance structures. Training and videos available for staff on use of PPE which is captured on ESR b. Mandatory training is recorded on ESR c. Coronavirus update section which details Trust guidelines. Frontline EMS staff issued with iPads to be able to access the intranet d. PPE guidance available on the intranet and regularly reviewed and updated at the Clinical Advisory Cell and signed off at SPT as required e. CCC call handling protocol f. All meetings of the Clinical Advisory Cell are minuted and upwardly reported to SPT via a Common Recognised Information Picture (CRIP) g. Incidents recorded on Datix h. Coronavirus update section which details Trust guidelines. Frontline EMS staff issued with iPads to be able to access the intranet. Register for donning and doffing PPE training i. Breaches recorded on Datix j. Essential register reported to SPT k. Monthly clinical indicators l. Calls are subject to auditing</div> <div>External Not applicable</div>					
GAPS IN CONTROLS				GAPS IN ASSURANCE					
<div>• If the right level of PPE is not used, there is no way of knowing unless the team or part of the team report it. • Impact of new variants</div>				<div>• Difficult to obtain a true picture, if incidents are not reported • Difficult to plan against future environmental factors which are outside WAST’s control</div>					
Actions to reduce risk score or address gaps in controls and assurances				Action Owner		By When/Milestone	Progress Notes:		
1. Monitor vaccinations / booster rates of staff				Occupational Health team		31.03.23 – Checkpoint Date			
2. Monitor changes to changes to resuscitation guidelines				Cardiac Lead – Clinical Directorate		31.03.23 – Checkpoint Date			
3. Monitoring any move from pandemic to endemic				SPT / Business Continuity and Recovery Team		31.03.23 – Checkpoint Date			
4. Monitoring changes to the national guidance for PPE				IPC team who report to BCRT who report to EPT		31.05.22			

IMTP Deliverable Key

No.	IMTP Deliverable
1	We will recover our systems of working and implement new ways of working developed during the pandemic as we learn to live with COVID-19
2	We will engage with a range of stakeholders, developing genuine Pan-Wales representation on partnership structures and delivering strong political and media relationships across the spectrum
3	We will develop and deliver a collaborative programme of work to design and implement new models within EMS (Inverting the Triangles)
4	We will work with partners to promote and expand use of 111 across Wales
5	We will increase the capacity and capability of the clinical teams for 111 and 999 callers, increasing clinical information available to them and we will create one integrated national team
6	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
7	We will take steps to continuously improve the safety and quality of the service and provide an improved patient experience
8	We will increase accessibility, content and user experience of the 111 Digital front end, which can offer increasingly personalised advice
9	We will increase and balance response capacity and capability across urban and rural area of Wales
10	We will increase skill levels and resources (information, equipment and technology) available to clinicians on scene to allow them to most effectively assess and treat patients
11	We will work with partners to increase number of seamless 24/7 referral pathways as alternatives to ED conveyance and improve hospital handover
12	We will take steps to continuously improve the safety and quality of the service and provide an improved patient experience
13	We will develop and deliver an improvement plan for NEPTS and increase capacity where required to meet demand
14	We will develop and implement with partners an-All Wales transfer and discharge service
15	We will continue to deliver against our Transport Solutions Programme to embed as a business-as-usual approach to service delivery
16	We will take steps to continuously improve the safety and quality of the service and provide an improved patient experience
17	We will improve resource availability, tackling absence and recruitment challenges to deliver improved performance
18	We will effectively manage risk, governance and compliance to promote and protect colleague and patient safety, and ensure a safe, productive and fair work environment
19	We will purposefully shape our future People and Culture Strategy to equip our people to thrive in a changing environment
20	We will foster a culture of belonging and wellbeing where our people can engage, feel supported and represented
21	We will improve access to, and availability of services via the 111 Wales website and other digital channels (NHS Wales app)
22	Improved signposting to the most appropriate service
23	Improved digital tools and services to empower our teams to do their best
24	We will use modern technology to reduce repeat tasks and improve processes
25	Standardised information architecture and common approach to data and analytics across the organisation

26	We will deliver greater insights to WAST and NHS Wales, through improved data sharing, analytics and visualisation
27	Improved resilience, flexibility and interoperability for the 999-call platform
28	We will provide an improved financial plan to support our ambitions
29	Finalise our organisational position on achieving University Trust Status (UTS) in collaboration with WG, embracing a culture of learning, research and innovation
30	We will deliver the Estates Strategic Outline Plan
31	We will implement the Environmental and Sustainability Strategy
32	Deliver the Fleet SOP
33	We will secure and implement Quality Management and control systems
No.	IMTP Deliverable
34	We will transform the way we work and engage with people
35	We will revisit and implement the Public Health Plan
36	We will implement the Clinical Strategy to support developments across our service ambitions
37	We will deliver a values-based approach
38	We will deliver strong risk management processes and embed a Trust-wide risk culture that embeds the principles of good governance



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	2

MONTHLY INTEGRATED QUALITY & PERFORMANCE DASHBOARD – June 2022

MEETING	Trust Board
DATE	28 th July 2022
EXECUTIVE	Rachel Marsh – Director of Strategy, Planning and Performance
AUTHOR	Hugh Bennett – Assistant Director of Commissioning and Performance Nicola Quiller – Commissioning & Performance Officer
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 June **2022**.

RECOMMENDATION

Trust Board is asked to:-

- **Consider** the June 2022 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.
- **Approve** the proposed new metrics for reporting from the next period

KEY ISSUES/IMPLICATIONS

Overview

This Integrated Quality & Performance Report contains information on 28 key indicators at a highly summarised level which aims to demonstrate how the Trust is performing across four integrated areas of focus:

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

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

As previously agreed, the metrics which form a part of this committee/Board report will be updated on an annual basis, to ensure that they continue to represent the best way of tracking progress against our plans (IMTP) and strategies. This annual review is complete with Appendix 1 including the proposed new set for consideration which were endorsed at the July Finance and Performance Committee meeting.

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 patient safety measure.

999 answering times have been challenged through significant increases in demand. The median and 65th percentile performance remain good, but the call answering tail increased in June 2022 to over 50 seconds, which is higher than the Trust would want.

There is no additional funding secured into 2022/23 for 999 call handlers. Forecasting and modelling is being undertaken on the future call taker requirement through to December 2024, which is currently with the AD EMS Co-ordination & Resource for consideration.

111 call answering performance saw an improvement in May 2022 but then a deterioration in June. Recent negotiations with commissioners suggest that we have broadly the right number of call handlers in post, however, further work is required to reduce capacity lost through sickness absence, align capacity with demand through a roster review and improve efficiency of use of resource. A recent demand & capacity review of 111 by Operational Research in Health (ORH) will be presented formally to EMT in the next few weeks.

111 Clinical response: whilst the Trust continues to see achievement of the clinical call back times for the highest priority 111 calls, a decline in performance across all the priorities was seen in June 2022. The Trust knows that the waits for a clinical ring back are too long. Recruitment and retention of clinicians remains a priority, with significant numbers of clinical vacancies currently. Urgent discussions are underway to develop a more focused plan to increase clinician numbers.

Ambulance Response (safety / patient experience): Red and Amber response times declined into June 2022 and a marginal increase in patient demand was seen. The Amber 1 tail (95th percentile) remains at unacceptable levels, at six hours 48 minutes. These long response times have a direct impact on outcomes for many

patients. This was the focus of the discussion at FPC who remained extremely concerned at the levels of avoidable harm to patients. Actions within the Trust's control include:

Capacity:

- Recruitment: the Trust has a revised relief gap of 148 FTEs for Ambulance Response which takes into account the uplift in FTEs required for the Cymru High Acuity Response Unit (CHARU), the decision not to reduce any emergency ambulance cover in Hywel Dda and prioritisation of CSD staffing increases. The Trust has recently received an additional £3m in 2022/23 which will allow the Trust to recruit 100 FTEs. Due to the length of training, the majority of these additional staff will become operational in Q4.
- Summer/winter modelling: the Trust has recently completed its summer modelling and is in the process of sharing the results with senior stakeholders across the system. The Trust will seek to bring forward potential tactical actions it can take through the summer and winter that put further capacity into the system (the winter modelling is expected to be completed no later than mid-August 2022). This demonstrates a continued level of very poor response times. In discussing this report, FPC noted their considerable concerns and it was agreed that the detailed modelling would be shared with the whole Board.

Efficiency (rosters, absences/sickness absence and post production lost hours):

- The Ambulance Response roster review is on target to go live between September 2022 and November 2022. This will have the equivalent performance impact of 72 FTEs.
- A Managing Attendance Programme has been agreed with EMT, which includes seven work-streams. This is now live and being reported to EMT every two weeks. This is planned to reduce sickness absence in line with a trajectory included in the IMTP.
- Further discussion continues constructively with trade union partners on a range of other potential workforce efficiencies and staff-well-being.

Demand Management

- The Trust has prioritised 41 additional clinicians into the Clinical Support Desk, with 36 Paramedic FTEs and five mental health practitioners successfully recruited and now in place. As well as improving the safety of the calls that are waiting, this investment will also mean an increase in consult and close rates, with the Trust now aiming to achieve a 15% rate for the second half of 2022/23, an increase in the previous target of 10.2% which has been delivered. The Clinical Support Desk has made good progress and currently has a 6% vacancy level against the new establishment of 96 FTEs.

One of the key factors in relation to response times is the capacity lost to handover outside Emergency Departments. There were over 23,000 hours lost in June 2022, which represents 30% of the total number of conveying resource hours produced for the month. The levels are so extreme that all the actions within the Trust's control cannot mitigate and offset this level of loss. Urgent and high level discussions have taken place between the Trust, Health Board CEOs and the CEO of NHS Wales. A number of mitigating actions have been agreed, and a target of no >4 hour waits and

a reduction of 25% in total lost hours (from Oct. 21 baseline). Delivery against these commitments will be monitored through this performance report in future months.

Ambulance Care (formally NEPTS) (Patient Experience): performance was above target for enhanced renal patient arrivals prior to appointment in June 2022 and has improved for patients requiring discharge; however, overall demand for the service continues to increase, although it has not yet recovered to pre CoVID-19 levels. EASC (10th May 2022) had a “focus on” development session on NEPTS, which included looking at the imbalance of demand and capacity and options for resolving this. The feedback from the “focus on” session with EASC indicated a need to look at NEPTS changing demand and the capacity to support this. In the short term a capacity management plan is in place whilst pre-work is being undertaken on a potential roster review next year. A more efficient management of demand is another line of enquiry.

National Reportable Incidents (NRIs) / Concerns Response: the Trust reported 3 NRIs to the Delivery Unit in June 2022, compared to 11 in May 2022; and 24 serious patient safety incidents were referred to health boards in June 2022 under the “Appendix B” arrangement, compared to 7 in May 2022. In June 2022 complaint response times declined to 13% therefore failing to meet the 75% target. In the main, many of these incidents will be as a result of continued longer response times and the actions outlined below therefore are key.

Our People (workforce resourcing, experience and safety)

Hours Produced: 117,865 Ambulance Response ambulance unit hours were produced in June 2022. The emergency ambulance unit hours production (UHP) was 93% in June 2022 and RRV UHP was 79%. Key to the hours produced is the abstractions which remain high.

Response Abstractions: abstraction levels increased marginally in June 2022 to 38%, but are significantly improved from the high in March 2022 of 49%, however, they remain much higher than the 30% benchmark. COVID-19 has had a significant impact on abstractions with sickness abstractions being 10% in June 2022 (benchmark 5.99%). Workforce fatigue is also an issue.

Trust Sickness absence: The Trust’s overall sickness percentage was 8.85% in May 2022 which represents an improvement on April 2022. High sickness levels were seen across all areas of the Trust’s operations including Ambulance Response, EMS Co-ordination, 111 and Ambulance Care, affecting capacity in all areas. Actions within the IMTP concentrate on staff well-being with an aim to start to reduce this level. In addition, Employee Assistance Provider (EAP) data suggests that most requests for counselling are as a result of work related stress. A specific Managing Attendance programme has been established, led by the Deputy Director of WOD, to identify and implement actions across a range of areas to improve sickness absence and alternative duties.

Staff training and PADRs: Stat / Mand training compliance rates have been improving and hit the target of 85% for the first time in nearly 2 years. PADR levels remain low.

Finance and Value

Financial Balance: The Trust has reported outturn performance for May 2022 with a surplus of £4,000 and has a forecast to the year-end of breakeven. At present the

Trust is forecasting achievement of both its External Financing Limit and its Capital Resource Limit for 2022/23.

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). The reasons for PPLHs are many and varied. The EMS Demand & Capacity Review identified that the Trust benchmarked favourably on all elements of PPLH other than return to base meal breaks. The Trust and TU partners continue to work together on options for change. Modelling indicates that the efficiency gain in PPLH is very small in comparison to the impact of handover lost hours.

Partnerships/ System Contribution

Shift left: much of Trust's work 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 **consult and close** rates after 999 calls; and the Trust achieved 11.5% in June 2022, compared to the benchmark of 10.2%, which was exceeded during 2021/22.

The Trust has an ambition to shift more patient demand left, where it is clinically safe to do so through both consult and close and see & treat, a position consistent with the EMS commissioning framework. To this end the Trust has increased the establishment in the Clinical Support Desk by 41 FTEs, almost doubling the existing establishment, with 36 Paramedic FTEs and a 5 mental health professionals FTEs into the Clinical Support Desk (CSD). The Trust is also implementing new clinical triage software (now live) and working with health boards on how they can support remote demand management. There is a revised ambition of 15% for consult and close into 2022/23 (for the second half of the year).

The Trust **conveyed** 39% of patients to emergency departments in May 2022, but this figure needs to be treated with significant caution as analysis shows that conveyance rates are 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, with many patients cancelling the ambulance due to the long response times. In June, over 11,000 patients cancelled their ambulance and we were unable to send an ambulance due to application of CSP levels to nearly 1000 callers. In the longer term, as we know, we are clear that the system needs to transform if it is to become more sustainable. A formal programme to take forward "inverting the triangle" has been established. A bid has been submitted to Welsh Government to start to increase numbers of APPs being trained.

Handover lost hours: 23,387 hours were lost in June 2022. These levels are unprecedented and extreme and whilst the Trust can seek to mitigate the impact of handover lost hours through various efficiencies, the Trust cannot offset this scale of lost hours. The Trust continues to raise this issue with EASC, Health Boards and Welsh Government. Fortnightly meetings have been established with each health board by the CASC, which WAST attends, which are designed to focus on action plans and trajectories for improvement. The 2022/23 EASC commissioning intentions for handover lost hours focuses on setting improvement trajectories per site; however, the pressure on the unscheduled care system as Wales emerges from the pandemic mean that the Trust can expect these extreme levels to continue into 2022. Ministerial

direction indicates that the Immediate Release Directions should be accepted and an escalation procedure has been agreed nationally for implementation from the 25th July 2022.

There have been a recent high profile report which references handover, the Health & Social Care Committee report on Hospital Discharge and its Impact on Patient Flow through Hospitals ([Hospital discharge and its impact on patient flow through hospitals \(senedd.wales\)](https://www.senedd.wales)), and includes recommendation six:-

“The Welsh Government should explain how the targets outlined in the Minister for Health and Social Service’s statement of 19 May 2022 on urgent and emergency care and the Six Goals Programme to eradicate ambulance patient handover delays of more than four hours and reduce the average ambulance time lost per arrival by 25 per cent (from the October 2021 level) have been set. It should also confirm the target dates for the achievement of these targets”.

Summary

The indicators used at this high-level show, in many areas, a continued poor picture in terms of the quality and safety of the service that the Trust provides to patients. Demand across the 111 and EMS services increased in June 2022, this coupled with other factors such as the continuation of the CoVID-19 variants, high levels of sickness (including CoVID-19 related absence) and extreme handover lost hours continue to impact on the Trust, in particular, the EMS. EASC, WG and the 111 Programme Board have been very supportive of the Trust through the pandemic, investing in a range of mitigations; however, funding for further initiatives is currently limited as the fiscal position becomes much tighter. For 111 and Ambulance Care (NEPTS) the Trust can look to take a range of actions to optimise the balance between patient demand and capacity; however for EMS the Trust cannot take sufficient actions within its control to mitigate the impact of the extreme handover lost hours. As a result all three committees have expressed serious concern about the impact of handover lost hours on patient safety and staff well-being. The Trust has just received further funding (£3m) for +100 FTEs into Ambulance Response, which is welcome, but it remains critical to patient safety that handover lost hours are reduced in line with Ministerial expectation.

REPORT APPROVAL ROUTE

Date	Meeting
11 July 2022	Assistant Director of Commissioning & Performance Director of Strategy Planning & Performance
13 July 2022	Executive Management Team
17 July 2022	Finance & Performance 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)	x	Financial Implications	x
Environmental/Sustainability	x	Legal Implications	x
Estate	x	Patient Safety/Safeguarding	x
Ethical Matters	x	Risks (Inc. Reputational)	x
Health Improvement	x	Socio Economic Duty	x
Health and Safety	x	TU Partner Consultation	x



GIG
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WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru

Welsh Ambulance Services
NHS Trust

Monthly Integrated Quality & Performance Report

May/June 2022

Annex 1 – Top Indicator Dashboard





Section 1: Monthly Indicators /Top Indicators Dashboard

Top Monthly Indicators	Target 2022/23	Baseline Position (2021/22)	May-22	Jun-22	2 Year Trend	RAG
Our Patients - Quality, Safety and Patient Experience						
111 Abandoned Calls	< 5%	18.60%	5.4%	14.0%		R
111 Patients called back within 1 hour (P1)	90%	94.00%	94.6%	94.4%		G
999 Call Answer Times 95th Percentile	95% in 00:00:05	00:52	00:22	00:50		R
999 Red Response within 8 minutes	65%	55.2%	54.5%	50.8%		R
Red 95th percentile	00:14:00	00:21:51	00:22:17	00:24:44		R
999 Amber 1 95th percentile	01:18:00	04:52:34	04:34:15	06:48:40		R
Return of Spontaneous Circulation (ROSC)	Improve	12.85%	-	-		
Stroke Patients with Appropriate Care	95%	96.73%	79.80%	-		R
Acute Coronary Syndrome Patients with Appropriate Care	95%	78.55%	-	-		
Renal journeys arriving within 30 minutes of their appointment (NEPTS)	70%	79%	77%	75%		G
Discharge & Transfer journeys collected less than 60 minutes after booked time (NEPTS)	90%	81.00%	90%	87%		A
National Reportable Incidents reports (NRI)	Reduction Trend	5	11	3		A
Concerns Response within 30 Days	75%	61%	41%	13%		R

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

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

Top Monthly Indicators	Target 2022/23	Baseline Position (2021/22)	May-22	Jun-22	2 Year Trend	RAG
Our People						
EMS Abstraction Rate	29.92%	42.00%	38%	38%		R
Hours Produced for Emergency Ambulances	95%	95.0%	95%	93%		A
Sickness Absence (all staff)	5.99%	10.48%	8.95%			R
Frontline CoVID-19 Vaccination Rates	-	3913	4,283	-		-
Statutory & Mandatory Training	>85%	82.3%	85.24%	85.13%		G
PADR/Medical Appraisal	>85%	60%	56.05%	59.25%		R
Ambulance Response FTEs in Post	1700	1607	1634	-		A
Ambulance Care, Integrated Care, Resourcing & EMS Coordination FTEs in Post	-	1568	1706	-		-
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 (EA, RRV, UCS)	Reduction Trend	-	5835:05:53			A
Partnerships / System Contribution						
111 Consult and Close	Improve	7,843	15,819	17,208		G
Combined 999 & 111 Hear & Treat	15.0%	10.4%	12.2%	11.8%		G
% Incidents Conveyed to Major EDs	<48.6%	35.99%	39.02%	-		G
Number of Handover Lost Hours	< 150 hrs per day	15,955	22,080	23,387		R





Our Patients: Quality, Patient Safety & Experience

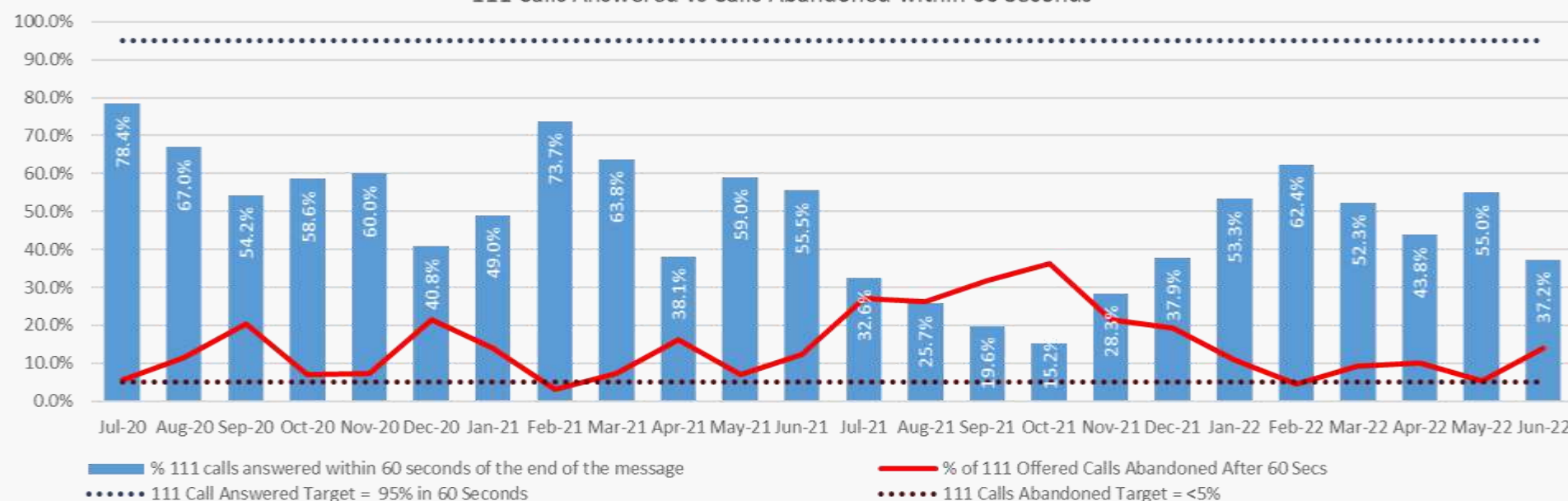
111 Call Answering/Abandoned Performance Indicators



Influencing Factors – Demand and Call Handling Hours Produced

****NB: June 2022 111 Shift fill data unavailable**

111 Calls Answered vs Calls Abandoned within 60 Seconds



Analysis

111 call abandonment is a key patient safety indicator for the service. **June 2022** saw a decline (worsening) in **abandonment rates** to 14%, therefore failing to meet the 5% target.

The percentage of 111 calls answered within 60 seconds of the end of the message also declined in June 2022 to 37.2%. Given the continued high volumes of calls per month, this still represents a significant number of people who receive a patient experience which didn't meet the levels achieved in February 2022 (62.4%).

111 call demand increased in June 2022 compared to the previous month, as seen in the graph.

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, although sickness abstractions (which includes COVID-19 Sickness) reduced they remain high at 12.93% for NHS111 in May 2022. This means that demand is higher than forecast, capacity is lower than planned leading to the longer average call answer times as seen.

Communication regarding the use of 111 is regularly circulated to the public, which includes utilising online 111 Wales; in June 2022 there were 335,889 visits to the website. In June 2022 the top viewed pages were COVID which accounted for 19,454 followed by leg pain symptom checker which accounted for 16,090 hits and dental searches which recorded 11,700 hits.

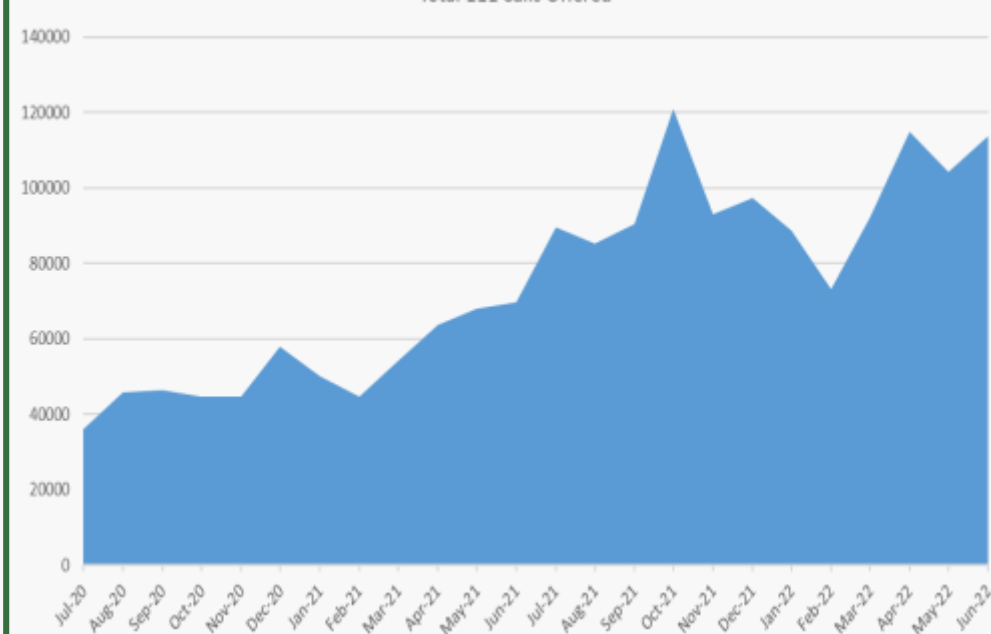
Remedial Plans and Actions

- The key to improving call answering times is having the right number of call handlers, rostered at the right time to meet demand, and to maximise efficiency. Discussions are ongoing with commissioners to confirm the commissioned WTE for call handlers, which we think will be around 178 WTE. We are currently broadly at that number with no vacancies.
- Work continues on sickness absence in line with the Trust's managing absence work programme
- Work is underway to look at the rosters and ensure that capacity is aligned to demand, and to try and even out performance through the week
- Work also continues in reviewing the use of the Clinical Advice Line which is available to call handlers who want some clinical advice whilst on call with the patient. The call handler has to wait for a clinician to answer the call and therefore the time spent is related to clinician availability. At present there are high levels of vacancies

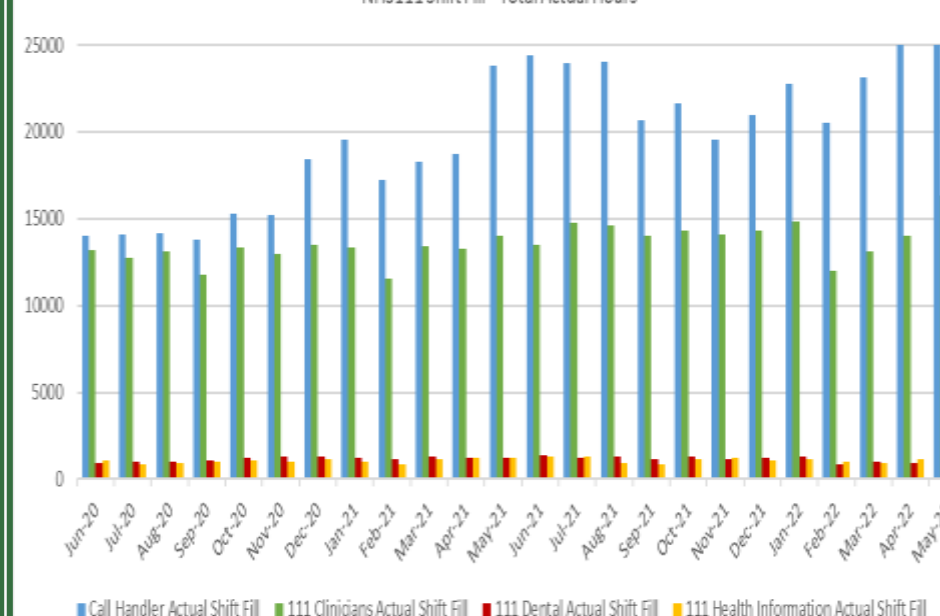
Expected Performance Trajectory

With call handler numbers broadly at commissioned levels, call answering times will only be improved through improved efficiency gains (reducing sickness absence, re-rostering, reducing time for CAL line)

Total 111 Calls Offered



NHS111 Shift Fill - Total Actual Hours



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust



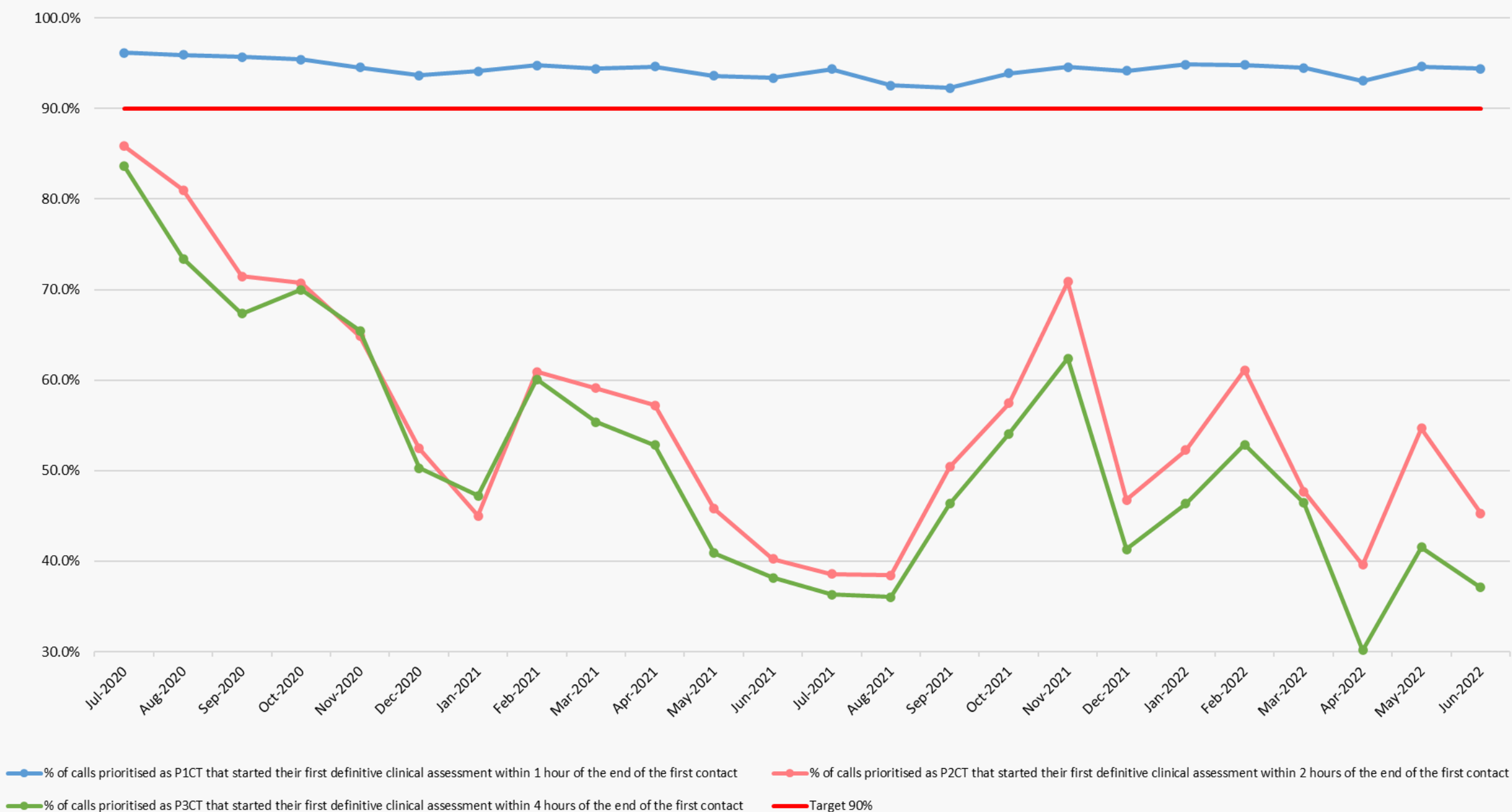
Our Patients: Quality, Safety & Patient Experience

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 has continuously achieved the 90% target over the last 2 years.

For lower category calls the Trust is still not meeting the 90% target, and, in June 2022 a decline was seen in all categories.

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.

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. At present there are significant numbers of clinical vacancies. Urgent consideration is being given to an updated action plan which may include:

- Utilisation of other clinicians to fill vacancies
- Maximising opportunities through agile working
- Review of existing staff bases
- Review of service model
- Targeted recruitment drive

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)

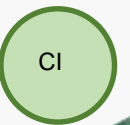
Welsh Ambulance Services NHS Trust



Our Patients: Quality, Safety & Patient Experience

999 Call Performance Indicators

Influencing Factors – Demand and Clinical Hours Produced



Analysis

The 95th percentile 999 call answering performance declined in June 2022 to 50 seconds, compared to 22 seconds May 2022. Therefore, failing to meet the 6 second answer target for the eleventh 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. Despite increasing call demand, the Trust continue to outperform other ambulance services, placing 10th out of 14 services (1 being worst and 14 being best performing) for call answering times. London Ambulance Service (LAS) recorded the highest volume of call answering delays, whereas West Midlands Ambulance Service (WMAS) are currently the best performing..

The median call answer times for 999 services remains consistently at 2 seconds. In June 2022 65th percentile continued to average at 3 seconds.

The Trust received 47,386 emergency 999 calls in June 2022, an increase compared to May 2022, higher than June 2020 but lower than June 2021. 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, June 2022 saw a reduced level of staff abstraction due to sickness and COVID (13.16%), however this continues to reduce capacity within the call centres.

Remedial Plans and Actions

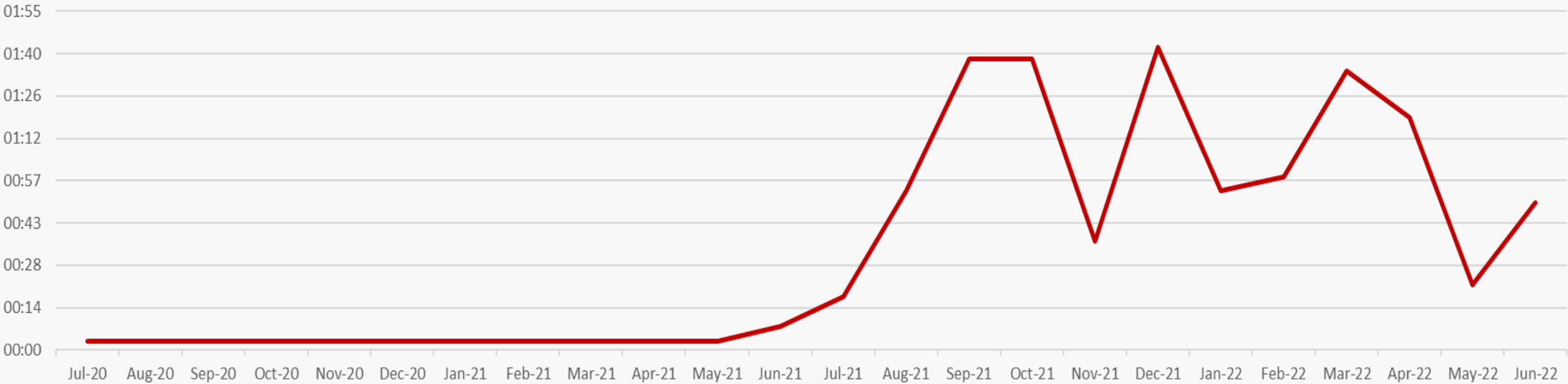
- EMS CCC meet twice weekly to review demand profiles and align staffing levels appropriately. Resources teams are focussing on balancing capacity across the 7-day period, targeting overtime to weekends and Mondays where patterns of demand and reduced UHP are identified.
- Additional funding original approved has been withdrawn this fiscal year and as such EMD establishment will remain at baseline demand levels within the financial envelope for EMS Coordination.
- Increased pressure and sustained levels of 999 demand above baseline is impacting on staff attrition and wellbeing.
- There are currently 73 FTEs (94.81%) Clinical Support Desk staff in post of the overall 77 FTE establishment, 3 of these people are in training. Therefore, there are currently 4 FTE Vacancies.

****NB: FTE Data correct as of 21/07/2022**

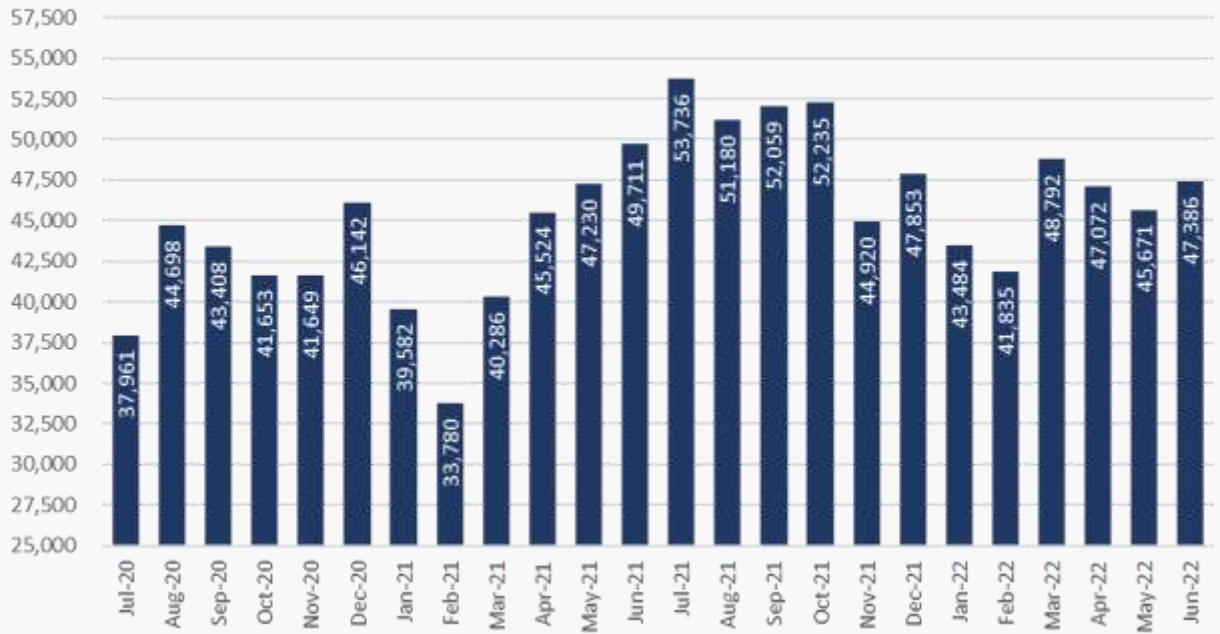
Expected Performance Trajectory

Performance is expected to continue to be difficult with demand forecasted to increase throughout the fiscal year. EMS Coordination continue to focus on proactive recruitment to mitigate the impact of current attrition rates

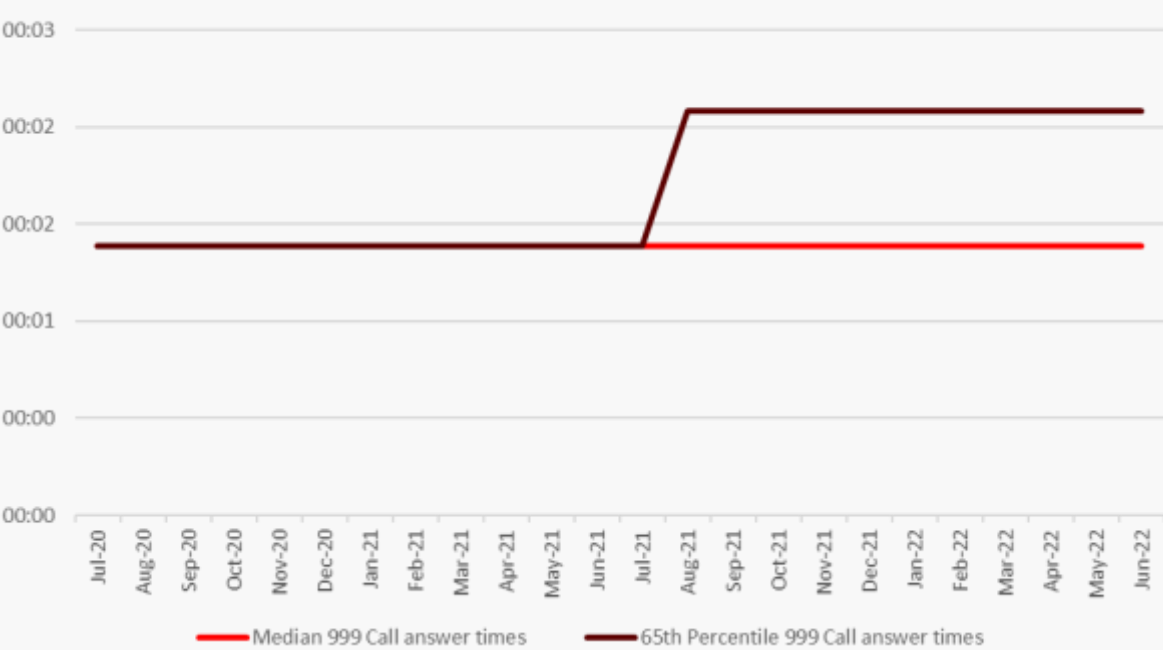
95th Percentile 999 Call answer times



999 Call Volumes



Median & 65th Percentile 999 Call Answer Times



(Responsible Officer: Lee Brooks)

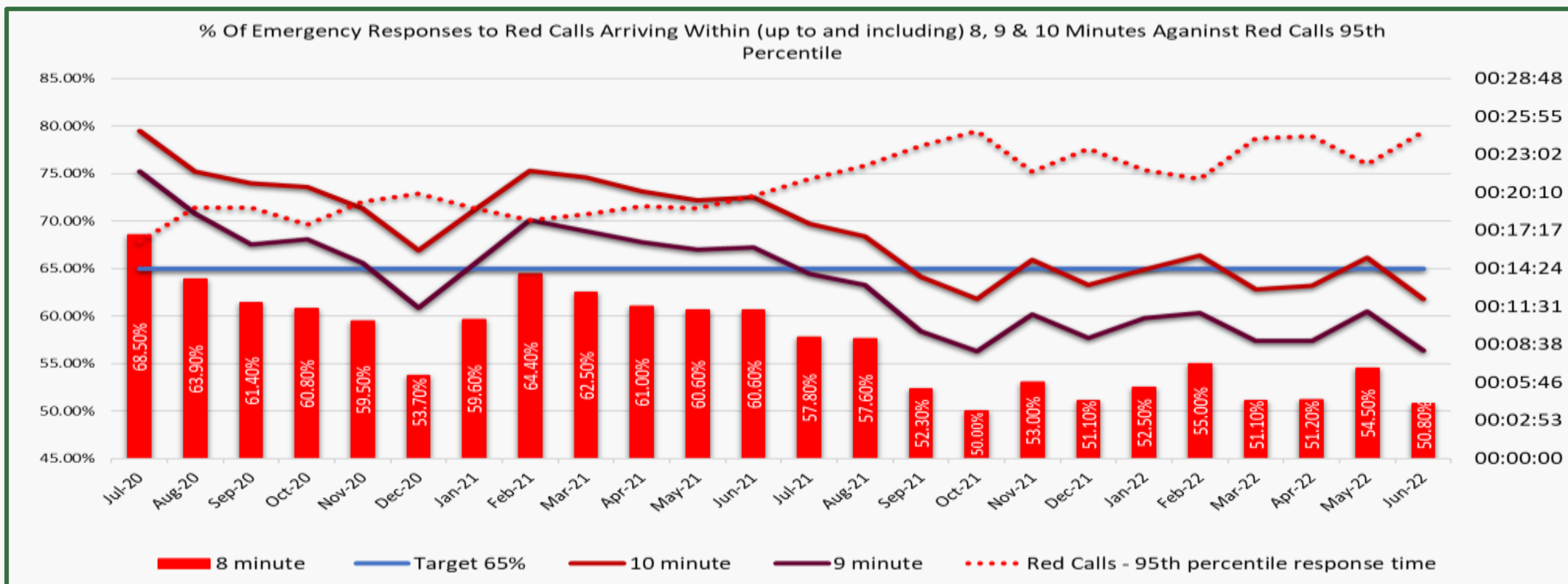
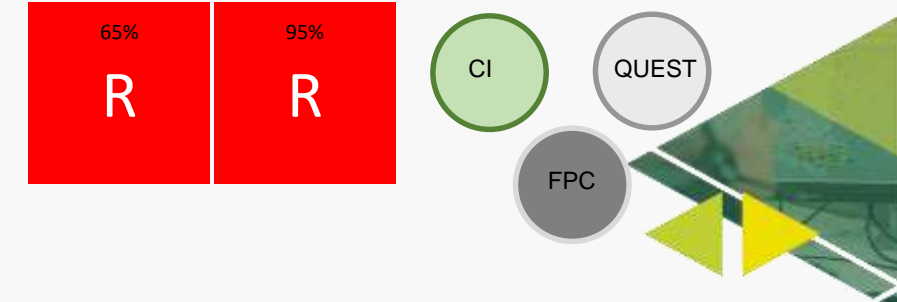
Welsh Ambulance Services NHS Trust



Our Patients: Quality, Safety & Patient Experience

Red Performance Indicators

Influencing Factors – Demand, Hours Produced and Hours Lost



Analysis

Red performance declined in June 2022 and did not achieve the 65% target; the target has not been achieved since July 2020. There was also significant health board level variation with none of the seven health board areas achieving the 65% target. A continuing level of poor performance was forecast in the spring plan based on predictions of demand, lost hours and hours produced. Red 10 minute performance was 61.8% in June 2022.

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, outside of normal expected variation which is impacting on response times. Demand is not expected to decrease and the current levels have been built into forecasting and modelling work.

The lower centre graph demonstrates the correlation of performance with hospital handover lost hours, with extreme levels of losses continuing to be seen with 23,387 hours lost in June

The number of EA and RRV actual hours produced decreased slightly in June 2022 compared to May and were lower than planned, with continuing high (though reduced) levels of abstraction due to sickness absence (c10%)

There are many other factors which affect red, including additional time taken to don level 3 PPE to Red calls relating to some respiratory disease/issues (this requirement remains in place)

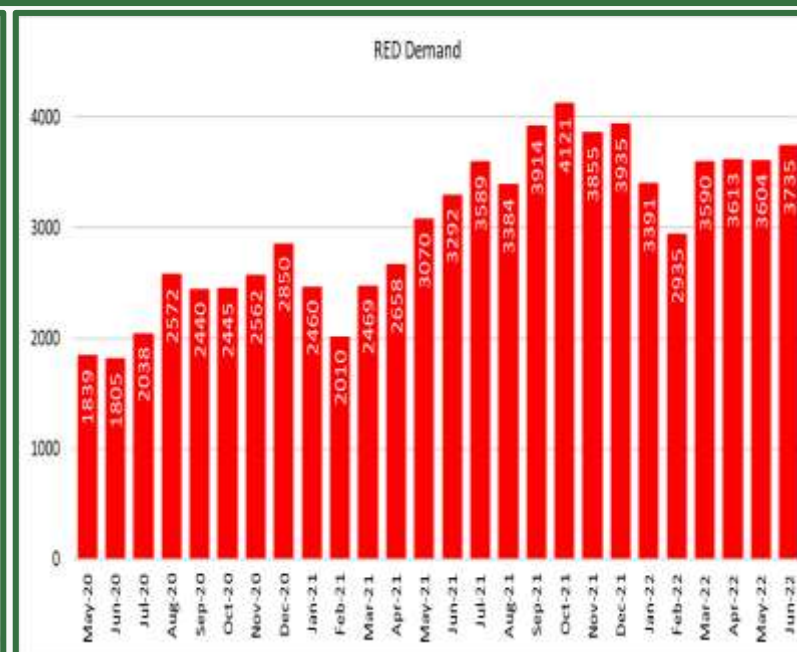
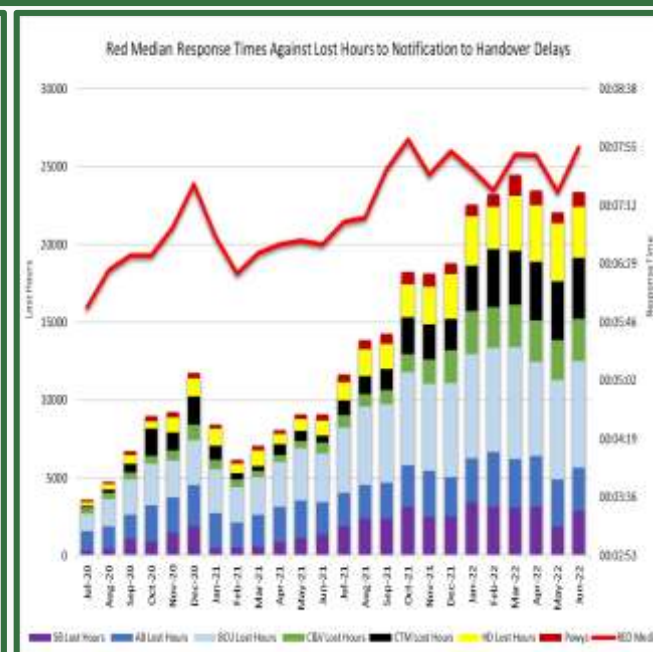
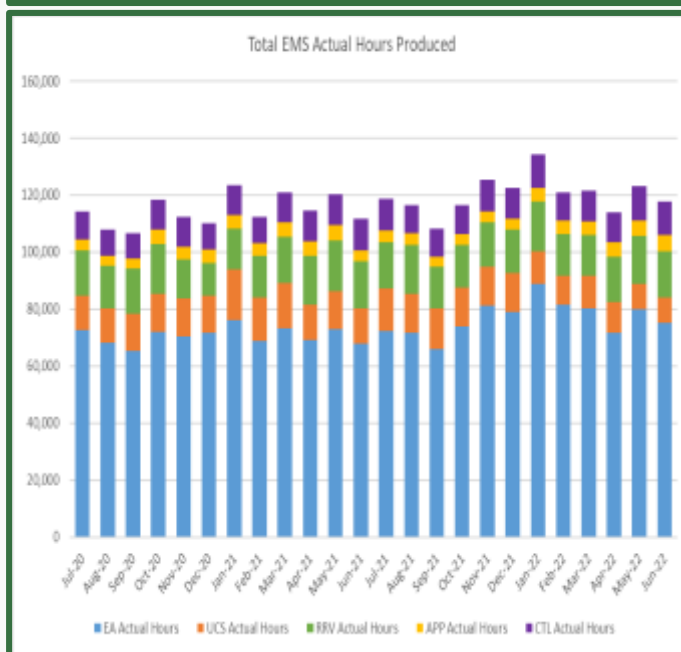
Remedial Plans and Actions

The main improvement actions are:

- Increase capacity where funded - recruitment of 100 FTEs, EMTs and ACA2s during 2022/23.
- Reduce hours lost through sickness absence through managing attendance programme – trajectory for improvement in place as part of IMTP.
- Increasing capacity through modernisation of practices and supporting staff well-being. This is under discussion with TU partners currently.
- Working with partners to reduce hours lost at hospital. Handover reduction plans and trajectories are currently being developed by health boards facilitated by the NCCU. Agreement on immediate release and fit to sit, together with commitment to no >4 hour waits and a reduction in 25% overall.
- Improving efficiency – new rosters to be implemented September – November. Equivalent of 72 WTE additional staff
- Implementation of CHARU service as part of new rosters will positively impact on red performance in particular. It is only partially funded however. .

Expected Performance Trajectory

Modelling through the summer forecasts continued poor red response times, if no reduction in hospital handover delays are seen in particular.



(Responsible Officer: Lee Brooks)

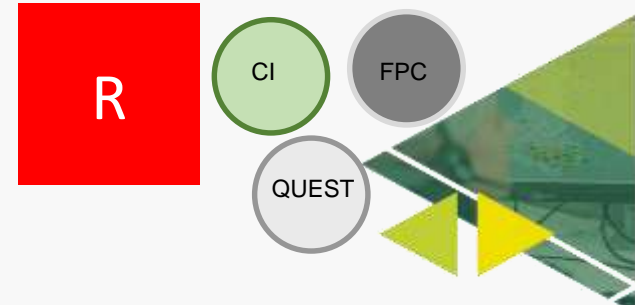
Welsh Ambulance Services NHS Trust



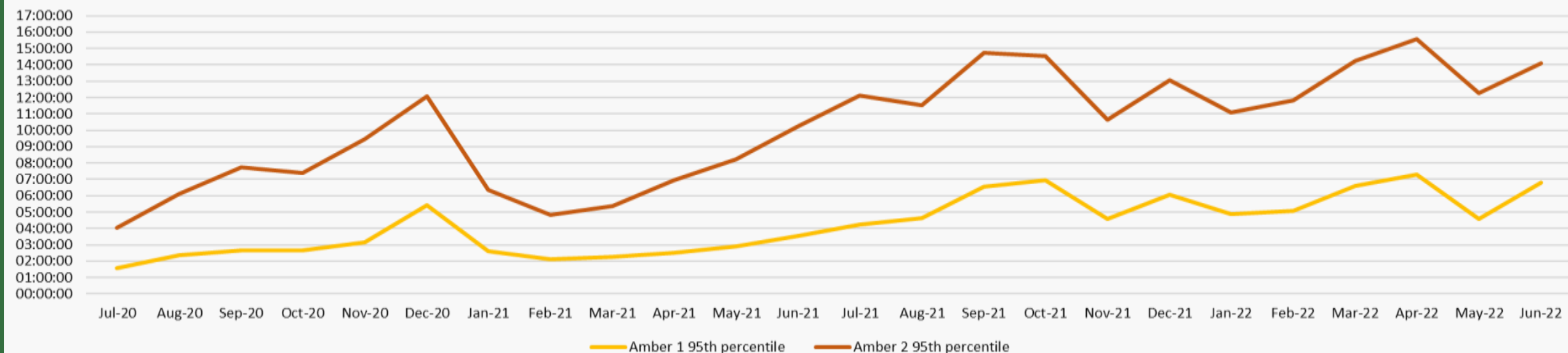
Our Patients: Quality, Safety & Patient Experience

Amber Performance Indicators

Influencing Factors – Demand, Hours Produced and Hours Lost



Amber 1 & 2 - 95th Percentile



Analysis

Amber performance declined across the percentiles in June 2022. In addition, there were still some very long patient waits. The ideal Amber 1 median response time is 18 minutes.

In June 2022, 744 patients (all categories, not just Amber) waited over 12 hours, an increase when compared to May 2022, continuing to represent a very poor quality and experience of service. 611 of these patients were in the Amber category.

Amber demand increased in June 2022 and activity remains at a high level, additionally continuing high handover continue to affect performance.

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 June 2022 increased to 23,387, remaining higher than the worst recorded in December 2019 (13,820).

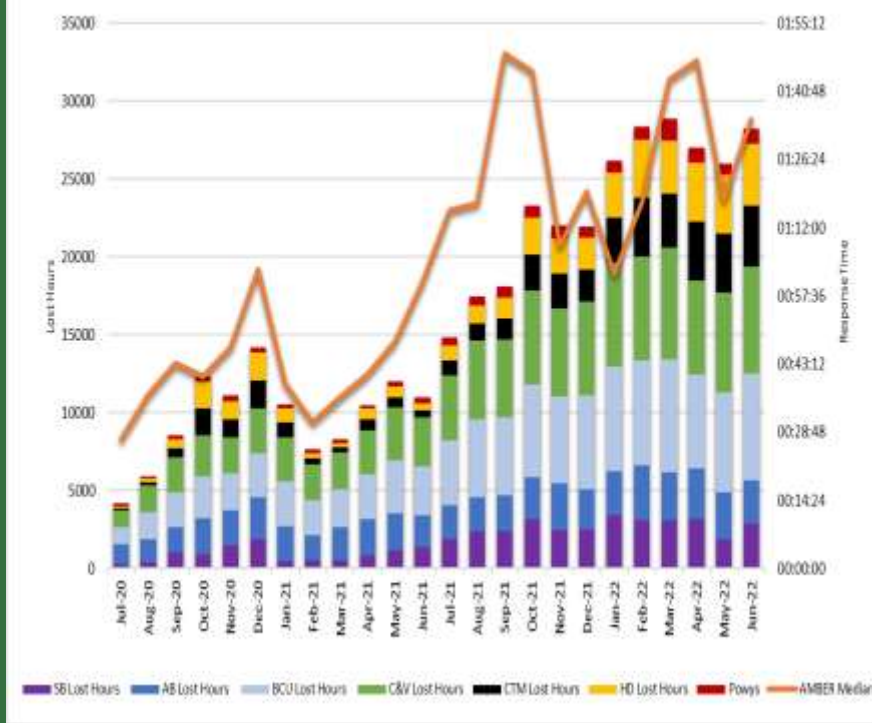
Remedial Plans and Actions

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 November 2020 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.

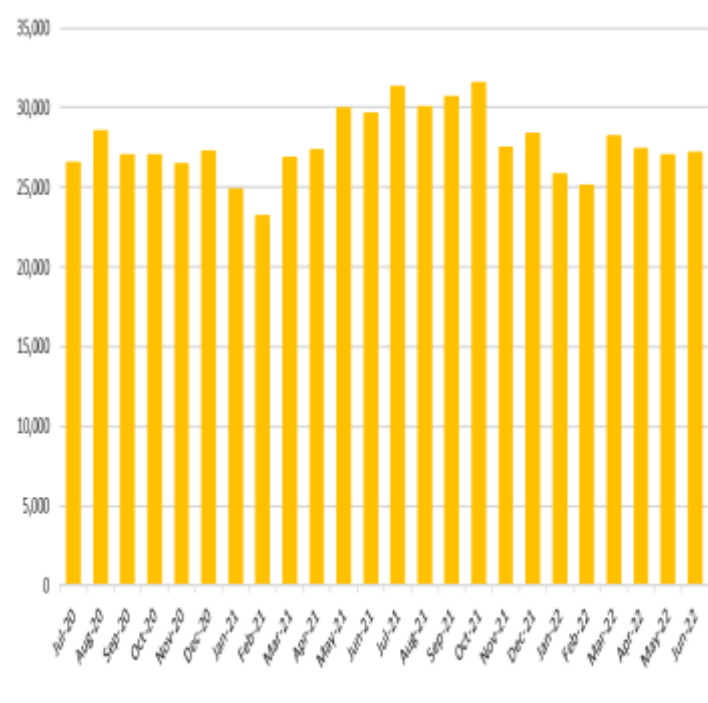
Expected Performance Trajectory

The EMS Operational Transformation Programme is the Trust's key strategic response to Amber. As per the commentary on Red performance delivering these benchmarks is dependent on a range of investments, efficiencies and system efficiencies, not all of which are within the Trust's control, and which are unlikely to show improvement in the coming months.

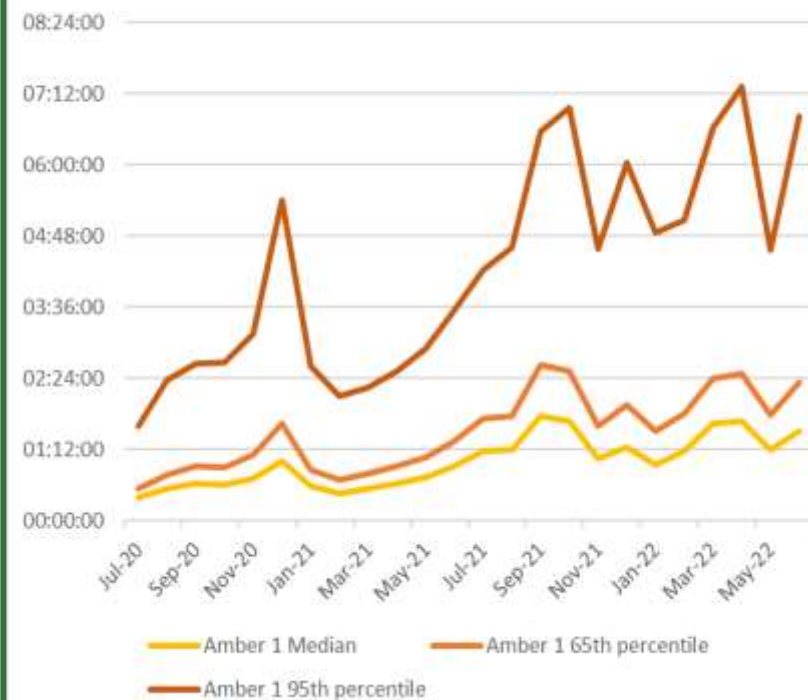
Amber Median Response Times against Lost Hours to Notification to Handover Delays



Total Verified AMBER Demand



Amber 1 Median, 65th and 95th Percentile



(Responsible Officer: Lee Brooks)

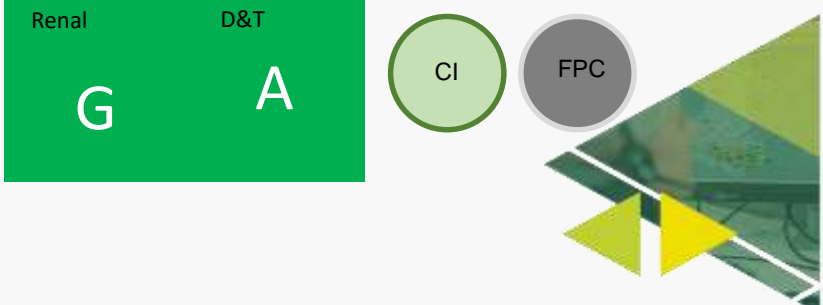
Welsh Ambulance Services NHS Trust



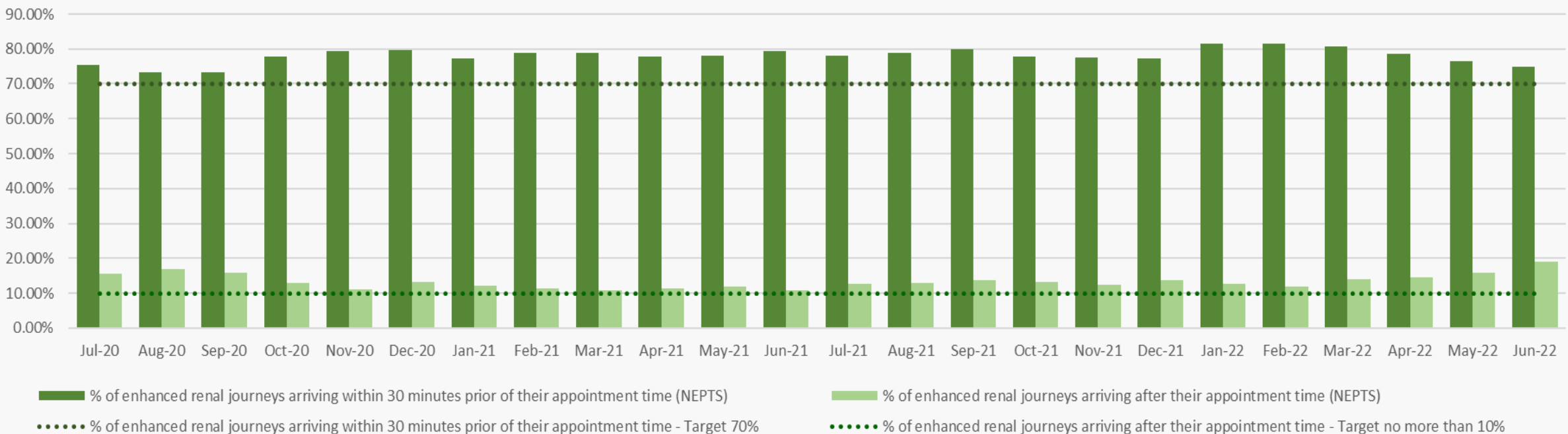
Our Patients: Quality, Safety & Patient Experience

Ambulance Care Indicators

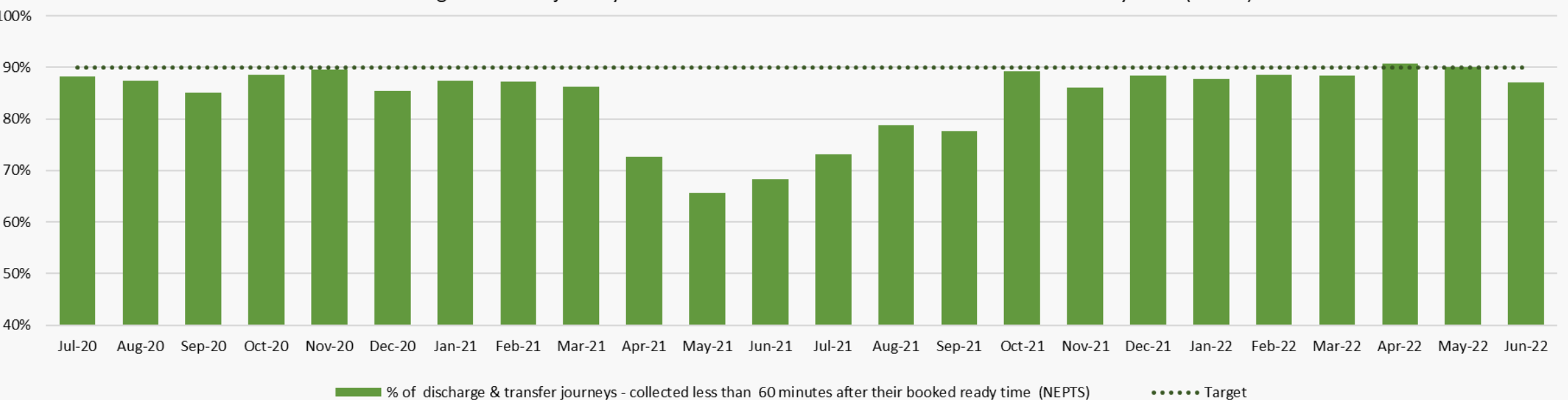
Patient Experience



% Of Enhanced Renal Journeys - Arrival Times (NEPTS)



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



Analysis

Ambulance Care has seen a stabilisation of areas of service delivery affecting patient experience. In June 2022 87% of discharge & transfer journeys were collected within 60 minutes of their booked ready time, therefore not achieving the 90% target and a decline compared to May 2022 (90%). 74.9% of enhanced renal journeys arrived within 30 minutes prior to their appointment time, achieving the 70% target and 19.1% arrived after their booked appointment time, falling outside of the 10% target.

Key factors affecting these indicators are demand and capacity:

- **Social distancing on transports:** this ended in June 2022 so there is no reduction in capacity because of this.
- **Capacity** continues to be adversely affected by other factors such as sickness absence levels, which were at 9.49% in May;
- Overall demand has been increasing since the initial reduction at the beginning of the pandemic, but overall it is still not quite at pre-pandemic levels.
- As the Trust emerges out of pandemic response and the health system is “re-set” it is anticipated that further demand increases could be experienced 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:** In the absence of additional funding, the service has implemented a capacity management plan to assist it in ensuring it remains within budget and prioritises resources for those most in need
- **Efficiencies:** Work is underway on actions to improve efficiency, including those actions identified through the D&C review, in particular, re-rostering.
- **Capacity:** discussions with EASC on options for balancing demand and capacity.

Expected Performance Trajectory

At present, the uncertainty around demand and future impacts of the pandemic and system recovery means that it is difficult to forecast performance; however, it is likely that the service will experience both positive and negative fluctuations of performance until activity normalises across the system.



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust



Our Patients: Quality, Safety & Patient Experience

Patient National Reportable Incidents & Patient Concerns Responses Indicators

SCIF.
A

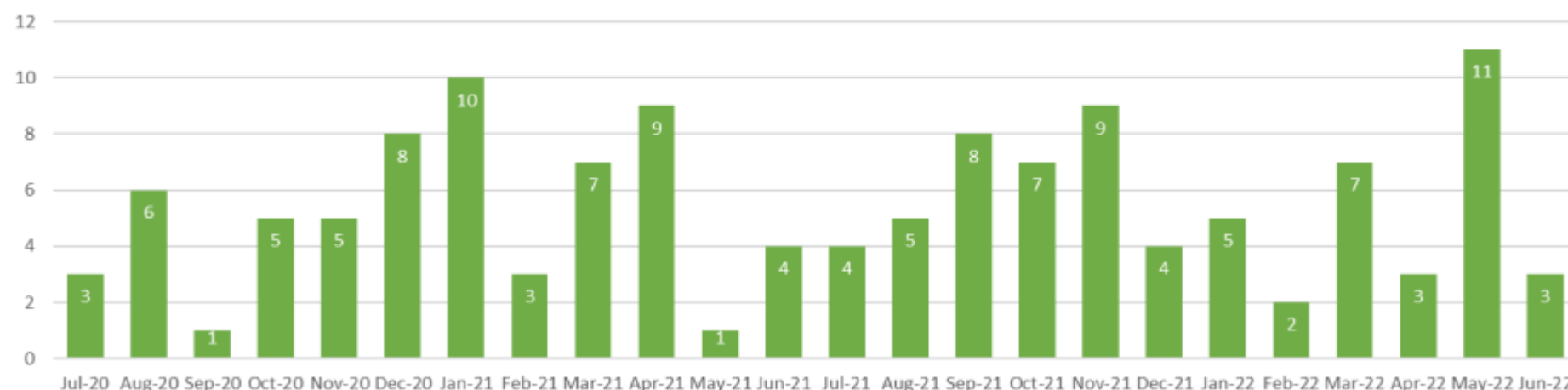
Self Assessment:
Strength of Internal
Control: Moderate

QUEST

Health & Care
Standard
Health - Safe Care /
Timely Care

****NB: Unable to report June 2022 Concerns data**

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 declined again in May 2022 to 41%**, compared to 53% in April 2022, therefore not achieving the 75% target. Several factors continue to affect the Trust's ability to respond to concerns, including, overall increased demand, a rise in the number of inquests, continuing volumes of NRI's and the availability of other departments to provide a timely response to requests for information. The number of total concerns decreased in May 2022 (75) when compared to April 2022 (90).

There were 8 SCIF forums held in June 2022, during which 47 cases were discussed, 3 of these cases were reported to the Delivery Unit and 24 were passed to Health Boards as National Reportable Incident Framework 'Appendix B' incident referrals.

Year on year the overall volumes of NRIs is on an increasing trend. The sharp increase seen in September – November 2021 and again in March and May 2022 is concerning and has been linked to the significant delays across the system along with the continued levels of NRIs. In May 2022 there were 0 NRIs relating to Red calls, 6 relating to Amber calls and 0 relate to Green calls. There were 5 NRIs as a result of calls prioritised Amber which should have been Red.

At present it is not possible to report on the number of cases within the Complex Case Panel and Redress due to the implementation of the new Once for Wales Datix RL system.

As reported earlier, in June 2022 744 patients waited over 12 hours, an increase month on month, and when compared to 330 in June 2021 and 5 in June 2020.

37 Compliments were received from patients and/or their families in June 2022, a slight decrease compared to the previous month (38).

Remedial Plans and Actions

A range of actions are in place:-

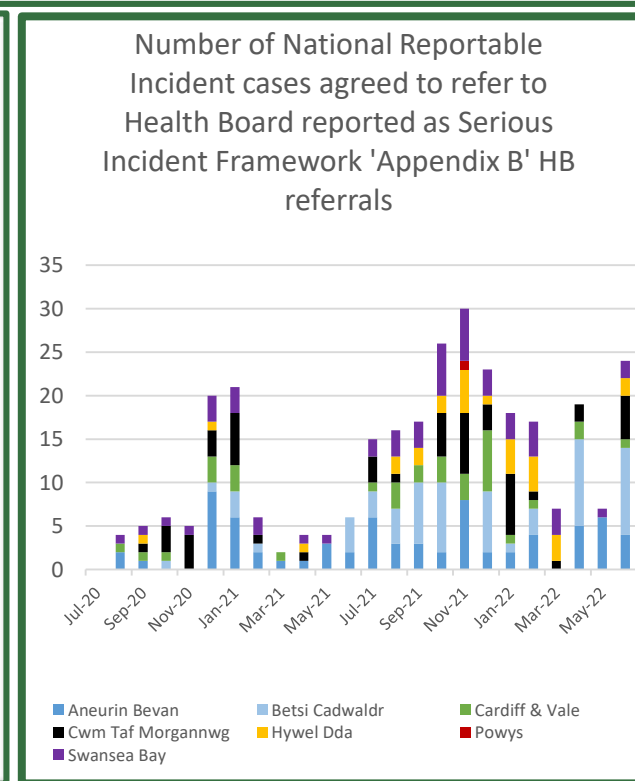
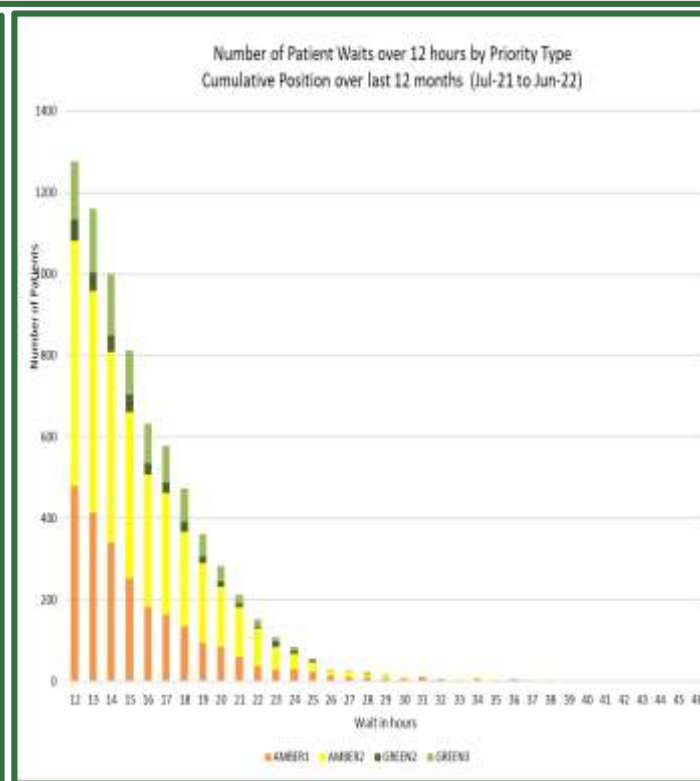
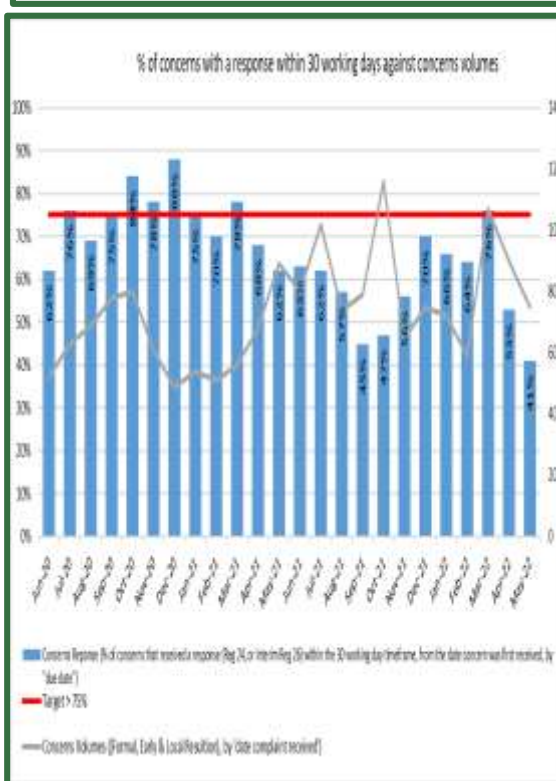
- The general theme in relation to the Trust's concerns portfolio is timeliness to respond.
- There is continued engagement with Health Boards in relation to Joint investigations where the primary causal factor is in relation to delayed handover.
- Concerns have been highlighted following a Delivery Unit report into the Health Boards handling of Appendix B cases, some of which should potentially have been reported as Nationally Reportable Incidents (NRI's) by the HBs.
- 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.

Expected Performance Trajectory

Following the end to Military assistance on 31 March 2022, the Trust is expecting continuing challenges with performance especially as hospital delays remain a significant challenge for the Trust.

****NB: June 2022 data is correct on the date and time it was extracted; therefore, these figures are subject to change. At present reporting accurate data is not possible due to implementation of the Once For Wales Datix RL system.**

****NB: Complex Cases will always report one month in arrears**



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



(Responsible Officer: Wendy Herbert)

Welsh Ambulance Services NHS Trust



Our Patients: Quality, Safety & Patient Experience

Patient Safety Indicators

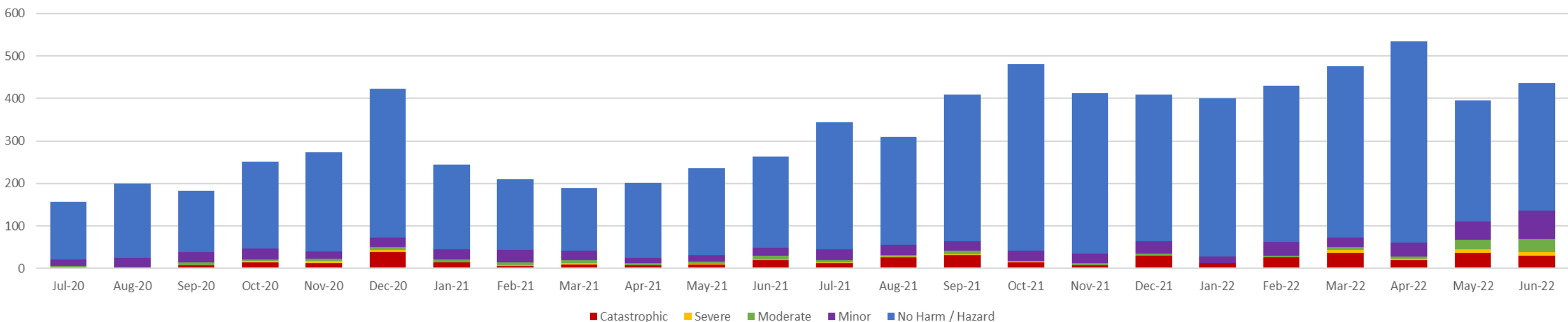
Self Assessment:
Strength of Internal
Control: Moderate

QUEST

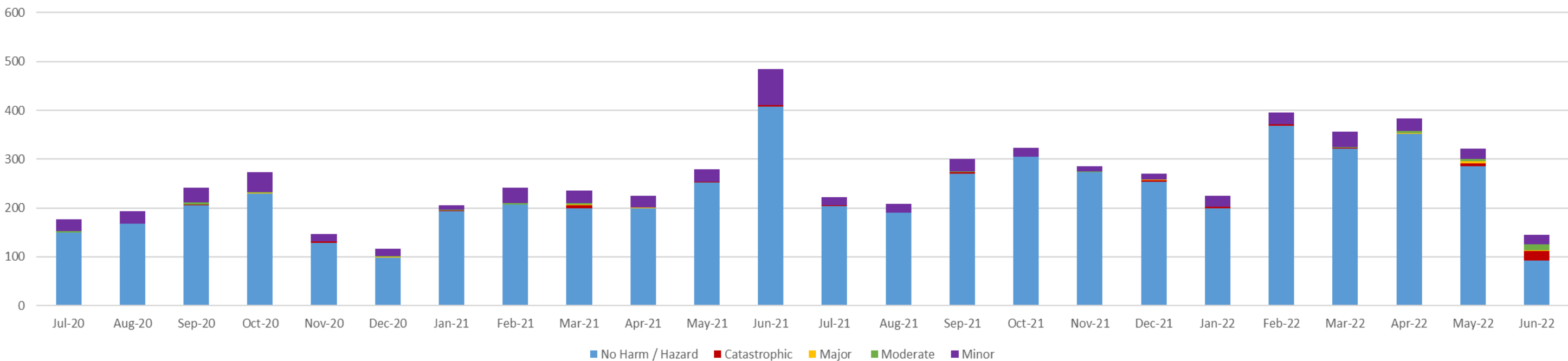
Health & Care
Standard
Health – Safe Care



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



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



Analysis

Patient Safety: The number of patient safety adverse incidents submitted within June 2022 increased to 437; 301 of these were in relation to incidents where there was no harm or hazard, 66 were minor, 32 were moderate, 9 were severe and 29 incidents were catastrophic. 324 cases were closed in May 2022 in comparison to 389 in April 2022.

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.

****NB: April 2022 data is correct on the date and time it was extracted; therefore, these figures are subject to change.**

At present reporting accurate data is not possible due to implementation of the Once For Wales Datix RL system.

Data source: Datix



(Responsible Officer: Wendy Herbert)

Welsh Ambulance Services NHS Trust



Our Patients: Quality, Safety & Patient Experience

Coroners and Ombudsmen Indicators

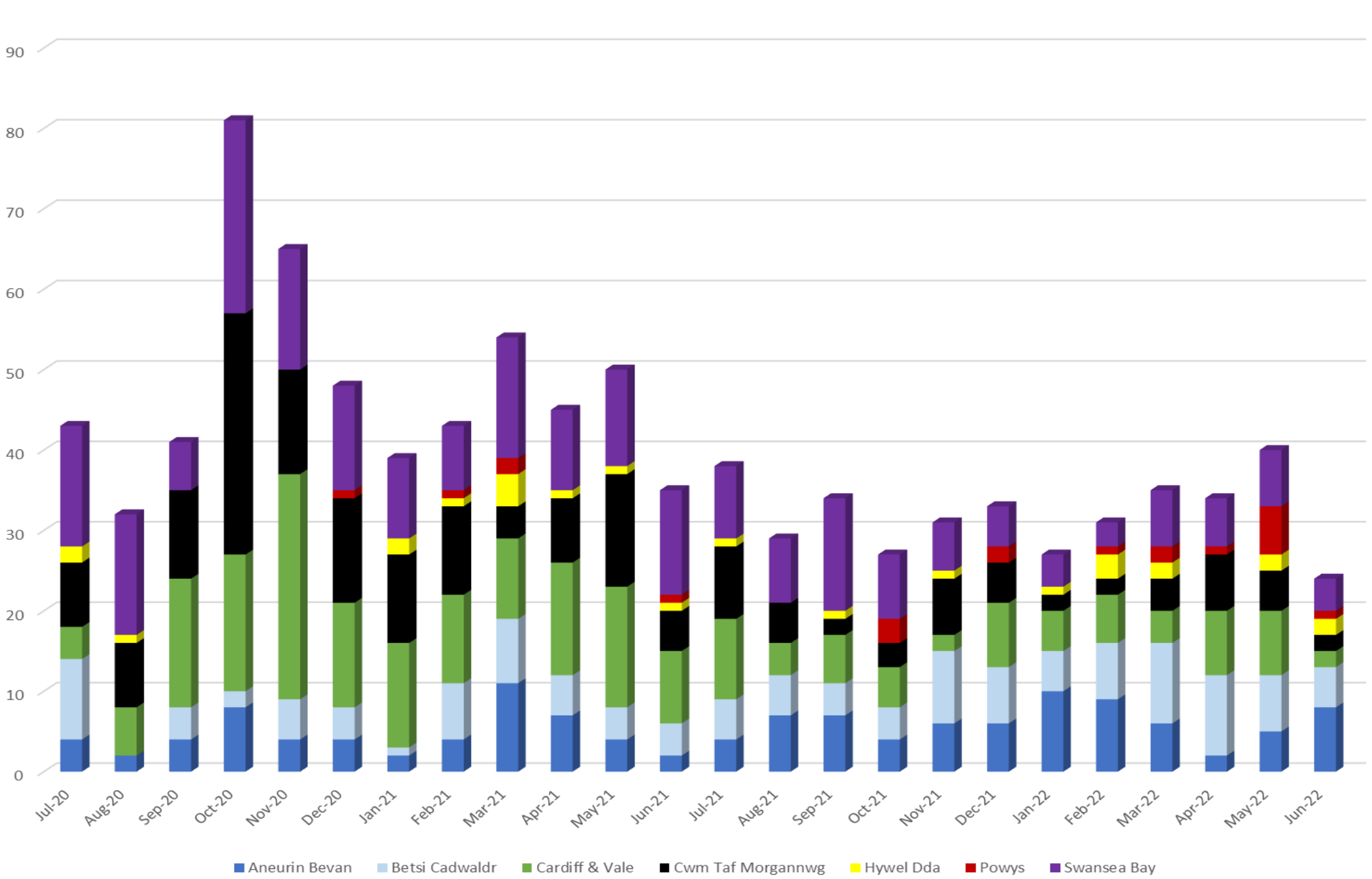
Self Assessment:
Strength of Internal
Control: Strong

QUEST

Health & Care
Standard
Health – Safe Care



Number of Coroner Requests by Health Board



Analysis

Coroners: In June 2022, the number of in month requests remains at an increased level compared to pre-pandemic requests. The timeliness of our response and unexpected deaths continues to be the main themes. The Regulation 28 received relates to a delayed response and a patient being delayed at the hospital on arrival.

At the end of June 2022 there are 381 claims open; these relate to Personal Injury (70 Claims); Personal Injury - Road Traffic Accidents (43 Claims), Clinical negligence (105 claims); Road Traffic Accident (141 claims) and Damage to Property (22 claims).

Ombudsman: There are currently 18 open Ombudsman cases in May 2022. At present cases are not being investigated, which supports the Trusts actions.

Remedial Plans and Actions

Coroners: Cases continue to be registered and distributed in a timely manner. If there is likely to be a delay in responding the Trust ensures that the coroner is kept informed of the expected date of response. Inquests are being arranged for September - December at this time.

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

Expected Performance Trajectory

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

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

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

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.

NB: June 2022 Ombudsmen data unavailable at time of reporting.

Data source: Datix



(Responsible Officer: Wendy Herbert)

Welsh Ambulance Services NHS Trust



Our Patients: Quality, Safety & Patient Experience

Safeguarding, Data Governance & Public Engagement Indicators

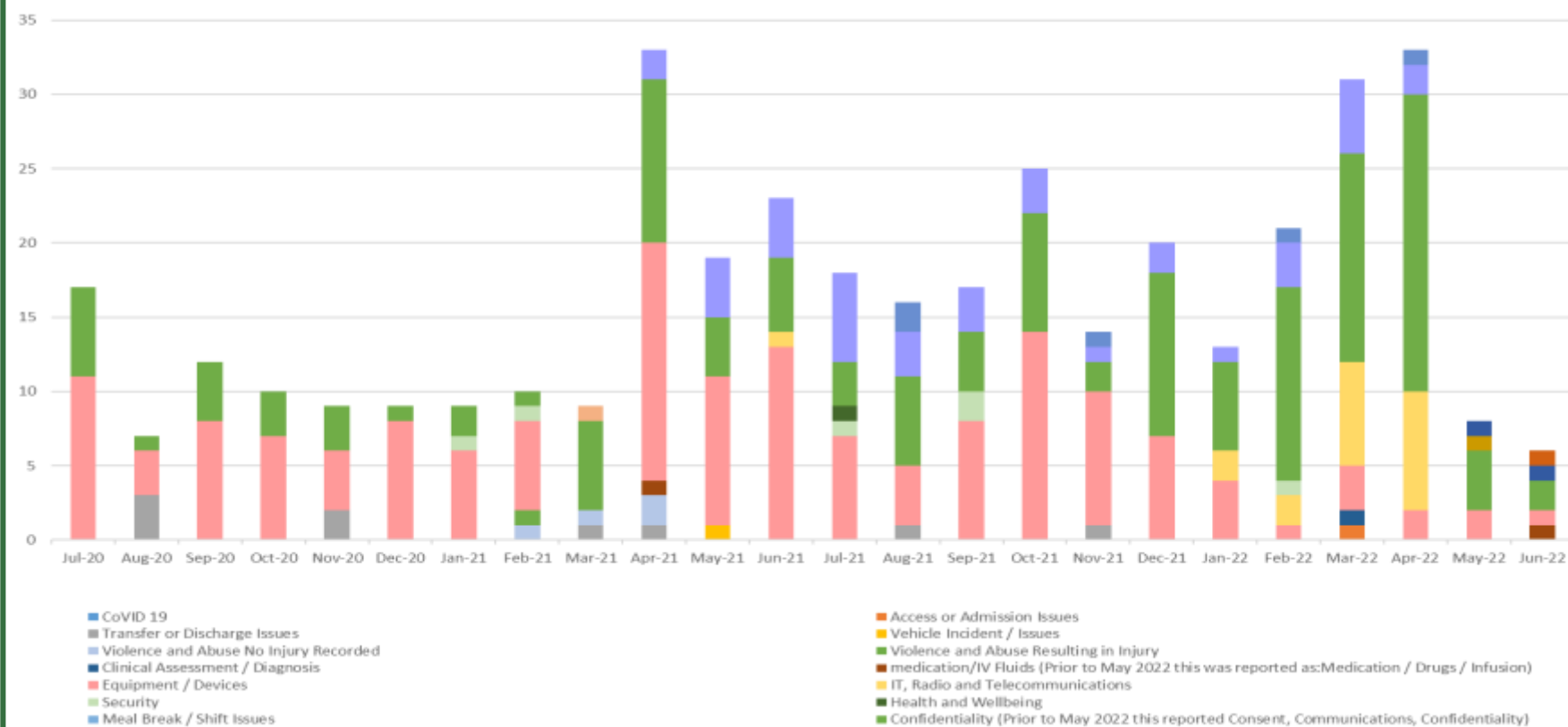
Health & Care
Standard
Health – Safe Care

Self Assessment:
Strength of Internal
Control: Strong

QUEST



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



Analysis

Safeguarding: In June 2022 staff completed a total of 103 Adult at Risk Reports, a decrease compared to May 2022 when 114 were reported. 92% of these were processed within 24 hours.

There have been 152 Child Safeguarding Reports in June 2022, a decrease from May 2022 when 187 reports were made. In June 2022 92% were sent within 24 hours.

Data Governance: In June 2022 reporting for Data Governance transferred to the new Once For Wales Datix RL system; there were 21 information governance (IG) related incidents reported on Datix RL categorised as an Information Governance (IG) breaches, a decrease when compared to May 2022. 15 related to records/information, 2 were in relating to Confidentiality, 1 related equipment / devices, 1 related to medication/IV fluids, 1 related to communication and 1 related to aggression. 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: For the first time since 2019 the PECEI Team have re-started and proactively engage with people and communities in person, by attending community events, open days, school visits and other forums. This face-to-face engagement permits meaningful conversations with people about using the services we provide; helping communities feel listened to and empowered to drive change. There were 66 engagement events held in Quarter 1, allowing engagement with 2,472 people. 71 NHS 111 Wales website surveys were returned, 80 people completed a survey about their experience of calling NHS 111 Wales. We continue working with NEPTS colleagues to promote patient experience surveys for users, surveys are sent direct via post, text and online. 280 NEPTS surveys were completed in this quarter. In this quarter we made a 999-patient experience survey available for the first time, this was completed by 30 people who shared their views on recent experiences of calling 999. More work will be done to further promote these surveys and capture more patient feedback. 117 compliments were also logged and processed; these positive experiences are also celebrated every Thursday on our social media channels using the #ThankYouThursday hashtag.

Remedial Plans and Actions

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

Data Governance: During the reporting period, of the 21-information governance related incidents reported on Datix all incidents have been reviewed and investigated where necessary by the IG team and remedial actions taken where appropriate. 0 incidents were deemed to meet the risk threshold for reporting to the Information Commissioner's Office.

Public Engagement: Though we continued to engage with communities across Wales throughout the coronavirus pandemic, this was done in a much more digital way, holding online events and joining online forums and meetings. Whilst this online engagement was crucial and allowed us to maintain connections, it was widely acknowledged that for many, online engagement was a barrier, and some felt excluded from participating in online activities in general. A return to in person community engagement is very welcome and allows to re-start having rich conversations with people about their experiences and expectations. It is acknowledged that coronavirus cases in the community are rising again, the PECEI Team will continue to take measures to ensure staff and communities safety during engagement events.

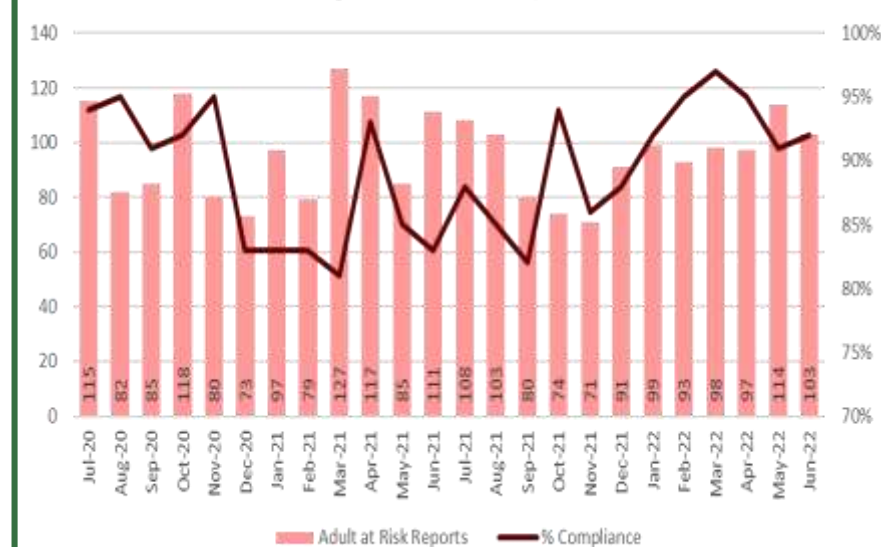
Expected Performance Trajectory

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

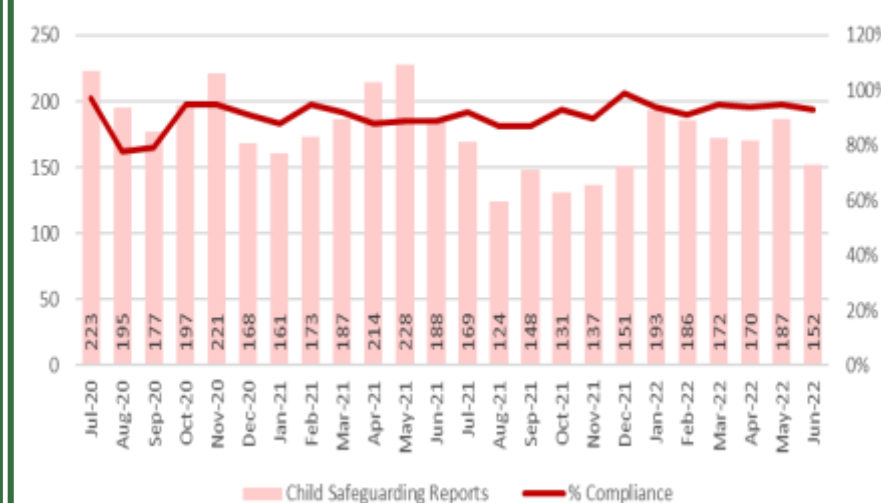
Data Governance: An annual assessment of compliance using the Welsh NHS IG Toolkit; an individual evidence-based assessment consisting of 255 items will continue to be utilised to measure the Trust against National Information Governance and Security Standards, and the Trust's FY21-22 IG Toolkit responses have now been submitted.

Public Engagement: Outcomes of our engagement with people and communities across Wales remain consistent to those previously reported. With people continuing to tell us that long waits and delays remain their primary concern; though the transport, care or treatment they ultimately receive is good. This theme is repeated across all services delivered by the Welsh Ambulance Service - 999 emergency care, Non-Emergency Patient Transport and NHS 111 Wales. The PECEI Team will continue engaging with communities, proactively communicating with people and communities, sharing important information regarding Trust services and appropriate use of these during the current period of increased demand. Learning from our engagement will be shared with partners, stakeholders and colleagues and will be used to help influence quality improvement.

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



Number and Percentage of Child Safeguarding Reports sent within 24 Hours



Safeguarding Data source: Doc Works

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

(Responsible Officer: Wendy Herbert)

Welsh Ambulance Services NHS Trust





Our Patients: Quality, Safety & Patient Experience

Health & Safety (RIDDORS) Indicators

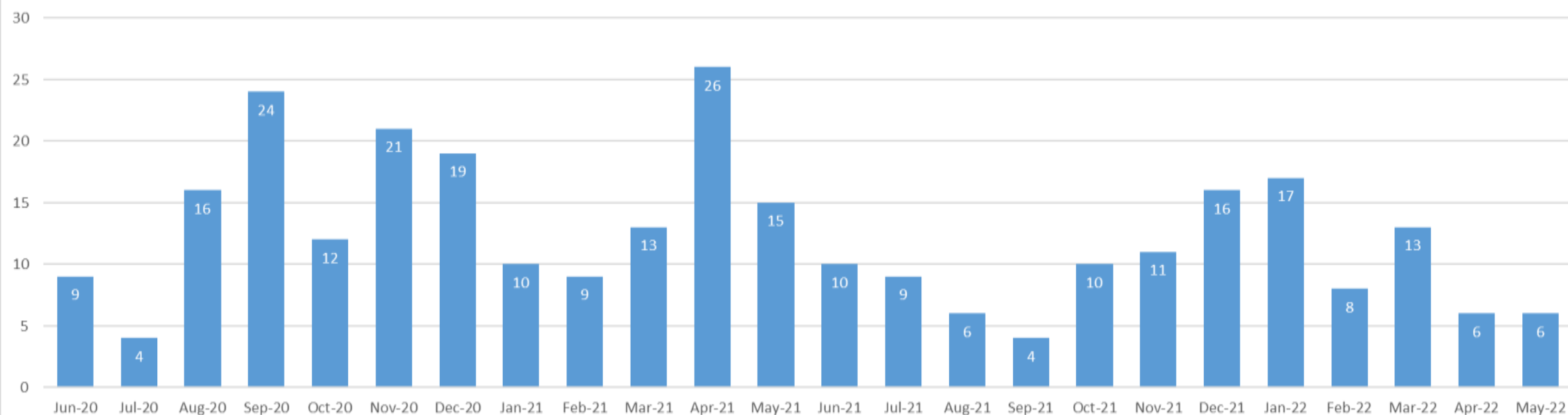
Self Assessment:
Strength of Internal
Control: Moderate

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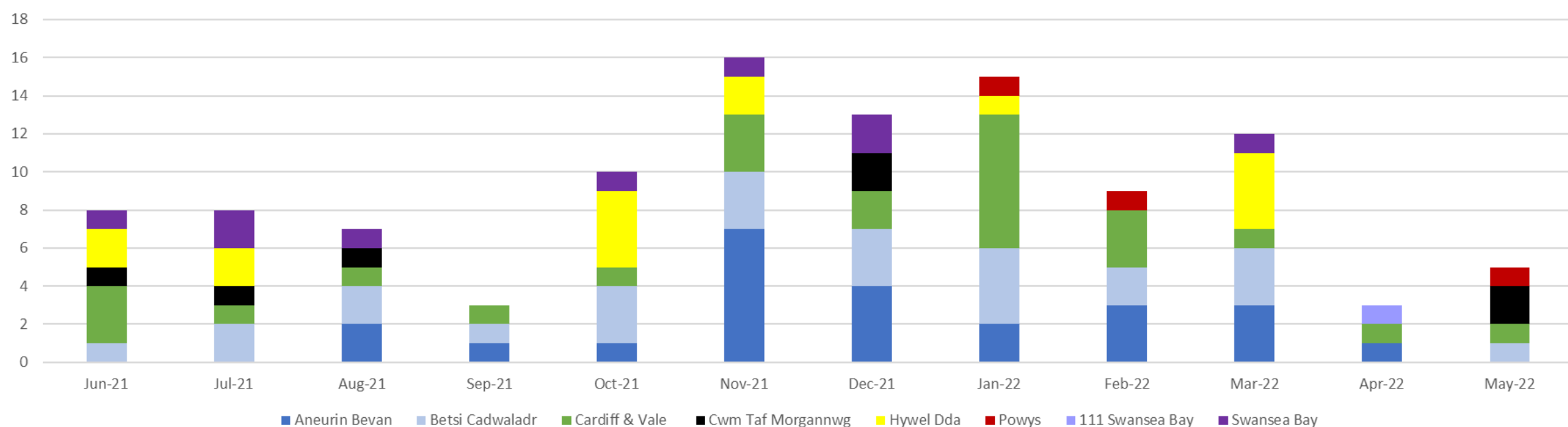
Health & Care
Standard
Health – Safe Care

****NB: June 2022 data not yet available for reporting**

Volume of RIDDOR Reports by Month



Volume of Riddor Reports by Health Board



Analysis

Whilst there is a strong level of internal control with respect to GL1 Metrics provided to the Health & Safety Executive (HSE), there are moderate levels of internal control. Challenges around obtaining staff details are impacting on timeliness of Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDORS) to the Health and Safety Executive (HSE). During Quarter 4 (January - March 2022) there were no fines, prosecutions, HSE improvement or Prohibition notices.

In May 2022 RIDDORS reported were for ABUHB (1), BCUHB (1), CVUHB (1), CTMUHB (2) and PHB (1).

Remedial Plans and Actions

Some members of the Health & Safety Team have 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, one key member responsible for reporting of RIDDORS left the organisation in November 2021. Additionally, the Regional H&S Manager also responsible for reporting is on long terms sickness absence.

The Trust's compliance with Health and Safety legislation requires further work to specify and detail areas to improve compliance. A draft transformation plan has been approved by EMT endorsing the commencement of this comprehensive holistic action plan, 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 agreed (and funded) a new structure for the Health & Safety Team, which is currently being recruited into, whilst a clear programme of work exists for reviewing and updating policies and procedures.

****NB: May 2022 data is correct on the date and time it was extracted; therefore, these figures are subject to change**

NB: June 2022 RIDDOR data unavailable at time of reporting.

Data source: Datix



(Responsible Officer: Wendy Herbert)

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



Currently unable to report - Slide Under Review

NB: Next Update (April- June 2022) due July 2022

Data source: Electronic Risk Register



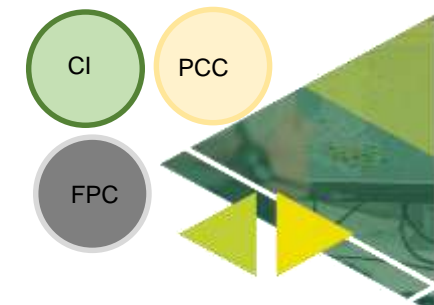
(Responsible Officer: Wendy Herbert)

Welsh Ambulance Services NHS Trust

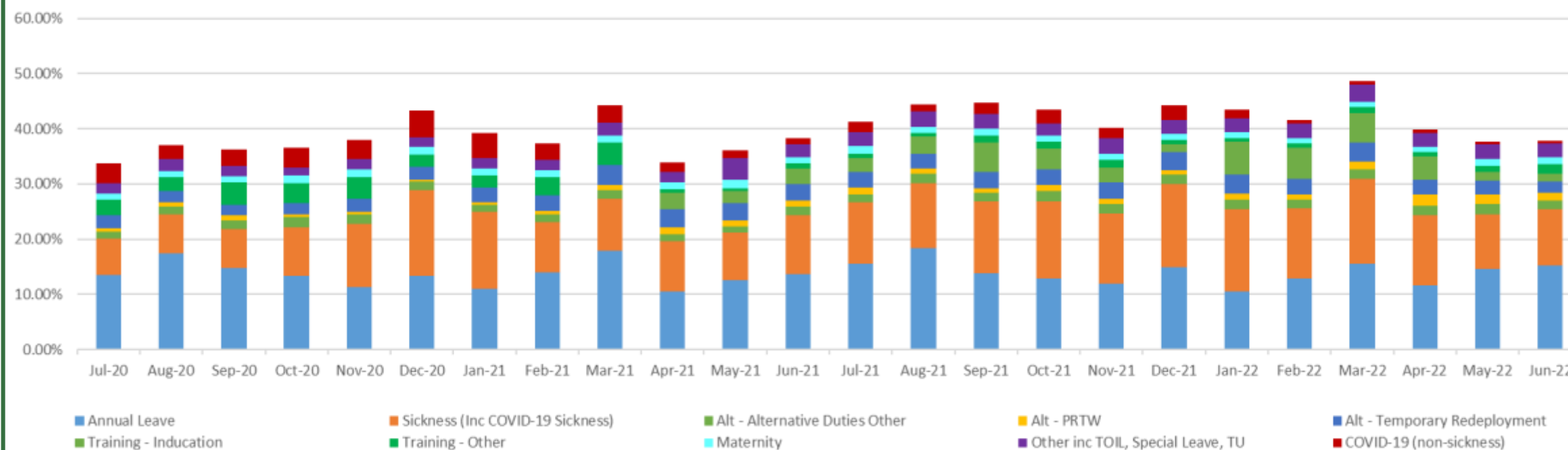


Our People

Ambulance Abstractions and Production Indicators



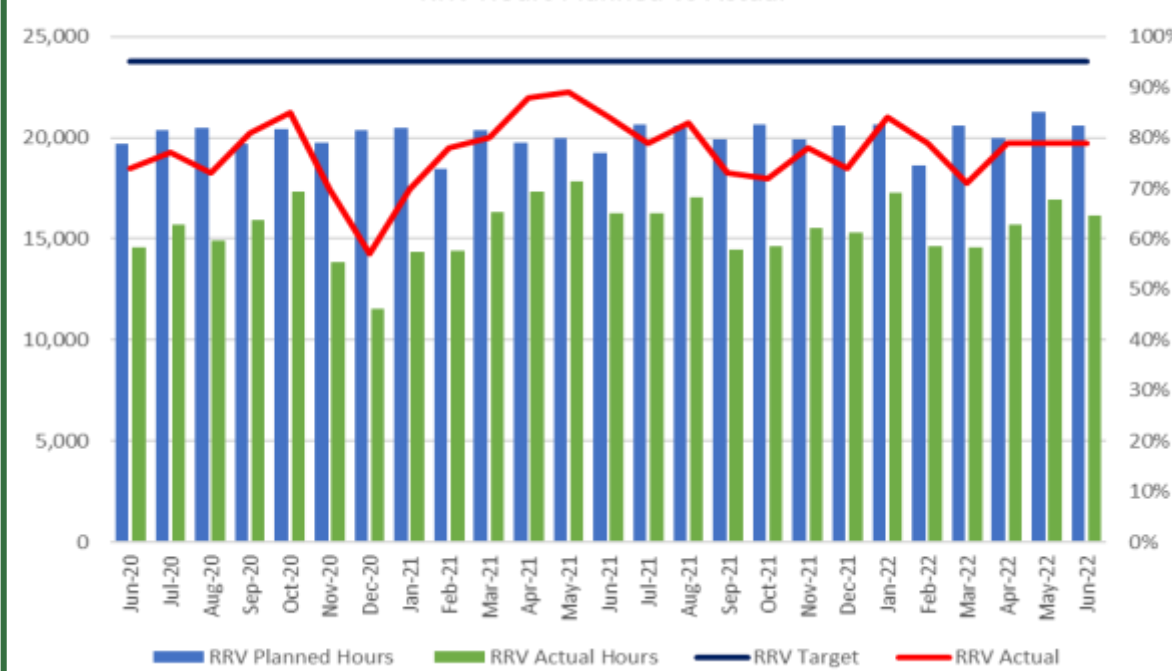
Pan Wales EMS Total Rota Abstraction Hours



Emergency Ambulance Unit Hours Production



RRV Hours Planned vs Actual



Analysis

As shown in the top graph, monthly abstractions from the rosters are key to managing the number of hours the Trust has produced. In June 2022, total abstractions stood at 37.90%. This compares to a benchmark set in the Demand & Capacity Review of 30% which the Trust was achieving pre-COVID-19. The highest proportion was Annual Leave at 15.30% and sickness at 10.18%. However, sickness abstractions for June 2022 were lower than the previous year (10.74%) however, COVID-19 (non-sickness) related abstractions decreased in June 2022 when compared to June 2021 accounting for 0.49% of overall abstractions.

Emergency Ambulance Unit Hours Production (UHP) was 93% in June 2022 (75,096 Actual Hours), falling short of the 95% benchmark. RRV UHP achieved 79% (16,178 Actual Hours) compared to 80% in May 2022. The total hours produced is a key metric for patient safety (included on slide 7 red performance). In June 2022 the Trust produced 100,407 hours, but the graph shows that even despite significant funding for increased substantive numbers of staff, total hour produced has not risen sustainably.

Remedial Plans and Actions

The EMS Demand & Capacity Review benchmark for GRS sickness absence abstractions is 5.99%. A new formal programme of work has commenced to review and take action to reduce sickness absence / alternative duties, which is reported into EMT every two weeks. In future months, we will include a graph in this pack of performance against the agreed trajectory/

The key actions to maximise production will continue to be the EMS Demand & Capacity Review with an additional 100 WTE to be recruited this year.

Expected Performance Trajectory

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



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust



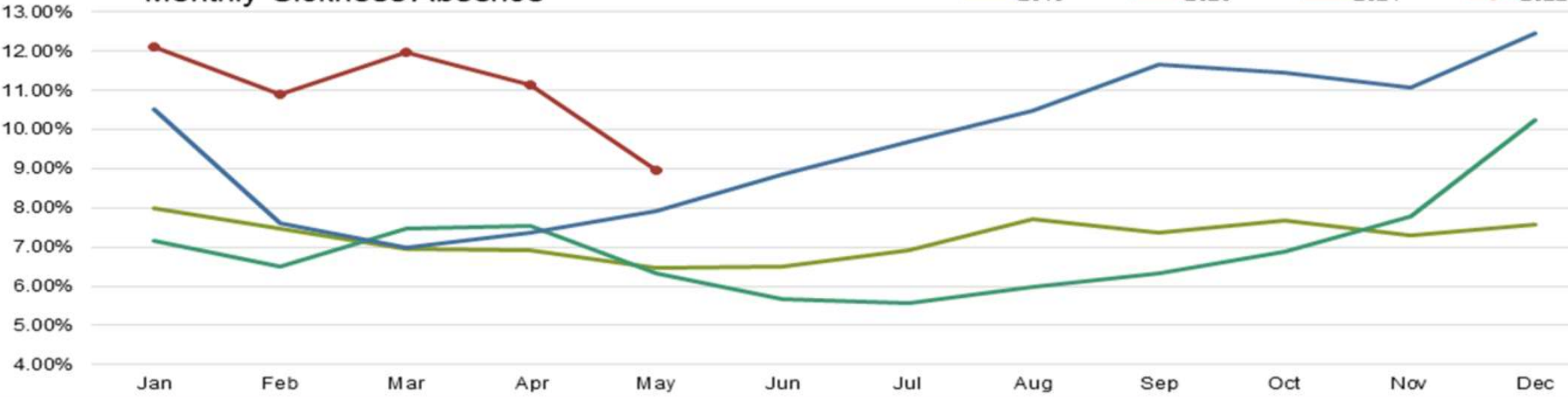
Our People Sickness Absence Indicators

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CI

NB: May 2022 / June 2022 update not available

Monthly Sickness Absence



Analysis

The monthly sickness absence figure for May 2022 was 8.97%, a decrease of 2.16% from last month; however, sickness levels remain the highest recorded in a 5 year period with increases in both short term and long term absence.

Remedial Plans and Actions

Physiotherapy: 44 referrals were received in May 2022. This is the most referrals received by the provider in one month to-date.
Average Length of Time from Referral to First Contact: 1.7 days
Average Length of Time from Referral to Televid Clinical Assessment: 2.7 days
Health Assured- EAP: Call summary- In May 2022 69 calls (63 Counselling/6 Legal) (This increased from 36 calls in April 2022)

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.

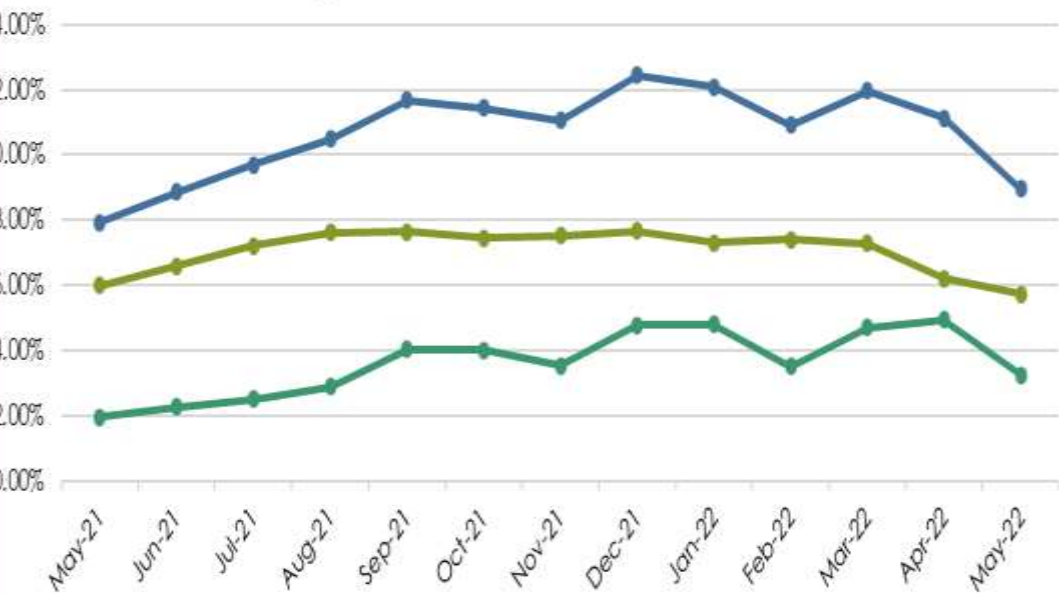
Monthly LTS Cases Opening/Closing



Average working days lost per FTE (Annual)

24.89 days	
Single month Absence %	
8.95%	
Long Term	Short Term
5.70%	3.25%
Mental Health	Other MSK
(S10 Stress/Anxiety)	(excluding Back)
2.29%	1.35%

All Sickness Reasons LT/ST %



(Responsible Officer: Catherine Goodwin)

Welsh Ambulance Services NHS Trust



Our People

Staff Vaccination Indicators

NB: April 2022 COVID-19 Vaccine Data not Available

NB: June 2022 vaccine data unavailable at time of reporting.

Self Assessment:
Strength of Internal
Control: Moderate

Flu

R

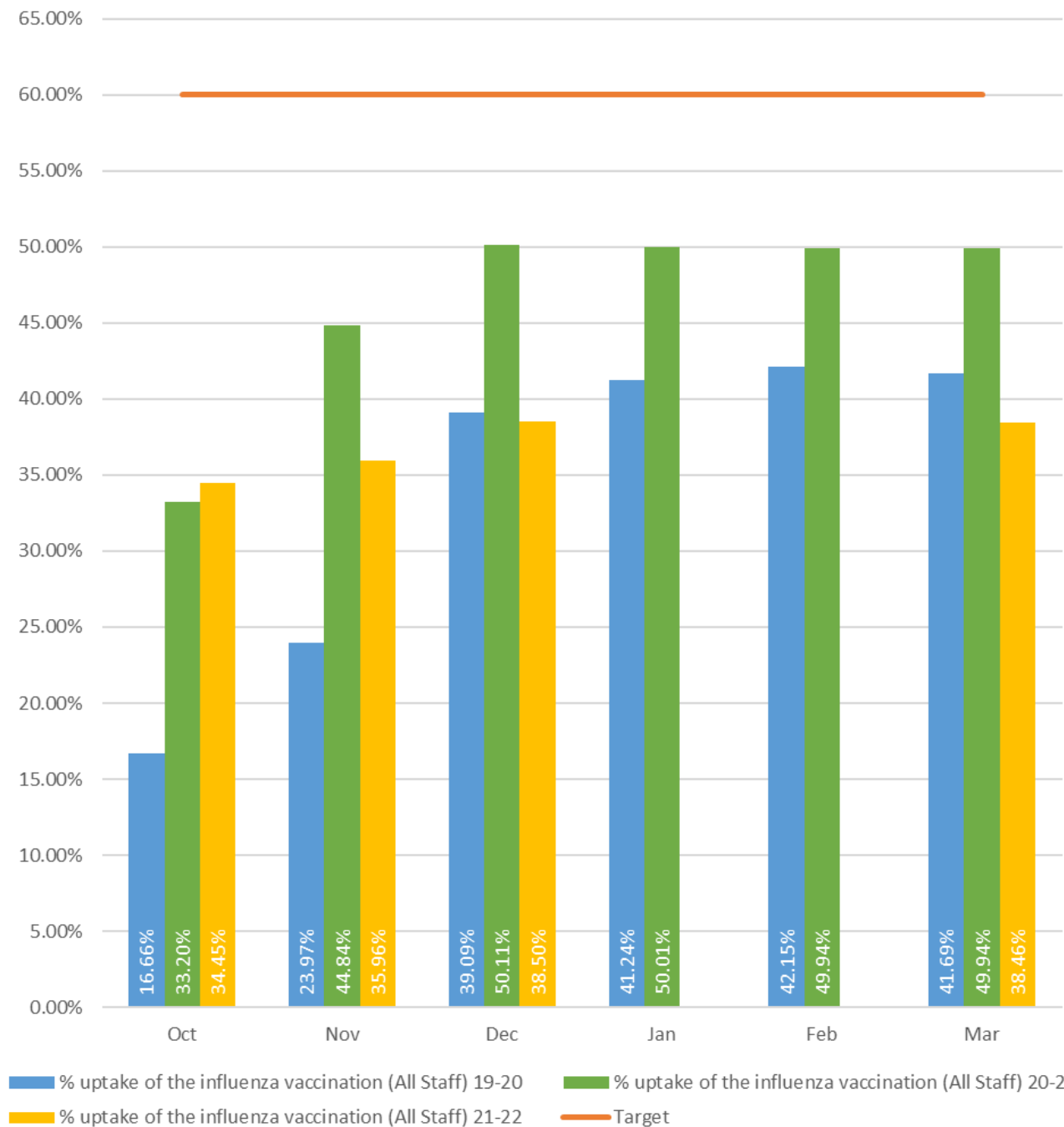
CI

PCC

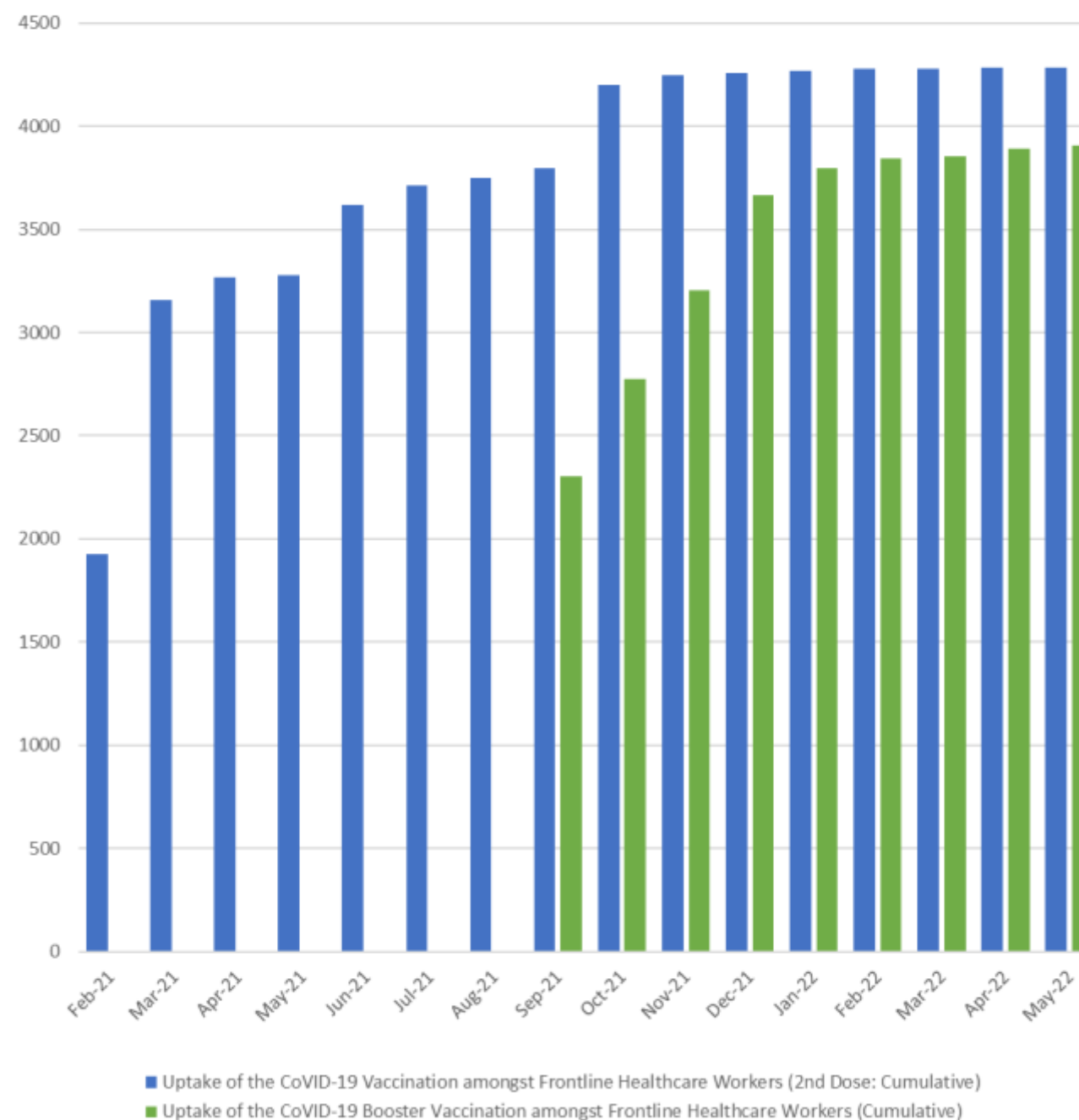
Health & Care
Standard
- Health (PPI)

NB: Next Reporting Flu Campaign October 2022

% 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 2021-22 flu campaign got underway in Oct-21 and has now concluded; as indicated in the graph to the left 38.46% of EMS (response) and NEPTS staff received a vaccination, therefore not achieving the 60% target.

Due to a technical error in the downloading of data for the Trust are unable to report monthly data for January & February 2022.

Of the 4,532 staff currently employed (All staff) front line (Patient Facing and Non-Patient Facing staff), 95% of staff have received a first dose COVID-19 vaccination, 95% (4,283) have received a second dose and 86% (3,907 Staff) have received a booster vaccination. In addition 94% of volunteers have received a first dose vaccination, 93% have received a 2nd dose and 88% have received a booster vaccination.

Remedial Plans and Actions

Staff data has been refreshed to accurately staff numbers employed by WAST.

Expected Performance Trajectory

An evaluation of the 2021-22 flu campaign is currently being completed. Early indications from the southern hemisphere are that there has been more flu in their winter. The Trust is currently developing forecasts for the winter period that build in CoVID-19 and flu..

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



(Responsible Officer: Catherine Goodwin)

Welsh Ambulance Services NHS Trust



Our People

PADR and Training Rates Indicators



Self Assessment:
Strength of Internal
Control: Strong

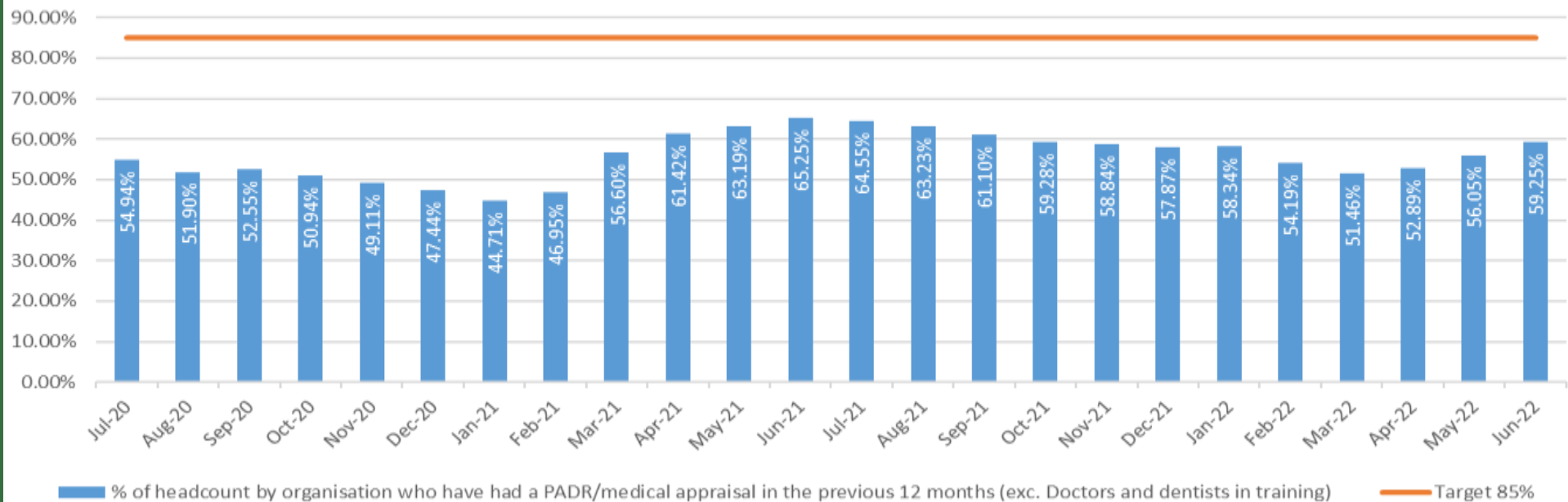
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Health & Care
Standard
Health – Staff &
Resources



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



Analysis

PADR rates for June 2022 improved for the fourth consecutive month to 59.25% however they continue to remain well below the 85% target.

June 2022 Statutory & Mandatory Training rates decreased by 0.11% from the May 2022 figure, but still achieved the 85% target for the second time in 23 months. Fire Safety (67.68%) and Moving & Handling (84.06%) both failed to achieve the 85% target; however, Information Governance (85.56%) and Safeguarding Adults (88.31%) achieved the target in June 2022.

As of June 2022 92.7%, of staff have completed mandatory Equality and Human Rights 'Treat me Fairly' (TMF) Training. 100 colleagues have begun Allyship journeys, including Board members, and the programme continues to be well received; work is underway to ensure the programme is updated and bespoke wherever possible to ensure greater engagement.

There are currently 2 (13 for Admin & Clerical Staff) Statutory and Mandatory courses that all NHS employees must complete in their employment. These are listed in the table to the right.

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

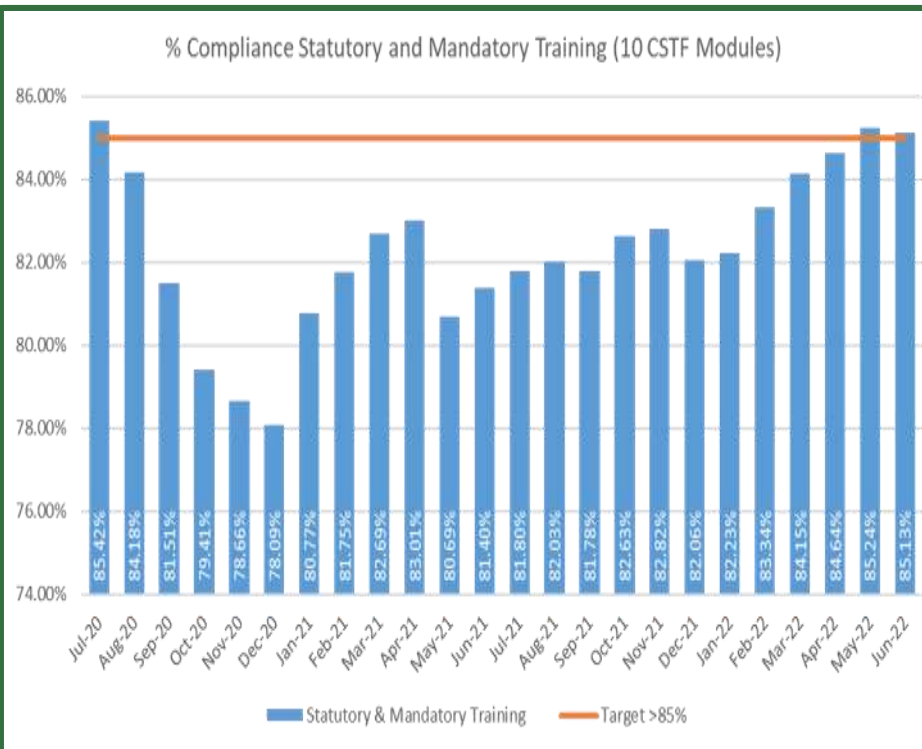
Remedial Plans and Actions

Since the onset of CoVID the Learning and Development team have moved the Trust towards a more blended model of education. All staff are actively encouraged to take ownership of their e-learning through self-identification of topics they are required to update. This is done through logging into ESR and reviewing individual compliance. Where e-learning is appropriate staff log in and complete this in a timely manner. This then negates the need for colleagues to attend classroom based CPD days where it is not necessary. CPD is supported by the ESR Team and user guides, and other supportive information is available through the WAST intranet and via Yammer.

A campaign is underway to 'mop up' last years non-compliance and is due for completion shortly. A presentation to SOT and SESG in July 2022 will outline proposals for 22-23 CPD topics and structure. In addition, meetings are ongoing with the Ambulance Response Team to highlight compliance rates for Frontline staff and continue to monitor.

Expected Performance Trajectory

Uptake in the e-learning based topics continues to be very positive and staff of all grades have embraced the concept and are engaged with this new concept. Staff seem to have bought into the "new normal" and the Trust expects to continue to see improving compliance figures across the Trust.



Data source: ESR



(Responsible Officer: Catherine Goodwin)

Welsh Ambulance Services NHS Trust

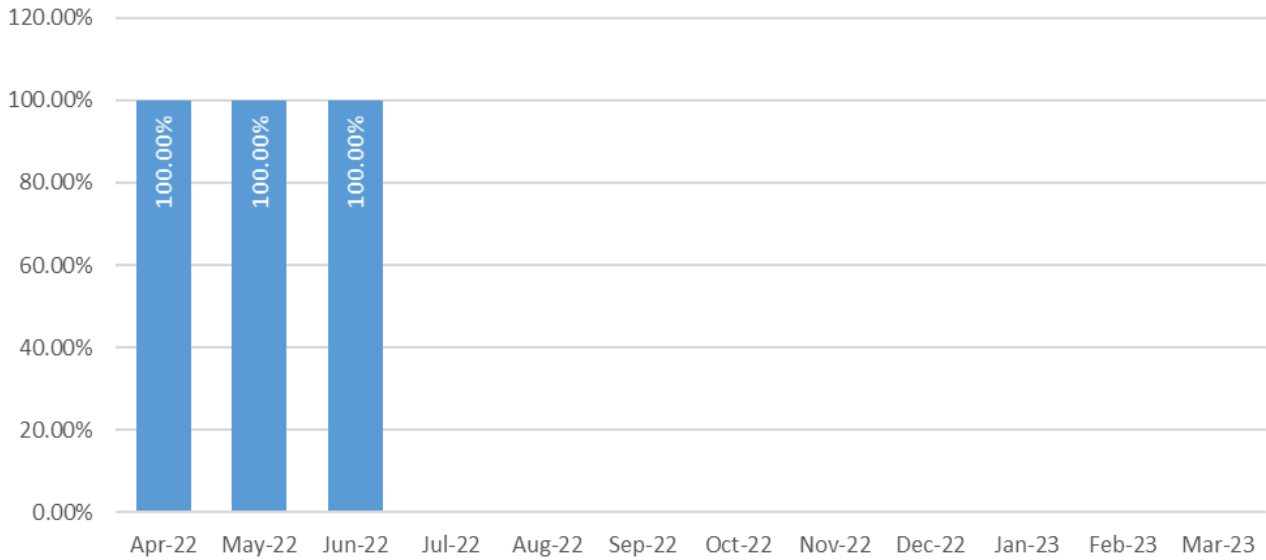


Finance and Value

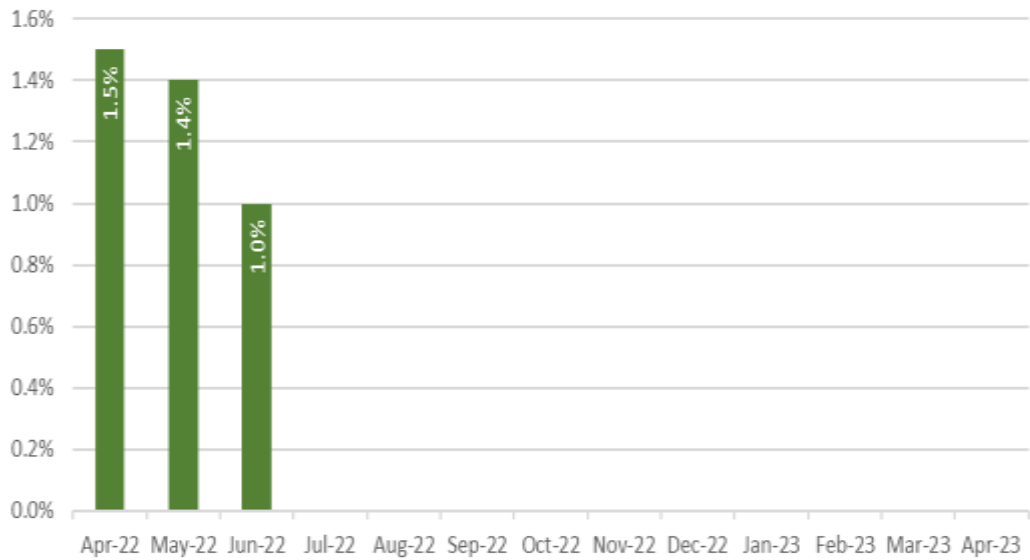
Finance Indicators



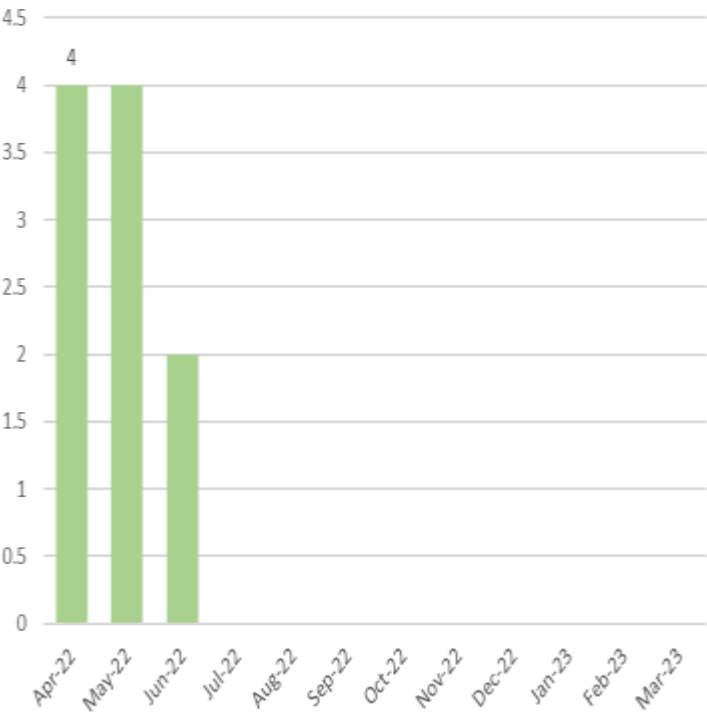
Financial balance - annual expenditure YTD as % of budget expenditure YTD



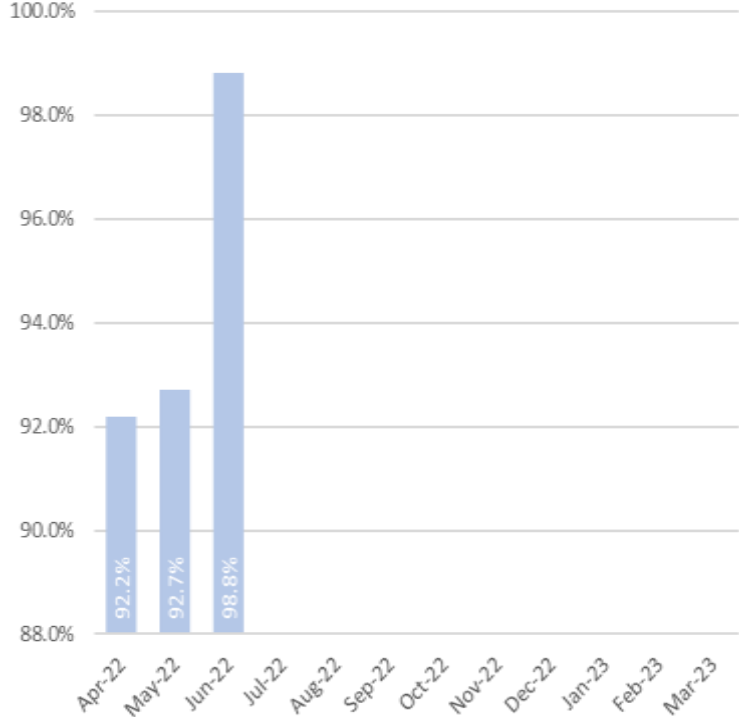
Agency spend as a percentage of the total bill (£'000)



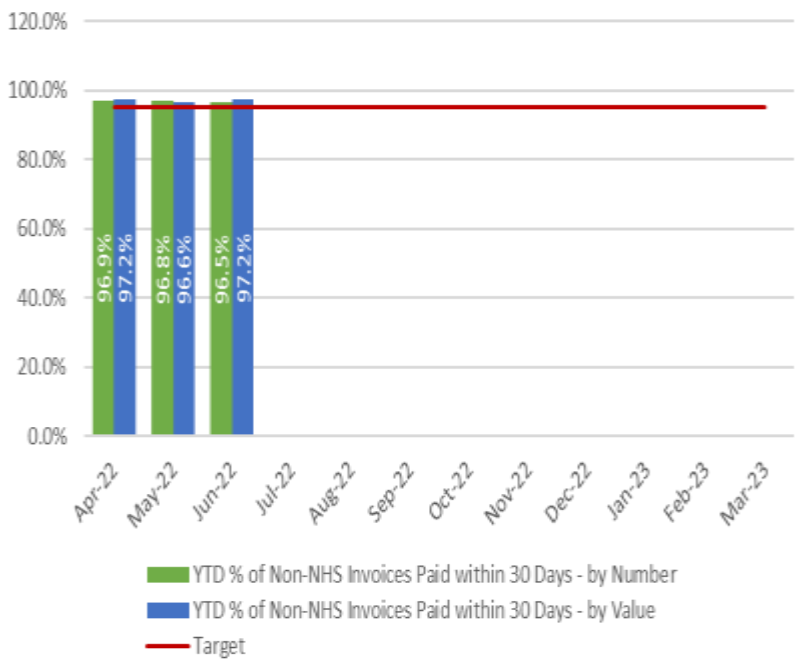
Actual Trust Surplus/(Deficit) YTD - £000



Actual Savings YTD as % of Planned Savings YTD



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



Analysis

The reported outturn performance at month 3 is a surplus of £2,000, with a forecast to the yearend of breakeven.

For month 3 the Trust is reporting planned savings of £1.043m and actual savings of £1.030m, an achievement rate of 98.8%.

Cumulative performance against the Public Sector Purchase Programme (PSPP) as of June 2022 was 96.5% against a target of 95%.

As of June 2022, 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 2022-25 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 2022-25 financial plan was submitted to WG following Board sign off on 31st March 2022.

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

- Key specific risks to the delivery of the 2022/23 financial plan include:
- Continuing financial support from Welsh Government in relation to Covid costs;
 - Availability of capital funding to support the infrastructure investment required to implement service change, and the ability of the Trust to deliver the revenue consequences of capital schemes within stated resource envelope;
 - Financial impact of EASC Commissioning Intentions, and confirmation of the EMS financial resource envelope as assumed within our financial plan;
 - Ensuring additional avoidable costs that impact on the Trust as a result of service changes elsewhere in the NHS Wales system are fully recognised and funded;
 - Ensuring any further developments are only implemented once additional funding to support these is confirmed;
 - Delivery of cash releasing savings and efficiencies;

Expected Performance Trajectory

The expectation is that the Trust will continue to meet its statutory financial duties, as outlined in its IMTP; however, it is expected that the Trust will continue to operate in a challenging financial environment and will need to continue to deliver further planned savings into 2022/23.



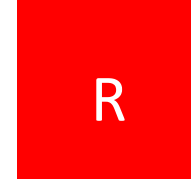
(Responsible Officer: Chris Turley)

Welsh Ambulance Services NHS Trust

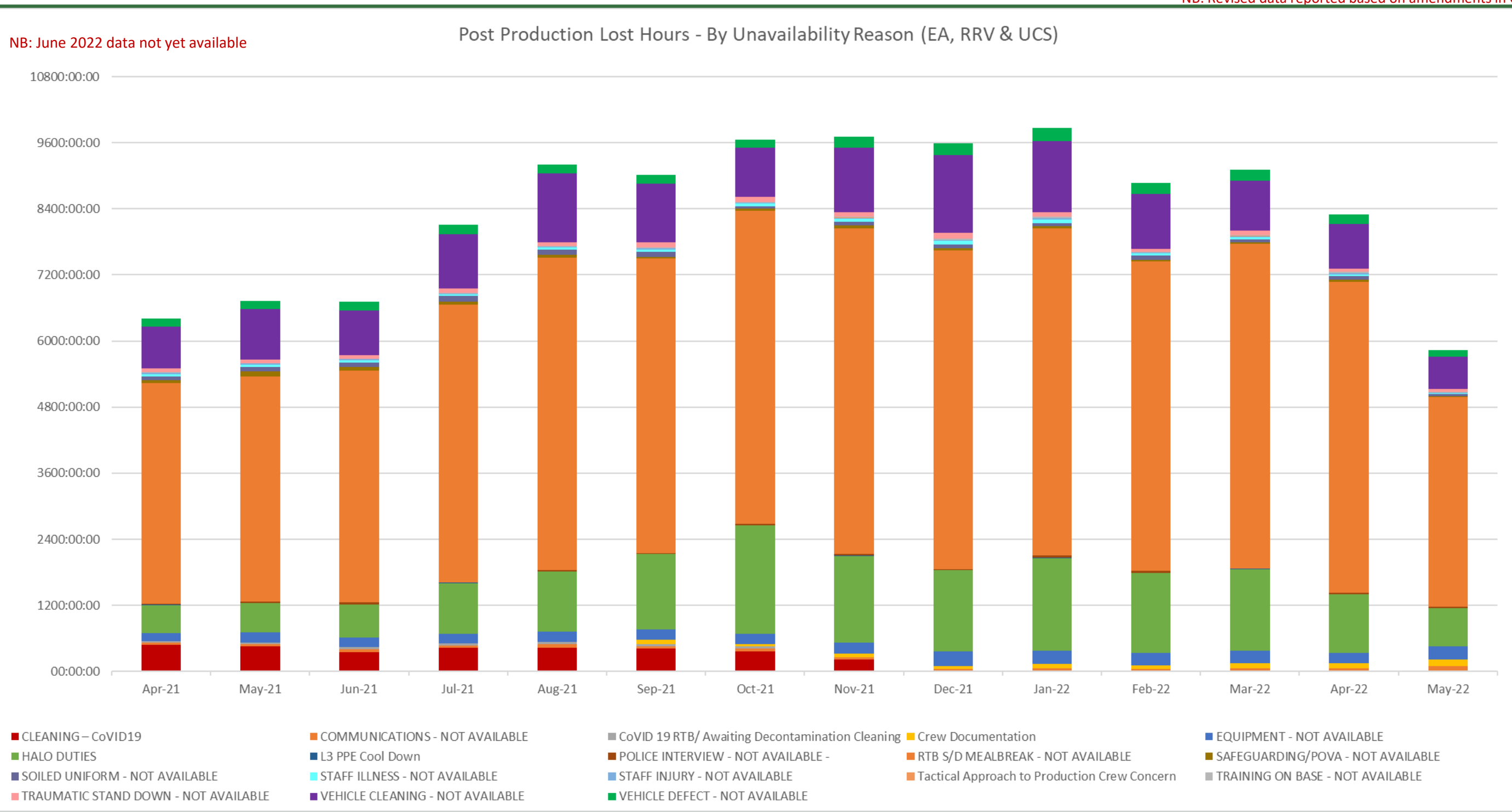


Value / Partnerships & System Contribution

EMS Utilisation & Post Production Lost Hours Indicators



NB: Revised data reported based on amendments in QlikSense and refinements applied to improve accuracy in reporting



Analysis

There were 5,835 post production lost hours (PPLH) across EA, RRV 7 UCS vehicles in May 2022; a decrease when compared to April 2022 (8,292).

In May 2022 hours lost through PPLH can be down to numerous factors, including, but not limited to Return to Base, Meal Breaks (3,795 Hours), HALO duties (698 hours) and Vehicle Cleaning (586 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.

Expected Performance Trajectory

The current data needs to be treated with a degree of caution, for example, there are good reasons for some post production lost hours, plus there are issues of data entry. The Trust has recently undertaken more benchmarking on PPLHs which suggests that it compares favorably with two other ambulance services, but less so with a third. Contact is being sought with this third service. A deep dive on PPLH is going to May-22 F&P Committee.

****NB: PPLH Data correct at time of extract**



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust



Our Patients: Quality, Safety & Patient Experience

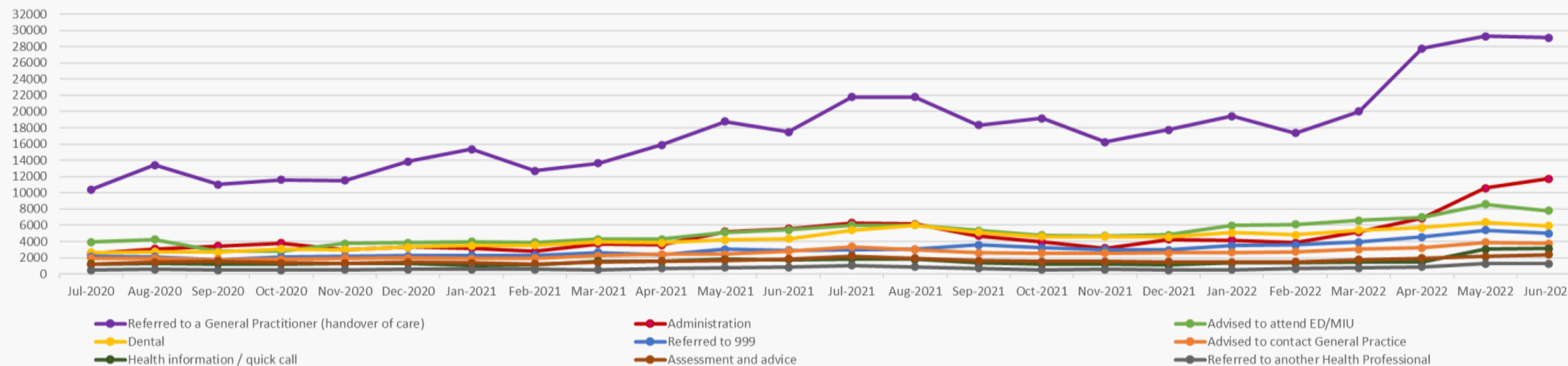
111 Hand Off Metrics and 111 Consult & Close Indicators

Influencing Factors – Demand and Clinical Hours Produced

G

FPC

111 Calls By Final outcome



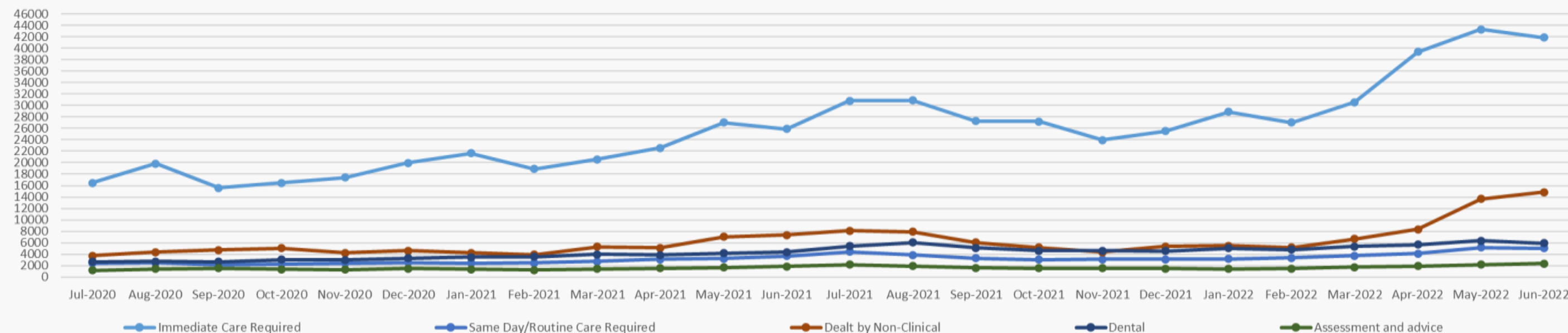
Analysis

In June 2022 calls Referred to General Practitioner (handover of care) continued to be the top outcome for NHS111 accounting for 42% of calls.

Calls falling in the Immediate Care Required category saw the highest volume; this includes calls referred to General Practitioner (29,082), Administration (11,714), and advised to attend ED/MIU (7,770).

In June 2022 70,039 calls were received in the 9 categories displayed in the top graph, an increase when compared to 70,645 in May 2022; 26,202 in June 2020 and 43,067 in June 2021.

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 in relation to whether patients are directed to the most appropriate and best outcomes.

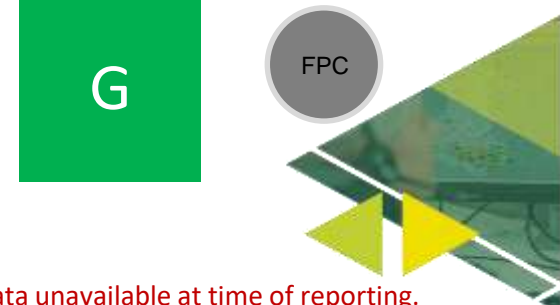


(Responsible Officer: Lee Brooks)

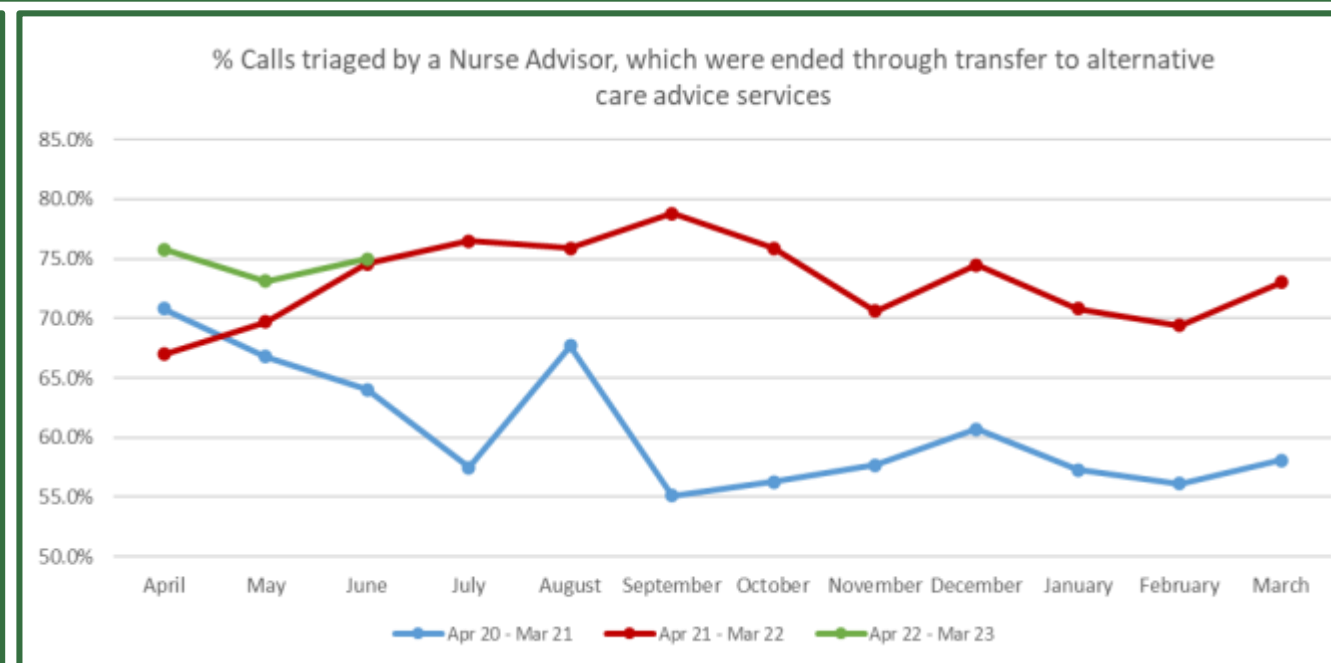
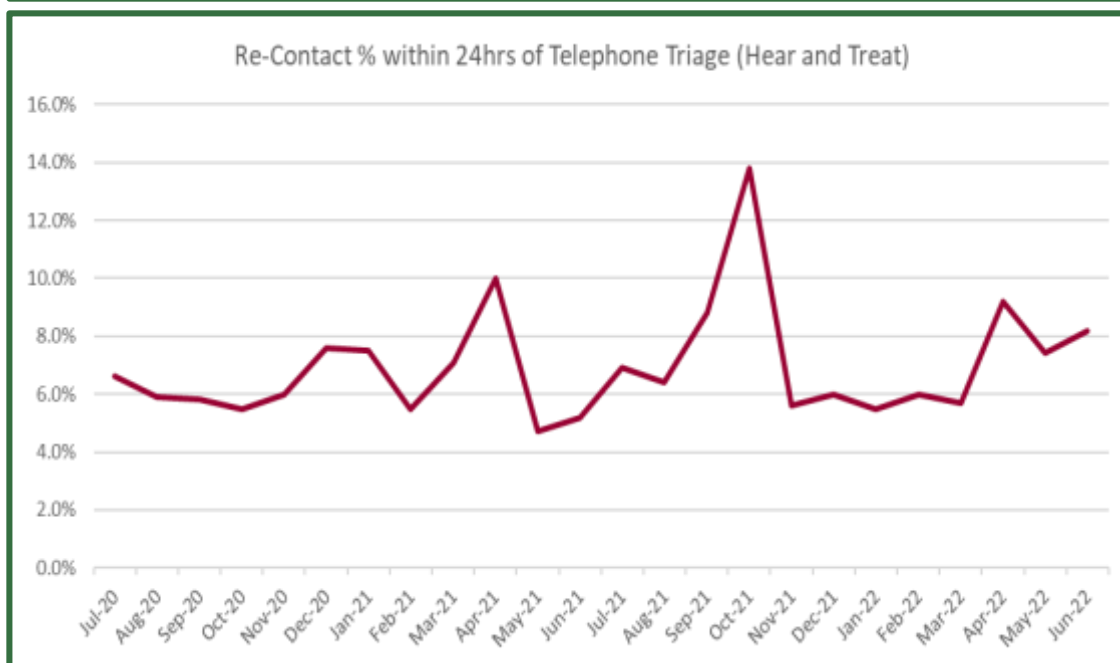
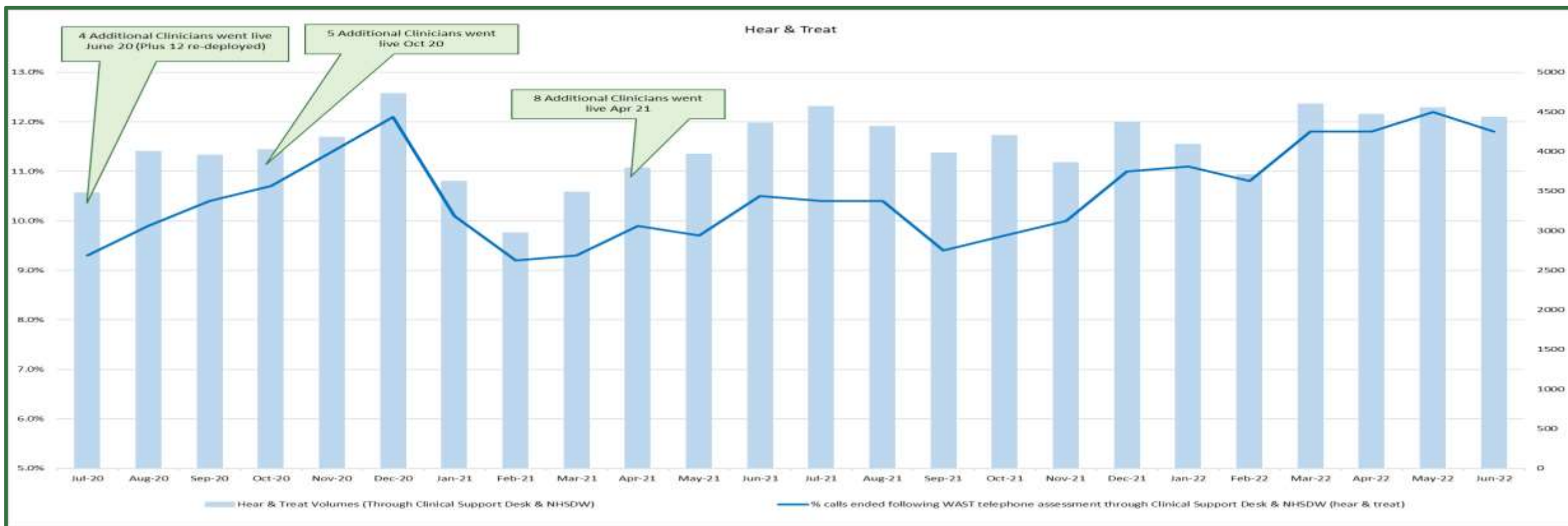
Welsh Ambulance Services NHS Trust



Partnerships / System Contribution Consult & Close Indicators



NB: June 2022 data unavailable at time of reporting.



Analysis

The **Clinical Service Desk (CSD)** and **NHSDW (Hear & Treat)** achieved 12.2% performance in May 2022, therefore continuing to achieve the 10.2% target for the seventh consecutive month.

9.1% of hear & treat volumes were achieved by the CSD in May 2022. In comparison, 3.1% of hear & treat was by NHS111.

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 May 2022 were 7.4% a decrease compared to 9.2% in April 2022, however, this is an increase compared to 4.7% in May 2021.

The percentage of calls triaged by nurse advisor ended through transfer of alternative care advice services increased month on month to 73.1% in May 2022; by comparison, this figure was 69.7% in May 2021.

Remedial Plans and Actions

- Funding has been agreed to double the size of the CSD, including introduction of 5 mental health practitioners. In the first few months of the year, the staff have been onboarded and have been training on the new ECNS system. It is likely therefore that we will start to see the full effect into Q2 / Q3
- The team are also undertaking detailed process maps of the work that they do in order to identify where improvements can be made
- The revised establishment is 96 FTEs with current in post 90 FTEs.

Expected Performance Trajectory

The current target for this year is 15% hear and treat rate for 2022/23 as part of the development of the 2022-25 IMTP and associated forecasting and modelling. We would hope to be achieving this in the second half of the year



(Responsible Officer: Lee Brooks)

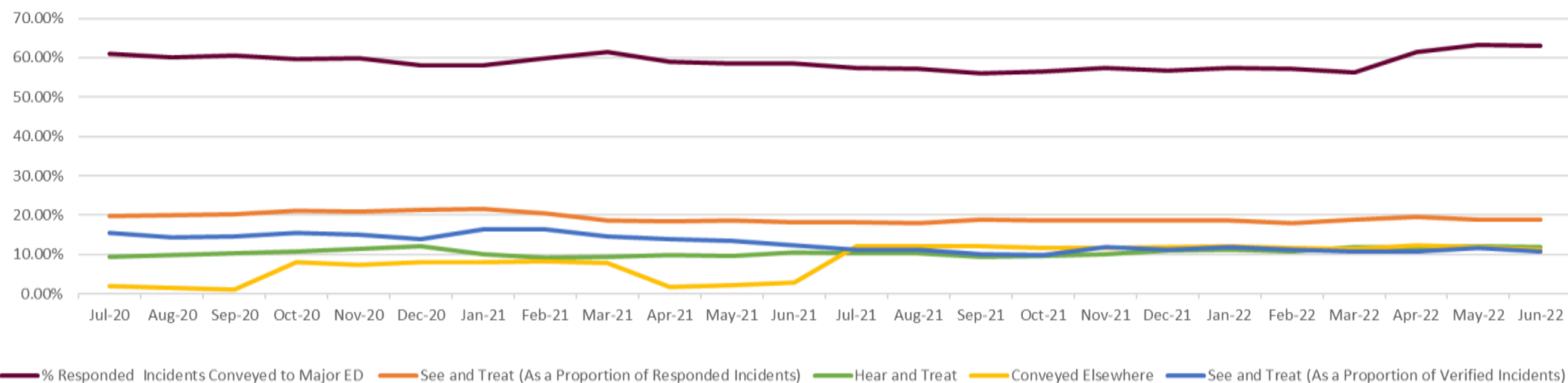
Welsh Ambulance Services NHS Trust



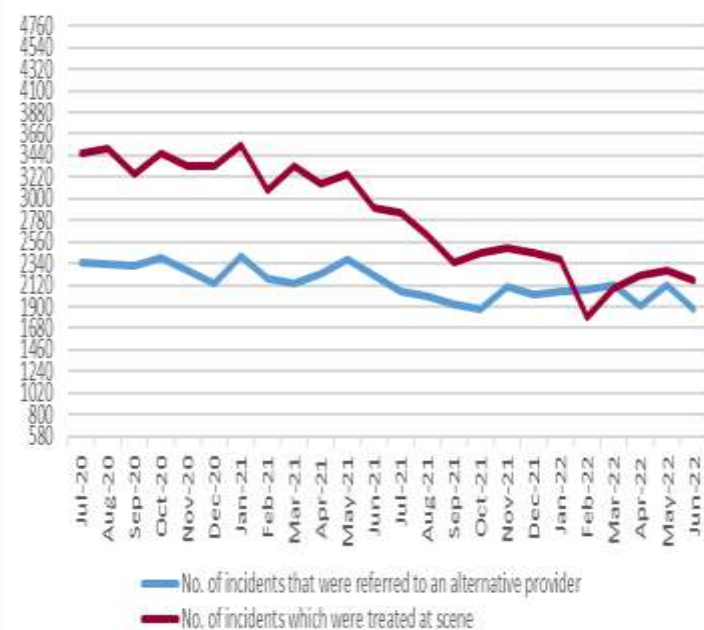
Partnerships / System Contribution Conveyance to ED Indicators



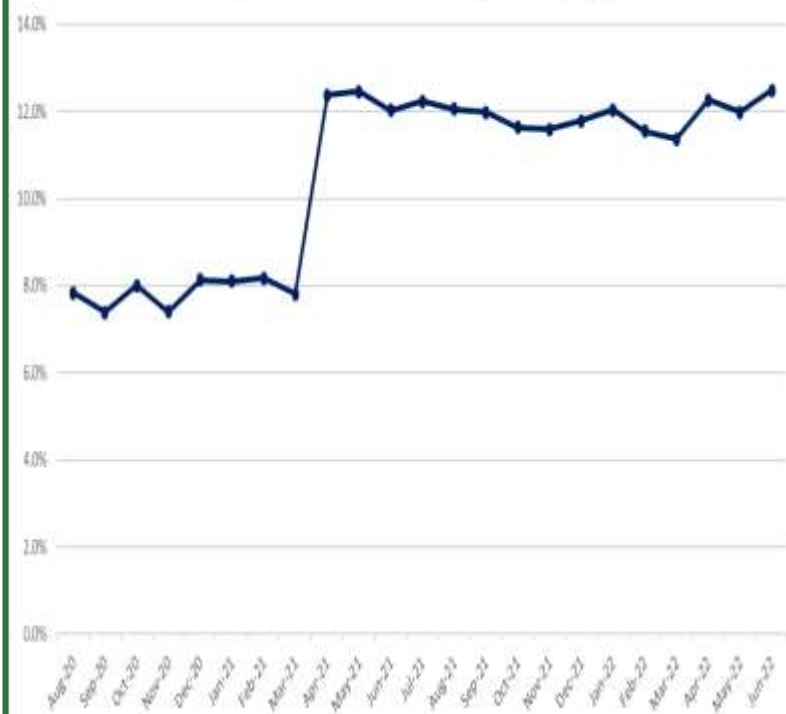
% of Patients Conveyed to Major ED, Triaged through Hear or See and Treat or Conveyed Elsewhere



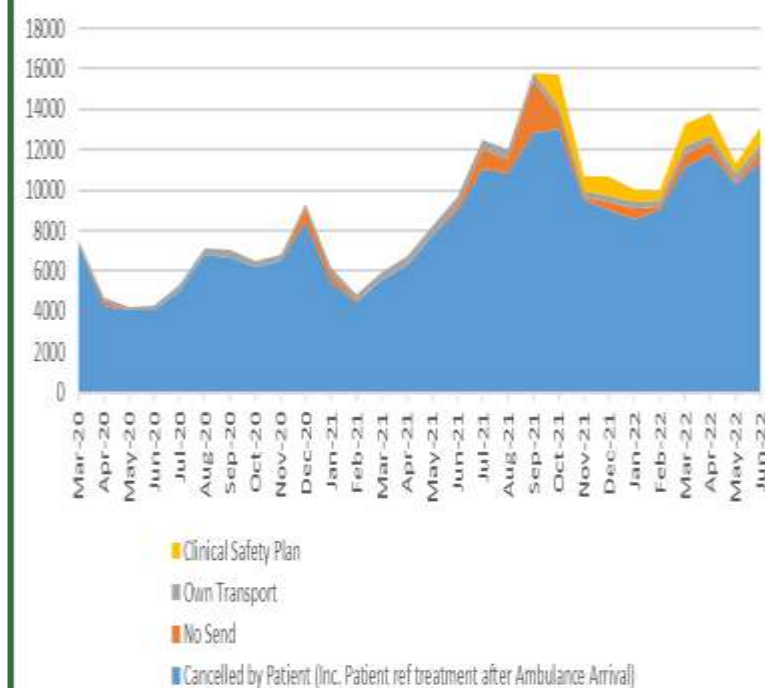
Incidents Treated at Scene VS Incidents Referred to Alternative Providers (Ambulances Stopped)



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



Numbers of patients with no send or cancelling ambulance



Analysis

The percentage of patients conveyed to EDs decreased (i.e. improved) compared to the same period last year. In June 2022 conveyance to EDs as a proportion of total verified incidents was 35.992% (compared to 39.76% in June 2021). In addition, 12.5% of patients (1,502) in June 2022 were conveyed to a service other than a Type One ED.

The combined number of incidents treated at scene and referred to alternate providers decreased in June 2022 when compared to May 2022. 1,883 incidents were referred to alternative providers in June 2022 and 2,173 incidents were treated at scene; however, a review of other outcomes (see graph) shows that there are a number of incidents where there was a no send due to escalation of the Clinical Safety Plan (CSP).

In June 2022 611 ambulances were stopped due to CSP alternative transport and 242 were as a result of CSP Can't send options. In addition, 11,387 ambulances were cancelled by patients (including patients refusing treatment at scene) and 367 patients made their way to hospital using their own transport.

Remedial Plans and Actions

This indicator captures the impact of all "shift left" activity, for example hear & treat, see & treat (APPs, Band 6 Paramedics), pathways and conveyance to other hospital locations e.g. minor injury units (MIUs), direct admissions etc. Years 3-5 of the EMS Operational Transformation Programme offer the potential to take a more transformative look at options for further reducing conveyance, where it is clinically safe and appropriate to do so. The initial results of this modelling are expected w/c 24 January 2022 (received).

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

Expected Performance Trajectory

The Trust has completed modelling on a full strategic shift left, which identifies that the Trust could reduce handover levels by c.7,000 hours per month, with investment in APPs and the CSD; however, the modelling indicates that handover would still be at 10,000 hours per month. Health Board changes are required as well.



(Responsible Officer: Andy Swinburn)

Welsh Ambulance Services NHS Trust

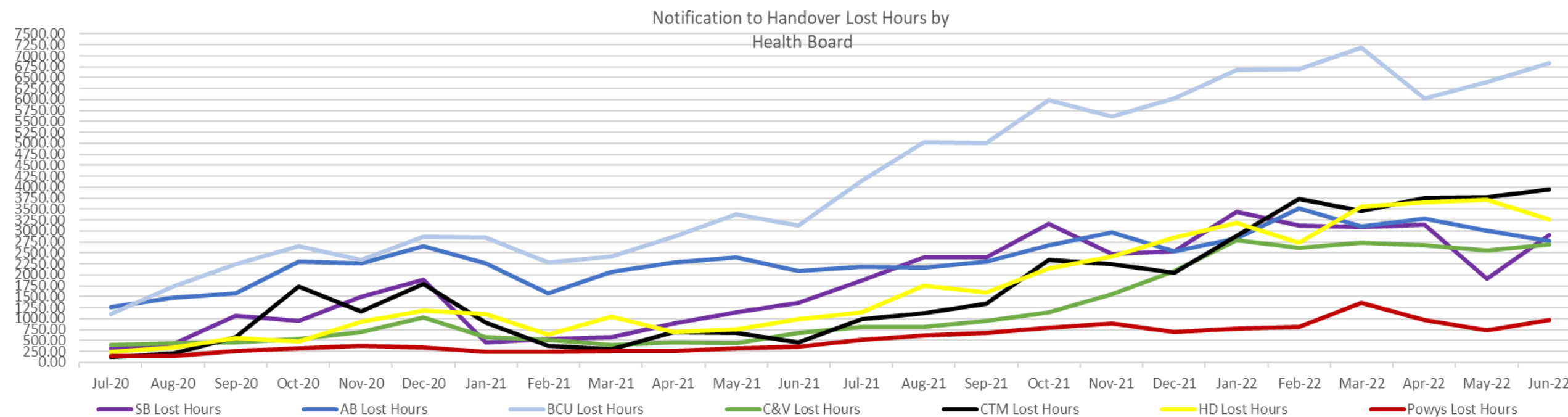


Partnerships / System Contribution Handover Indicators

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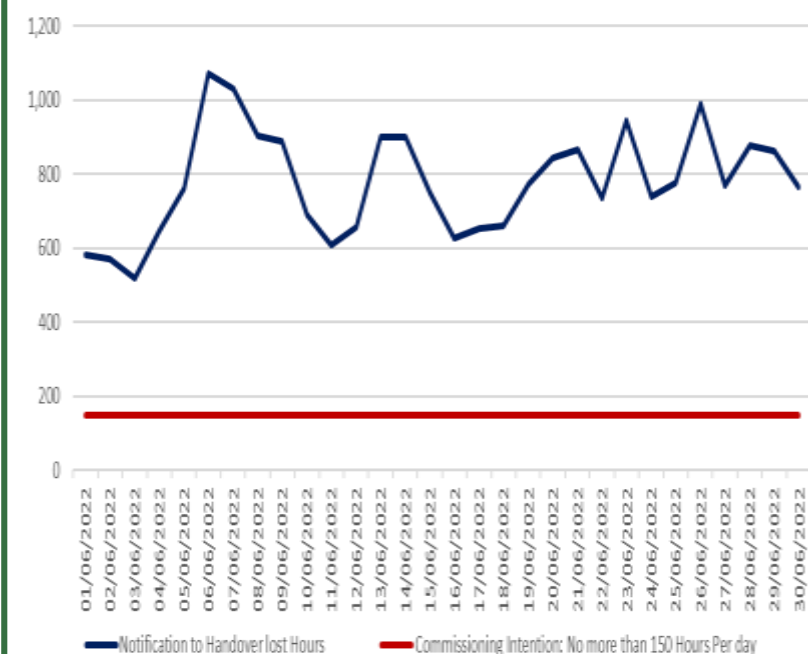
Analysis

234,064 hours were lost to Notification to Handover, i.e. hospital handover delays, over the last 12 months, compared to 92,892 in same period a year ago (July 2020 to June 2021). 23,387 hours were lost in June 2022, a 50% increase compared to 9,059 lost hours in June 2021 and an increase when compared to 13,820 recorded in December 2019, the previously worst recorded month, prior to August 2021. The hospitals with highest levels of handover delays during June 2022 were Morriston Hospital (SBUHB) at 2,901 lost hours, hours University Hospital of Wales (CVUHB) at 2,603 lost hours, Glan Clwyd Hospital Bodelwyddan (BCUHB) at 2,597 lost hours, Grange University Hospital (ABUHB) at 2,452 lost and Princess of Wales Hospital (SBUHB) at 1,865 lost hours.

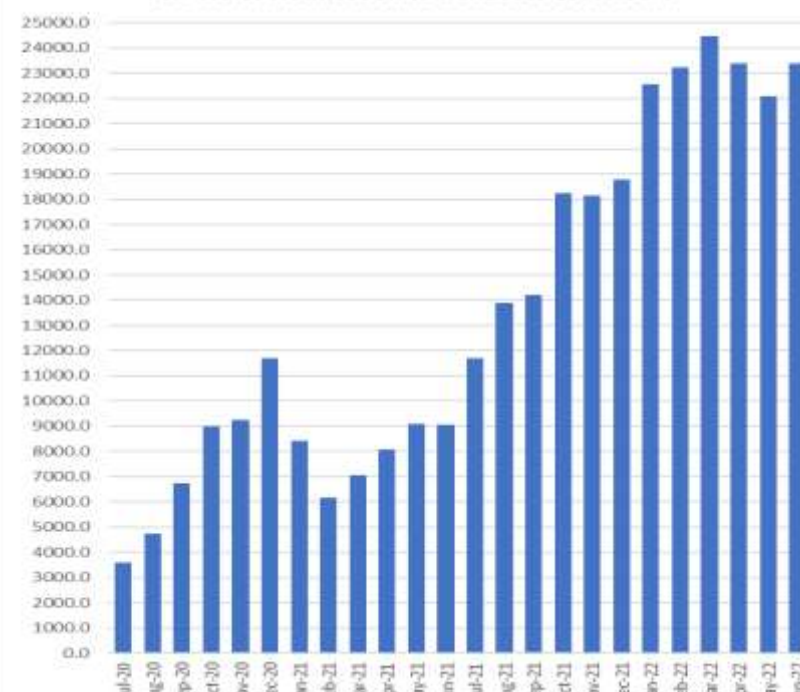
Notification to handover lost hours averaged 780 hours a day in June 2022, 520% higher than the commissioning intention of no more than 150 hours per day.

In June 2022 the Trust could have responded to 7,378 more patients if handovers were reduced.

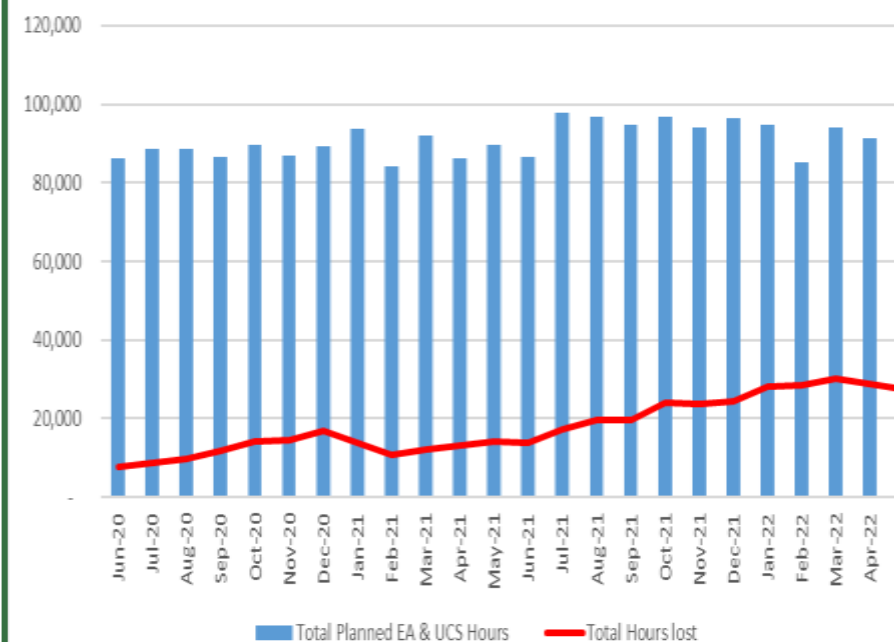
Notification to Handover Lost Hours - June 2022



Pan-Wales Notification to Handover Lost Hours



Total Planned hours VS Total Hours Lost



Remedial Plans and Actions

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

Healthcare Inspectorate Wales (HIW) has undertaken a local review of WAST to consider the impact of ambulance waits outside Emergency Departments, on patient dignity and overall experience during the COVID-19 pandemic.

The WIIN platform continues to focus on patient handover delays at hospital and Electronic Patient Care Record (ePCR). 22 ideas have been received through the WIIN platform from staff in June 2022.

Expected Performance Trajectory

The direction is that handover lost hours should return to 25% of their Oct-21 levels, just under 14,000 hours, that there should be no waits over 4 hours and non-release for Immediate Release Requests should become a Never Event.



(Responsible Officer: Health Boards)

Welsh Ambulance Services NHS Trust

Definition of Indicators

Indicator	Definition	Indicator	Definition
111 Abandoned Calls	An offered call is one which has been through the Interactive Voice Response messages and has continued to speak to a Call Handler. There are several options for the caller to self serve from the options presented in the IVR and a proportion of callers choose these options. An example is to guide the caller to 119 if they wish to speak to someone about a Coronavirus test. Once the caller is placed in the queue for the Call Handler if they hang up they are counted as “abandoned” as we did not answer the call. The threshold starts at 60 seconds after being placed into the queue as this allows the callers to respond to the messages and options presented as it often takes a short while for the caller to react. Starting the count at 60 seconds provides a picture of abandonment where the caller has chosen not to wait, despite wanting to speak to a Call Handler	Hours Produced for Emergency Ambulances	Proportion of hours produced within the calendar month for Emergency Ambulance Vehicles (Target 95%).
111 Patients Called back within 1 hours (P1)	(Welsh Government performance target) which prescribes that 111 has up to 1 hour (longer for lower priory callers) for a 111 Clinician to call the patient to discuss their medical issue. These callers will already have been screened by Call Handlers and received an outcome which needs a conversation with a 111 Clinician. WAST operates a queue and call back method for all Clinical Calls.	Sickness Absence (all staff)	Staff sickness volumes as a percentage for all staff employed within the Welsh Ambulance Services NHS Trust.
999 Call Answer Times 95th Percentile	Time taken (in Minutes) to answer 999 emergency calls by call handlers. A percentile (or a centile) is a measure used in statistics indicating the value below which a given percentage of observations in a group of observations fall. For example, the 95th percentile is the value below which 95 percent of the observations may be found.	Frontline COVID-19 Vaccination Rates	Volume of frontline (patient facing and non-patient facing) who have received a second COVID-19 vaccination.
999 Red Response within 8 Minutes	Percentage of 999 incidents within the Red (immediately life-threatening) category which received an emergency response at scene within 8 minutes.	Statutory and Mandatory Training	Combined percentage of staff who are compliant with required statutory training undertaken by staff where a statutory body has dictated that an organisation must provide training based on legislation and mandatory training which relates to trade-specific training that the employer considers essential or compulsory for a specific job. (A detailed list of these can be found on slide 20).
Red 95th Percentile	Time taken (in minutes) for emergency response to arrive at scene for Red (immediately life-threatening) calls (NB: The 95th percentile is the value below which 95 percent of the observations may be found).	PADR/Medical Appraisal	Proportion of staff who have undertaken their annual Performance Appraisal & Development Review (PADR) or Medical Appraisal. This is a process of self-review supported by information gathered from an employees work to reflect on achievements and challenges and identify aspirations and learning needs. It is protected time once a year.
999 Amber 1 95th Percentile	Time taken (in minutes) for emergency response to arrive at scene for Amber 1 calls (other life-threatening emergencies – including cardiac chest pains or stroke). (NB: The 95th percentile is the value below which 95 percent of the observations may be found.	Ambulance Response FTEs in Post	Number of Emergency Medical Services, Full Time Equivalent (FTE) staff working for the Welsh Ambulance Services NHS Trust.
Return of Spontaneous Circulation (ROSC)	Percentage of patients for whom Return Of Spontaneous Circulation occurs. This refers to signs of restored circulation (more than occasional gasp, occasional fleeting pulse or arterial waveform) evidenced by breathing, a palpable pulse or a measurable blood pressure.	Ambulance Care, Integrated Care, Resourcing & EMS Coordination FTEs in Post	Number of Ambulance Care, Integrated Care, Resourcing & EMS Coordination Full Time Equivalent (FTE) staff working for the Welsh Ambulance Services NHS Trust.
Stroke Patients with Appropriate Care	Proportion of suspected stroke patients who are documented as receiving an appropriate stroke care bundle (a bundle is a group of between three and five specific interventions or processes of caret hat have a greater effect on patient outcomes if done together in a time-limited way ,rather than separately).	Financial Balance – Annual Expenditure YTD as % of budget Expenditure	Annual expenditure (Year to Date) as a proportion of budget expenditure.
Acute Coronary Syndrome Patients with Appropriate Care	Proportion of STEMI patients who receive appropriate care. ST segment elevation myocardial infarction - occurs when a coronary artery is totally occluded by a blood clot.	Post Production Lost Hours	Number of hours lost due to ambulance vehicles being unavailable due to a variety of reasons (A detailed list of these is show in the graph on slide 22).
Renal Journeys arriving within 30 minutes of their appointment (NEPTS)	Proportion of renal journeys which arrive at hospital appointments within 30 minutes (+/-) of their appointment time.	111 Consult and Close	Consult and Close refers to the response to 999 callers where an alternative to a scene response has been provided. A cohort of 999 calls are passed to 111 where they are low acuity and the Clinicians in 111 may be able to help the caller with self-care, referral, etc. This is similar to the work of the Clinical Support Desk but for a lower acuity of caller. Where the outcome from the 111 clinical consultation ends in a Consult and Close outcome (self-care, referral, alternative transport) this is captured and forms part of the Trust's Consult and Close reporting. Over 50% of calls passed to 111 in this way are successfully closed without an ambulance response.
Discharge & Transfer journeys collected less than 60 minutes after booked ready time (NEPTS)	Proportion of journeys being discharged from and/or transferred between hospitals which were collected within 60 minutes of the hospital booked ready time.	999 / 111 Hear and Treat	Proportion of 999/111 calls which are successfully completed (closed) without dispatching an ambulance vehicle response. This may include advice, self-care or referral to other urgent care services.
National reportable Incidents (NRI)	Volume of patient safety incidents reported in the month which caused or contributed to the unexpected or avoidable death, or severe harm, of one or more patients, staff or members of the public, during NHS funded healthcare.	% Incidents Conveyed to Major EDs	Proportion of patients transported to a hospital Emergency Department following initial assessment at scene by a Welsh Ambulance Services NHS Trust Clinician, as a proportion of total verified incidents. (NB: An ED provides a wide range of scute in-patient and out-patient specialist services together with the necessary support systems, which allow emergency admissions, and which usually has an Accident and Emergency Department).
Concerns Response within 30 Days	Proportion of concerns responded to by the complaints team within 30 working days of receiving the concern.	Number of Handover Lost hours	Number of hours lost due to turnaround times at EDs taking more than 15 minutes. Transferring the care of a patient from an ambulance to an ED is expected to take no longer than 15 minutes, with a further 15 minutes for ambulance crews to make their vehicle ready for the next call.
EMS Abstraction Rate	The percentage of Emergency Medical Services (EMS) staff unavailable for rostered duties due to reasons, such as: annual leave, sickness, alternative duties, training, other and COVID-19.		



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



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru

Welsh Ambulance Services
NHS Trust

Finance and Performance Committee

Review of Board level metrics July 2022





Context

1. The Trust undertook a major overhaul of the Monthly Quality & Performance Report (MQPR) in 2021.
2. The MQPR assesses quality & performance through a balanced scorecard approach: Our Patients, Our People, Value and Partnerships and System Contribution.
3. There is a need to update the metrics in the MQPR each year (in and in year if deemed necessary) to ensure that they provide Board with the best organisational view on delivery of our ambitions and plans. A more formal review of the full MQPR will take place every three years.
4. The MQPR forms part of the wider Trust Board approved Quality & Performance Management Framework.
5. The 2022/23 update has included reviewing the 2022-25 Integrated Medium Term Plan (IMTP), the Emergency Ambulance Services Committee (EASC) commissioning intentions and the NHS Wales Delivery Framework for potential metrics that should be included in the MQPR.
6. The following slides consider the results from this review and recommend changes MQPR. These have been agreed by EMT and endorsed by the FPC in July 2022.





Current Metrics

Our Patients	111 call handling abandonment rate. 111 clinical triage call back time (P1). 999 call handling time 95 th centile. Red 8 minute. Red 95 th centile. Amber 1 95 th centile. ROSC rates. Stroke bundle compliance. ACS bundle compliance. NEPTS renal journey performance. NEPTS Discharge performance. Complaints response times. NRIs (WAST).	Our People	EMS Abstractions. Total EMS Hours produced. Organisational sickness absence level. Vaccination rates. Statutory / Mand compliance. PDR compliance. EMS FTEs in post. Other front line FTEs in post.
		Value	Financial balance. Utilisation metric EMS. Post production lost hours EMS.
		Partnerships / System Contribution	Consult and close (111). Hear and treat rates (999). Conveyance rates. Hospital handover lost hours.





Proposed Metrics

Our Patients

- 111 call handling abandonment rate.
- 111 clinical triage call back time (P1).
- 999 call handling time 95th centile.
- Red 8 minute.
- **Red 95th centile.**
- Amber 1 95th centile (? Mean?).
- ROSC rates.
- **Stroke bundle compliance.**
- **Call to Door Times STEMI/Stroke.**
- **% stroke with direct admission to stroke unit within 4 hours.**
- ACS bundle compliance.
- NEPTS renal journey performance.
- NEPTS Discharge performance.
- Complaints response times.
- NRIs (WAST).
- **Immediate release.**
- **Numbers of no send / patient cancellation.**
- **PREMs/ PROMS**

- Only need one key metric on Red, so take out.
- New clinical indicators will replace this one.
- Commissioning intention – suggest use this one.
- NHS Performance Framework, but one for health boards.
- Clinical Safety Plan levels also suggested as QSPE metric.
- Important new measure system has signed up to.
- Important new measure of harm.
- Nothing in current list which represents patient view – agree to develop over the year.





Proposed Metrics

Our People	<p>Capacity</p> <ul style="list-style-type: none">• Total EMS Hours produced against commissioned levels.• EMS FTEs in post.• EMS Abstractions.• Other hours produced against commissioned levels for 111.• Other front line FTEs in post. <p>Health and Well-being</p> <ul style="list-style-type: none">• Organisational sickness absence level.• Ops sickness absence.• Turnover rate.• Vaccination rates.• Statutory / Mand compliance.• PADR compliance. <p>Inclusion & Engagement</p> <ul style="list-style-type: none">• TBD.	<ul style="list-style-type: none">• These are all factors in production.• These are factors in production.• Suggest that this is as important as EMS.• This is a factor in hours produced.• Specific trajectory for this year for EMS.• Suggested additional indicator of work experience.• Important part of our IMTP – work to be done on which indicator is best.
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Proposed Metrics



Value	<ul style="list-style-type: none">• Financial balance.• Utilisation metric EMS.• Post production lost hours EMS.• Numbers of jobs per shift / hour.• Emissions.	<ul style="list-style-type: none">• Need to identify a better descriptor.• Important measure of value in EMS.• In NHS performance framework.
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Proposed Metrics



Partnerships / System Contribution	<ul style="list-style-type: none">• Consult and close (111).• Consult and close rates (999).• Conveyance rate.• See, treat and refer rate.• Percentage of total conveyances taken to a service other than a Type One Emergency Department.• Hospital handover lost hours.• Number of patients over 4 hours wait• Numbers of completed symptom checkers.	<ul style="list-style-type: none">• Further work during year; what are we trying to achieve?• Split by ambulance prevent / ED prevent.• Does not show what is really happening.• Inverting the triangle• Performance Framework – and ITT.• Important new measure from EASC.• Ambition as part of 111 strategy.
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Conclusions & Recommendations



- i. Executive Management Team (EMT) have considered the current and proposed metrics.
- ii. EMT identified: a need to all ensure there are metrics across the 4 area of Operations: Ambulance Response, Ambulance Care, Integrated Care and EMS Co-ordination & Resource; that the levels of the Clinical Safety Plan is a good measures of patient safety (Our Patients) and should be included; and that the benefits from Advanced Paramedic Practitioners (APPs) should be drawn out more as a key ambition for the Trust.
- iii. Overall, the MQPR was largely considered fit for purpose, but that various tweaks are required e.g. inclusion of Welsh Government 25% reduction in minute per handover etc. Most of these tweaks will be incorporated into the existing slide deck.
- iv. However, a number of new slides will be developed, in particular, one on Workforce Planning (this will provide more information on targeted levels of full time equivalents (FTEs), funded establishment and staff in post); and one on Inclusion & Engagement to reflect the Trust's increased focus on this area.
- v. These changes will be made iteratively and through engagement with the relevant departments responsible for the various metrics, with the bulk of the changes being made by September 2022 Trust Board.





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Welsh Ambulance Services
NHS Trust

AGENDA ITEM No	11
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	4

Financial Performance as at Month 3 – 2022/23

MEETING	Trust Board
DATE	28 th July 2022
EXECUTIVE	Chris Turley (Executive Director of Finance & Corporate Resources)
AUTHORS	Navin Kalia (Deputy Director of Finance & Corporate Resources) Jillian Gill (Head of Financial Accounting)
CONTACT	Chris.Turley2@wales.nhs.uk

EXECUTIVE SUMMARY

This paper presents to the Board the Financial Performance Report of the 2022/23 financial year, as at Month 3 (June 2022).

The Board is asked to review, comment, note and receive assurance on the financial position and 2022/23 outlook and forecast of the Trust, and the risks of continuing to deliver this.

A summary presentation of the contents of this paper was also provided to the Finance & Performance Committee on 18th July 2022.

KEY ISSUES/IMPLICATIONS

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

- The Trust is reporting a small revenue surplus (£2k) for the period to Month 3 2022/23. This is after funding has been assumed for all of the exceptional cost impacts that Welsh Government (WG) have indicated will be funded centrally as we go through the 2022/23 financial year;
- In line with the balanced financial plan approved as part of the 2022-25 IMTP, the Trust is currently forecasting to breakeven for the 2022/23 financial year, with risks of not doing so increasing but fully described within this paper along with mitigating actions;
- Capital expenditure is forecast to be fully spent in line with updated plans;
- In line with the financial plans that support the IMTP, gross savings of £1.030m have been achieved against a target of £1.043m;
- Public Sector Payment Policy is on track with performance, against a target of 95%, of 96.5% for the number, and 97.2% of the value of non NHS invoices paid within 30 days.

REPORT APPROVAL ROUTE
<ul style="list-style-type: none"> • EMT – 13th July 2022 – verbal update on position • F&PC – 18th July 2022 (via a presentation) • Trust Board – 28th July 2022

REPORT APPENDICES
<p><i>Attached SBAR along with appendices 1 – 4 – Monitoring returns submitted to Welsh Government for months 2 and 3 – as required by WG</i></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 3 2022/23

INTRODUCTION

1. This report provides the Board with a summary of the revenue financial performance of the Trust as at 30th June 2022 (Month 3 2022/23) along with a brief update on the 2022/23 capital programme.

BACKGROUND

2. The key points to note in relation to the **delivery of the Statutory Financial Targets for M03 2022/23** (1st April 2022 – 30th June 2022) are that:
 - The cumulative revenue financial position reported is a small **underspend against budget of £0.002m**, after assuming additional funding from WG for exceptional cost pressures. The underlying year-end forecast for 2022/23 currently remains 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 £1.030m have been achieved against a target of £1.043m, thus a slight **under achievement to date against the phasing plan set at the opening of the financial year**.
 - Public Sector Payment Policy is on track with **performance, against a target of 95%, of 96.5% for the number, and 97.2% of the value** of non-NHS invoices paid within 30 days.
3. The financial risks the Trust continues to face in terms of delivering financial balance this year are stated in the Welsh Government Monitoring Return at Month 3 and are set in line with the submitted Annual Plan and IMTP. Accepting that it is relatively early in the new financial year, as we go through the coming months these will continue to be scrutinised and amended accordingly, with mitigations and management plans in place. However, as Board members will be aware, we do currently hold a greater number (and value) of financial risk for the 2022/23 financial year. This area is covered in greater detail later within this paper.
4. Given the current challenging operational environment that the Trust is working in it should be noted that whilst a YTD balanced financial position has been reported, with the future phasing of savings especially around a reduction in overtime saving scheme (which was in part linked to expected reductions in sickness absence), which is planned to take effect, and has therefore been phased in, from Quarter 2 onwards. Continuation of a balanced position from M04 therefore remains at considerable risk. This is currently being further put at risk by the continuing operational pressures, further spikes of Covid affecting staff absences, some other emerging cost pressures which were not expected (to the level now being

experienced – see risks below) at the start of the financial year and, to a lesser financial value, other schemes such as the fuel savings scheme as prices at forecourts continue to rise.

REVENUE FINANCIAL PERFORMANCE

5. The table below presents an overview of the financial position for the period 1st April 2022 to 30th June 2022.

Revenue Financial Position for the period 1st April - 30th June				
	Annual Budget £000	Year to date		
		Budget £000	Actual £000	Variance £000
Income	-269,348	-66,822	-66,524	298
Expenditure				
Pay	188,005	46,986	46,046	-940
Non-pay	57,391	13,848	14,537	689
Total pay & non-pay expenditure	245,396	60,834	60,583	-251
Depreciation & Impairments / interest payable & receivable	23,952	5,988	5,939	-49
Total	0	0	-2	-2

Treatment of Covid-19 spend

6. Due to the Covid-19 pandemic, and that which has been indicated by WG that will continue to be supported by additional funding in 2022/23, the Trust has recorded additional unavoidable spend up to the Month 3 position totalling **£0.192m** relating to non-pay costs. This is somewhat less than the figure estimated in the submitted financial Annual Plan within the IMTP, however given this is only month 3, costs will be firmed up as we progress through the financial year. Full additional funding for this is therefore assumed to cover these elements of cost, as was the case in 2020/21 and 2021/22.
7. A summary of the Covid-19 revenue costs reported in the Month 3 financial position is shown in the table below, including an update of the full year forecast:

Covid-19 Revenue Costs	YTD £'000	FYF £'000
Total Pay	0	0
Total Non Pay	192	1,400
Non Delivery of Savings	0	0
Expenditure Reductions	0	0
NET COVID	192	1,400

Other exceptional cost pressures

8. In addition to the above, included within the WG Monitoring Return submissions for 2022/23, additional analysis was requested on the COVID-19 costs and the other exceptional cost pressures for the 2022/23 financial year, which were also, as part of the 2022-25 IMTP finalisation, indicated by WG would be funded in year, and was therefore the basis for the presentation of a balanced financial plan for this financial year. This detail is summarised in the table below; as above, additional funding has been assumed for these costs.

		Actual YTD £'000	Annual Forecast £'000
1	Expected Other C-19 Response Costs	192	1,400
2	Total Energy Costs	2,370	10,061
3	Total National Insurance Costs	475	1,900
4	Total Real Living Wage Costs	0	0

9. A number of the elements that make up these costs, especially in relation to the forecasted values and in particular those relating to energy (electricity, gas, fuel, etc) remain volatile and subject to change as we move through the financial year. The process by which we will be able to recover these costs, confirmation of the actual spend bases on which we do so and the baseline against which this is set is still being worked through across NHS Wales, as we move through the early part of this financial year. This is to ensure that all organisations are able to recover the correct and relevant levels of funding required for these exceptional pressures and which will be in line with guidance received from WG as part of the 2022/23 financial planning and IMTP finalisation process. Until this funding is secured however it must still be considered as at risk.

Income

10. Reported Income against the initial budget set to Month 3 shows an underachievement of **£0.298m**.
11. As above, within this we are assuming income will be fully provided by WG for the reported Covid costs as well as the exceptional cost pressures of additional National Insurance costs, energy, utilities, and fuel.
12. However, there does remain an income stream contained within our IMTP which is currently not assumed within the M03 reported financial position, as confirmation of this has yet to be received from the CASC. This relates to an annual value of c£1.8m assumed within the Trust's IMTP for costs to backfill an increase of 36 WTE clinicians into the Clinical Support Desk, agreed in 2021/22. Whilst this is the cost of backfilling these with A&C Band 4 EMTs (EMS technicians), as detailed within the financial plan within the IMTP, this is currently being managed by holding a number of ACA (Band 3) vacancies within our front line operational workforce in order to financially balance. How sustainable this may remain given current services pressures and should this funding not be secured is being constantly reviewed.
13. In addition there is a further item of income not currently within the Month 3 position, the Welsh Ambulance Trust has recently received confirmation from Welsh Government of an additional £3m amount of funding for emergency ambulance capacity. We are currently working with the Commissioner and team to agree the drawdown mechanisms for this and to ensure that we are making the best use of this funding to support the system.

Pay costs

14. Overall, the total pay variance at Month 3 is an underspend of **£0.940m**. Much of this is to offset the current known underachievement of income.

Non-pay Costs

15. The overall non-pay position at Month 3 is an overspend of **£0.640m**, this is due to overspend on medical & surgical consumables, fleet maintenance costs and some taxi spend.
16. As again noted above, Covid-19 related additional unavoidable non pay expenditure incurred to Month 3 totalled **£0.192m**. Areas of additional spend included:
- PPE - £0.092m;
 - Cleaning Standards - £0.100m.

Savings

17. As Board members will recall, the 2022/23 financial plan identifies that a minimum of **£4.300m** of savings and cost containment measures are required to achieve financial balance in 2022/23. This is a significant increase in that which has been able to be achieved in the recent past, and especially over the last couple of years.
18. For Month 3 the Trust is reporting planned savings of £1.043m and actual savings of £1.030m. Whilst a small under achievement this is still a reasonably encouraging position against such a step up in the total required. However, there clearly remains a risk of non-delivery of some of this target as we progress through the financial year and indeed, whilst some aspects have probably overachieved in month 3, there are other areas of the plan which are not due to be delivered yet and not therefore phased into that expected at the outset of the financial year. This risk is picked up further below, and further financial performance reports from the outset of Q2 (Month 4) onwards will also include more detail in terms of the delivery and highlight reports for the key elements of this year's savings plan.

Financial Performance by Directorate

19. Whilst there is a small surplus reported at Month 3 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. These are fairly minor in nature, given we are early in the financial year, but they will be continued to be closely monitored.

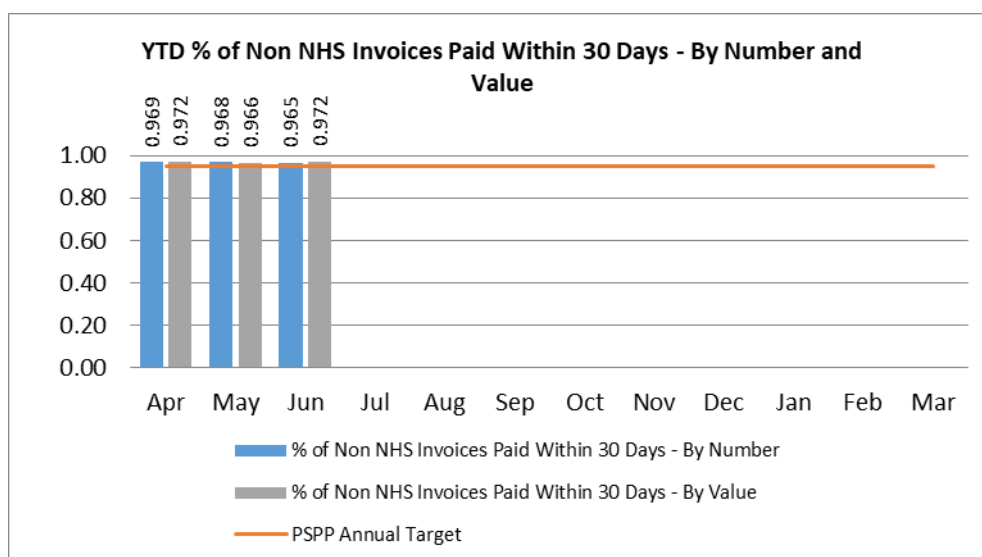
Financial Performance Month 03 (June 2022/23)	Jun-22				
	Annual	Cumulative	Cumulative	Cumulative	Cumulative
	Budget	Budget	Actual	Variance	Variance
	£000	£000	£000	£000	%
					(5% Tolerance)
DIRECTORATE					
Chief Executive	1,806	451	517	66	14.60%
Board Secretary	470	113	94	-19	-16.80%
Partnerships & Engagement	556	158	157	-1	-0.60%
Operations	141,376	35951	35467	-484	-1.30%
Finance and Corporate Resources	32,400	8026	8157	131	1.60%
Planning and Performance	2,013	510	481	-29	-5.70%
Quality, Safety and Patient Experience	5,150	1258	1260	2	0.20%
Digital	12,564	2612	2621	9	0.30%
Workforce and OD	4,420	1092	1022	-70	-6.40%
Trust Reserves	7,019	345	271	-74	-21.40%
Trust Income	- 210,626	- 51,021	- 50,556	465	-0.90%
Medical & Clinical Services	2,852	505	507	2	0.40%
Overall Trust Position	-	-	- 2	- 2	

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

- Chief Executive – Variances due to unachieved savings target due to limited vacancies, overlap of an Executive Director position and executive recruitment costs;
- Board Secretary – Funded vacancies against establishment as well as some non-pay savings;
- Planning and Performance - Funded vacancies against establishment offset by some non-pay overspends;
- Workforce and OD – additional income greater than plan received in June 22;
- Reserves – small underspend due to some accruals released from the 2021/22 financial year and over-recovery of income;
- Operations Directorate – as noted above, underspend due to ‘hold’ on vacancies to support continuing costs of the development and increasing WTEs of clinicians in the Clinical Contact Centre environment which is offset by a current reported under achievement of income from EASC not currently able to confirm the funding within the IMTP and financial plan for this.

PUBLIC SECTOR PAYMENT POLICY PERFORMANCE (PSPP)

21. Public Sector Payment Policy (PSPP) compliance up to Month 3 was **96.5%** against the **95%** WG target set for non-NHS invoices by number and **97.2%** by value.



CAPITAL

22. At Month 3 the Trust's approved Capital Expenditure Limit (CEL) set by and agreed with WG for 2022/23 is **£35.256m**. This includes **£30.818m** of All Wales Approved schemes and **£4.438m** for Discretionary schemes. It is noted that there is an expected in year adjustment outstanding in terms of one of the All Wales schemes.
23. To date, as at Month 3, the Trust has expended **£1.553m** against the current All Wales capital scheme full year budget of **£30.818m**, and **£0.651m** against the discretionary budget of **£4.438m**. It is noted that this current planned annual value is expected to be updated over the coming months.
24. Works continue with programme managers to establish updated cash flows that reflect the profiles of approved projects now for this financial year, however at present schemes are progressing well, and more detailed updates will be provided as the financial year progresses. This will include confirmation of any remaining schemes affordable from the discretionary capital funding, including that following a post Q1 review at upcoming Capital Management Board and EMT.

RISKS AND ASSUMPTIONS

25. Understandably at still a relatively early part of the financial year, the risks reported are still being fully assessed, however at present it is considered that there are no specific individual high likelihood risks that the Trust is aware of and as we move through the next month or so we will continue to review the risks to ensure that the level of likelihood is assessed along with the financial value. Alongside ensuring that Trust Board and the Finance & Performance Committee remain full apprised of such risks and any mitigating actions.
26. At this stage of this financial year there are however a number of risks that need to be documented within this reported financial position, which aligns to that fully described within the financial plan submitted as part of the IMTP. These are described below, along with a value currently placed on these risks, as required by WG as well as the current assessed level of risk.

27. Non delivery of in year saving schemes identified in this financial year have been included at **£1m**. Whilst considered a **low risk**, this is due to the inability to currently identify additional recurrent replacement schemes as the organisation has been responding and focusing on COVID 19 activities as well as extreme service pressures. This risk in particular will be further reviewed for M04, depending on how well we are able to see some of the step up in savings required as we move into Q2.
28. We have now excluded a previously included low rated risk of £1.5m following confirmation from WG that this additional funding in respect of the impact of voluntary overtime on holiday pay for the new financial year will be paid during the year.
29. Given the pressures the Trust feels every winter, the Trust has included a figure of **£0.5m** to cover any unfunded winter pressures; this has been deemed as a **low risk**, based on support provided from Commissioners over recent years.
30. A **medium risk** is included of at least **£2m** for some additional costs currently being incurred (and funded – as per the IMTP) for system wide pressures, should these schemes need to continue. This would be costs incurred later in the financial year, as these are currently now confirmed to be funded up to the end of July by our main commissioner EASC. However, the risk being this may not be funded for the full financial year, if required, although the Trust's starting point from a financial perspective would clearly be that costs could not continue if the additional funding previously provided to support these is not then available. This includes some of the ED cohorting that was put in place last winter and some continued support earlier in the financial year from St Johns Cymru.
31. In Month 3 the £6.8m medium risk relating to 'WG exceptional cost pressures and Covid funding' has been reduced by £1m to £5.8m as we have excluded the anticipated income of £1m relating to Covid PPE, as this has been confirmed by WG. Again, once all funding routes for these costs are fully confirmed, this risk will also be able to be removed.
32. A **low risk** is also included for PIBS (Permanent Injury Benefit Scheme) of **£1m**. Matched funding for this highly volatile area is provided by WG on an annual basis but is routinely flagged as a risk until received.
33. One emerging cost pressure that the Trust is experiencing relates to NHS Pension Control invoices. Since March 2022 the Trust has received a significant increase in the number and value of such invoices which is beginning to cause concern. These invoices relate to individuals who have recently retired and have seen their pension payments increase as a result of being in the 1995 scheme and the recent result of the McCloud decision by the law courts. Whilst the costs received to M03 have been able to be managed to date, if the current trend of volume and costs of continue these will become unmanageable and we will need to include a risk in future months. This is now likely to be the case following a further batch of invoices received early in m04, which now have a real risk of tipping us into a deficit position next month. We have been working with colleagues to further understand additional drivers of this, how this can be better forecast going forward and have also sought updates from both other NHS Wales organisations and the wider UK ambulance sector as to whether all are seeing similar spikes to us. To put this in context

however, we have already received invoices in Q1 to a value some 4.5 times greater than that we received and accounted for in 2021/22.

34. On top of the above, as per all discussions and guidance received, it is also continued to be assumed that the impact of IFRS16 as well as the 2022/23 pay award will be fully funded by WG.
35. As therefore above, whilst there are current no individually assessed high financial risks as we enter the financial year, the number and total value of financial risk described is clearly greater than in recent financial years, which in itself raises the level of risk in relation to the continuing delivery of our statutory financial duties. When this is then considered alongside continuing significant service pressure and the likely balancing of this risk against patient safety, quality, and experience, it is clear that, as expressed within the IMTP, this will likely be a challenging financial year, despite the initial continued good financial performance in Month 3. Full consideration and management of all these risks will clearly be high on the agenda for the Trust Board and its relevant Committees.
36. Alongside and as a result of some of the above, as Board members will recall, the risk of non-delivery of statutory financial duties has also recently been increased on the Trust's Corporate Risk Register.

Financial Sustainability Workstream

37. Finance and Performance Committee also received a paper at its meeting on 18th July 2022 on the establishment of a significant new workstream under the auspices of the Strategic Transformation Board.
38. In order to respond to the challenging financial environment and outlook that we continue to operate in, and to seek to ensure we can continue to produce and deliver balanced financial plans in the future in a more sustainable way, the Trust has established a transformative financially sustainable savings programme, through four Financial Sustainability Workstreams (FSW) which have been set up covering the areas of Benchmarking Value, Achieving Efficiency, Income Generation and Best Practice.
39. The purpose of each of these Workstreams:
- To work through in detail the specific savings ideas generated following the ADLT / EMT Leadership discussion;
 - Generate effective individual savings schemes project plans with projected timelines and milestones identifying who is the lead on delivering the specific saving scheme and what are the key milestones and actions required to ensure delivery of the specific scheme;
 - To manage the flow of intelligence and information from across the organisation and externally to inform the savings plan;
 - To bring together operations, workforce, finance, revenue, and capital planning (estates, fleet and digital) as required to ensure appropriate ownership and delivery of a particular saving scheme with the relevant directorate.

40. Whilst not exclusive, the initial focus for each of the four workstreams established will include the following:

Benchmarking Value	Achieving Efficiency	Income generation	Best Practice
<ul style="list-style-type: none"> ➤ Review Carter report ➤ Review AW Blue light report ➤ Benchmarking ➤ Review of benefits realisation of recent investments 	<ul style="list-style-type: none"> ➤ Admin Review ➤ Other workforce / skill mix opportunities ➤ Fleet maintenance ➤ Estates ➤ Outsourcing opportunities 	<ul style="list-style-type: none"> ➤ Apprenticeships ➤ Provision of services ➤ Alternative funding sources ➤ Commercial opportunities 	<ul style="list-style-type: none"> ➤ All other opportunities from initial and future reviews ➤ Existing ADLT savings group ➤ Savings tracking

41. Whilst much of the focus of this work is for 2023/24 onwards, with many of the areas of focus likely to have a more medium to longer term outlook, it is possible that further delivery from some of these areas will be able to contribute to mitigating some of the financial challenges and risk later in this financial year and it is also through these workstreams now that the more enhanced monitoring and reporting of the current savings plans for 2022/23 will be done, from Q2 onwards.

RECOMMENDED that the Board:

- a) **Notes** and gains **assurance** in relation to the Month 3 revenue and capital financial position and performance of the Trust as at 30th June 2022 along with current risks and mitigation plans;
- b) **Notes** the Months 2 and 3 Welsh Government monitoring return submission included within Appendices 1 – 4 (as required by WG);
- c) **Notes** the establishment of the Financial Sustainability Workstreams.



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Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

Cadeirydd

Chair: Martin Woodford

Prif Weithredwr

Chief Executive: Jason Killens

Swyddfa Cyllid ac Adnoddau Corfforaethol

Finance and Corporate Resource Office

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

15th June 2022

Your ref: WAST\m1\ajh\ry

Dear Andrea

Re: MAY 2022 (MONTH 2 2022/23) MONITORING RETURN

Please find attached the Monitoring Returns for the Welsh Ambulance Services NHS Trust for May 2022.

All automatic validation rules incorporated in the reporting template have been successfully passed.

In line with our submitted IMTP, our opening budgets and financial plan for the year reflect the level of funding, expenditure plans and savings requirement included and submitted and supported by our Commissioners and approved by the Trust Board in March 2022.

The Trust's performance against financial targets for Month 2 2022/23 is as follows: -

1. Actual Year to Date 22/23 (Tables A, B & B2)

Income assumptions reflect those agreed within the IMTP and are used to support cost pressures identified in the Trust's detailed budget setting. The key funding assumptions for 2022/23 being that the 2021/22 funding is, where applicable, fully recurrent, and the 2022/23 funding will include: -

- The nationally made available 2.8% uplift for core cost growth, which excludes any funding to meet the 2022/23 pay award costs, (which will be subject to a future additional funding allocation);
- Impact of previously agreed developments/other adjustments, in line with support by Commissioners in the previous IMTP and Annual Plan, along with funding for other nationally delivered projects;
- As confirmed in WG correspondence in March 2022 and fully detailed in the IMTP, assumed funding support for the exceptional cost pressures of additional National Insurance costs, energy, utilities and fuel and some elements of continuing costs put in place as a result of the Covid-19 pandemic.

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

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

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As such, Month 2 2022/23 therefore continues to include an income assumption to offset elements of net additional unavoidable revenue costs incurred by WAST due to COVID-19. The year-to-date COVID-19 value stands at £0.111m as shown in Table B3.

The resulting reported performance at Month 2 as per Table B remains a very small under-spend against budget of £0.004m, after allowing for the above IMTP, exceptional cost pressures and COVID-19 funding assumptions.

The reported total pay variance against plan as at Month 2 is an underspend of £0.503m. Much of this is to offset a current known underachievement of income.

The non-pay position at Month 2 is a reported overspend of £0.233m, this is made up of overspends on medical & surgical consumables, fleet maintenance costs and taxis. As per Table B3 the COVID-19 non pay related costs to Month 2 totaled £0.111m.

Income at Month 2 shows an underachievement of £0.266m. Within this we are assuming income will be fully provided by WG for the reported Covid costs as well as the exceptional cost pressures. However, there is one income stream contained within our IMTP which is currently not assumed within the M02 reported financial position, as confirmation of this has yet to be received from the CASC. This relates to an annual value of c£1.8m assumed within the Trust's IMTP for costs to backfill an increase of 36 WTE clinicians into the Clinical Support Desk, agreed in 2021/22. This has yet to be secured by the CASC and subsequently this is not assumed within our current reported position, as above. Whilst this is broadly the cost of backfilling these with A4C Band 4 EMTs (EMS technicians), as suggested within the financial plan within the IMTP this is currently being managed by holding a number of ACA (Band 3) vacancies within our front-line operational workforce, in order to financially balance. How sustainable this may remain given current services pressures and should this funding not be secured is being constantly reviewed.

Given the current challenging operational environment the Trust is working in it should be noted that whilst a YTD balanced financial position has been reported, with the future phasing of savings especially around the overtime saving scheme, which comes in to play during Quarter 2, production of a balanced outturn position remains at considerable risk. To a lesser financial value this issue also applies to other schemes such as the fuel savings scheme, also mentioned in the Month 1 reply letter, as prices at forecourts continue to rise. **(Action Point 1.6c)**

2. Movement (Table A)

The Movement table has been completed in accordance with the new guidance, incorporating the submitted Annual Plan (AOP) data. Included within the Movement table is the additional income and expenditure assumed in association with the COVID-19 costs.

Following the request in the Month 1 reply letter the Trust has refreshed Table A to reflect the IMTP incorporating an assumed monthly balanced position. **(Action Point 1.1)**

3. Risk (Table A2)

Understandably this early in the financial year, the risks reported in Table A2 are still being fully assessed, however at present it is considered that there are no individual high likelihood risks that the Trust is aware of and as we move through the next month or so we will continue to review the risks to ensure that the level of likelihood is assessed along with the financial value. Alongside ensuring that Trust Board and the Finance & Performance Committee remain fully appraised of such risks and any mitigating actions.

However, at the outset of this financial year there are a number of risks that need to be documented within the reported financial position, which aligns to that fully described within the financial plan submitted as part of the IMTP.

Non delivery of in year saving schemes have been included at £1m. Please note the change of narrative, which has been amended, this risk actually relates to under delivery of year to date Green schemes. **(Action Point 1.3)** Whilst considered a low risk, this is due to the inability to currently identify additional recurrent replacement schemes as the organisation has been responding and focusing on COVID 19 activities as well as extreme service pressures.

We have now excluded the low rated risk of £1.5m following your confirmation that this additional funding in respect of the impact of voluntary overtime on holiday pay for the new financial year will be paid during the year. **(Action Point 1.2)**

Given the pressures the Trust feels every winter, the Trust has included a figure of £0.500m to cover any unfunded winter pressures; this has been deemed as a low risk, based on support provided from Commissioners over recent years.

Included within the table is a medium risk of at least £2m for some additional costs currently being incurred (and funded – as per the IMTP) for system wide pressures, should these schemes need to continue. This would be costs incurred later in the financial year, as these are currently now confirmed to be funded up to the end of July by our main commissioner EASC. However, the risk being this may not be funded for the full financial year, if required, although the Trust's starting point from a financial perspective would clearly be that costs could not continue if the additional funding previously provided to support these is not then available. This includes some of the ED cohorting that was put in place last winter and some continued support earlier in the financial year from StJC.

The Trust has also included £6.8m of medium risks in relation to the current estimate of full year costs identified, and for which we are expecting funding, for the COVID and exceptional cost pressures, as above. Please also refer to the supplementary Other C-19 and Exceptional Costs 2022-23 submission for more detail. Again, once funding routes for these costs are fully confirmed, this risk will be able to be removed.

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

The projected low-level risk relating to funding for depreciation, £3.3m, and impairments, £5.3m has now been excluded as at Month 2 following confirmation in the Month 1 reply letter that this funding is in-line with the Non-Cash submission and is not at risk **(Action Point 1.2)**.

On top of the above, as per all discussions and guidance received, it is also continued to be assumed that the impact of IFRS16 as well as the 2022/23 pay award will be fully funded by WG.

As noted above, whilst there are therefore no current individually assessed high financial risks as we progress through the early part of the financial year, the number and total value of financial risks described within these returns is clearly greater than in recent financial years, which in itself raises the level of risks in relation to the continuing delivery of our statutory financial duties. When this is then considered alongside continuing significant service pressures and the likely balancing of this risk against patient safety, quality and experience, it is clear that, as expressed within the IMTP, this will be a challenging financial year, despite the initial continued good financial performance in M02. Full consideration and management of all these risks will clearly be high on the agenda for the Trust Board and its relevant Committees, including Finance and Quality Committees. Alongside this, the risk of non-delivery of statutory financial duties has also recently been increased on the Trust's Corporate Risk Register.

4. Monthly Profiles (Table B)

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

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

Agency costs for Month 2 totalled £0.218m. The current percentage of agency costs against the total pay figure is 1.4%, this is to cover vacancies. The Trust is always attempting to minimise agency costs by recruiting into permanent positions.

The additional costs for month 1- 4 relates to the Cohorting arrangement the Trust has outside GUH and Morrison hospital which is due to cease at the end of July, as mentioned above in the risk section above. **(Action Point 1.4)**

6. COVID-19 (Table B3)

Table B3 has been completed in accordance with the guidance and information provided in the required table. It should be noted the expenditure forecasts are based on best estimation based on local intelligence and given it is still only Month 2 the Trust is working with operation colleagues to ensure that estimates are as accurate as possible. **(Action Point 1.5)**

The Trust is still working through the "Sale of Annual leave" due to some directorates completing consolidated returns that have yet to be fully processed by NWSSP, which resulted in these needing to be resubmitted, the Trust hopes to conclude this exercise by the end of Month 3 once all remaining payments are processed. **(Action Point 1.7)**

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

For Month 2 the Trust is reporting planned savings of £0.716m and actual savings of £0.664m, this small under achievement is in relation local schemes and vacancy management.

I would again flag the issue of the future operational pressures in relation to the delivery of the challenging saving profiles from Quarter 2 onwards.

8. Exceptional Costs Template

As noted within the Month 1 reply letter, please see within Table E1 that the exceptional costs are now clearly stated within the return, please note these costs were assumed and discussed within the month 1 narrative and included in the reported position as mentioned with the email between Navin Kalia and yourself on 25th / 26th May 2022, however the detail had not been split out into the new lines within the MR tables.

Baseline costs for 2021-22 were set on budgeted expenditure figures on assumed increases. **(Action Point 1.6a)**

Your comments are noted regarding fuel cost issues which are continuing to cause significant impact on the Trust given the nature of the service provided. **(Action Point 1.6b)**

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

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

The Trust will be engaging with colleagues across NHS Wales to eliminate any variance within reported values elsewhere, which is always likely at the outset of the financial year as financial plans are fully aligned.

Confirmation has been received from the CASC that funding in relation to system wide support up to the end of July, on an actual cost recovery basis, for this cost pressure will be made available to the Trust as we move through the early months of the financial year. As above, the teams continue in constant contact to seek to ensure that the funding sources and mechanisms for this spend alongside other outstanding values agreed, are identified as soon as possible, alongside the agreed required recharging mechanism(s).

On top of this, any further developments which the Trust may be seeking to progress, including anything else suggested as such within the IMTP or the separately submitted Transition Plan, will again only be progressed when a detailed line of sight to a funding source is known.

As requested within in the Month 1 reply letter the Trust is now showing the negative £0.576m WRP risk share **(Action Point 1.8)**, c£0.020m Band 1-2 increase funding **(Action Point 1.9)** and the cleaning standard and PPE funding has now been shown separately within the tables. **(Action Point 1.10)**

As requested in the Month 1 reply letter the Trust has now included the COVID-19 Expenditure Categories within the Table E1. **(Action Point 1.11)**

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

At Month 2 there are no invoices over 11 weeks. We will ensure all tables provide are populated correctly when required.

11. Cash flow (Table G)

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

	Apr £,000	May £,000	Jun £,000	Jul £,000	Aug £,000	Sep £,000	Oct £,000	Nov £,000	Dec £,000	Jan £,000	Feb £,000	Mar £,000	Total £,000
RECEIPTS													
other (specify in narrative)													
CRU Income	18	19	16	16	16	16	16	17	16	16	16	17	199
Other Non NHS Income	1,913	135	0	0	0	0	0	0	0	0	0	0	2,048
Pensions Agency	15	0	0	0	0	0	0	0	0	0	0	0	15
Vat Refund	450	432	300	350	300	350	300	300	350	350	300	350	4,132
Risk Pool Refund	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	2,396	586	316	366	316	366	316	317	366	366	316	367	6,394
PAYMENTS													
Other items (specify in narrative)													
VAT Payment	0	0	0	0	0	0	0	0	0	0	0	0	0
Pensions / Retirements	173	0	0	0	0	0	0	0	0	0	0	0	173
Total	0	0	0	0	0	0	0	0	0	0	0	0	173

12. Public Sector Payment Compliance (Table I)

This table is not required until month 3. The Trust will endeavour to ensure that NHS invoices along with non-NHS invoices are paid within targets moving through 2022/23.

13. Capital (Tables I and K)

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

Given it is only month 2, works are ongoing with Programme managers to establish cashflows that reflect the profiles of the projects, however at present schemes are progressing well, and more detailed updates will be provided as the financial year progresses. The Trust's initial discretionary capital programme for this financial year was approved at the Trust Board meeting on 26th May 2022.

14. Committee to receive Financial Monitoring Return

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

The Month 2 Financial Monitoring Return will be presented to the Trust Board at its meeting on 28th July 2022.

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

15. Other Issues

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

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

Yours sincerely



Chris Turley
Executive Director of Finance & Corporate Resources



Jason Killens
Chief Executive

Enc
cc:
Mr M Woodford, Chairman
Non-Executive Directors Executive Directors



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Ymddiriedolaeth GIG
Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services
NHS Trust

Cadeirydd
Chair: Martin Woodford

Prif Weithredwr
Chief Executive: Jason Killens

Swyddfa Cyllid ac Adnoddau Corfforaethol

Finance and Corporate Resource Office

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

13th July 2022

Your ref: WAST\m2\ajh\ry

Dear Andrea

Re: JUNE 2022 (MONTH 3 2022/23) MONITORING RETURN

Please find attached the Monitoring Returns for the Welsh Ambulance Services NHS Trust for June 2022.

All automatic validation rules incorporated in the reporting template have been successfully passed.

In line with our submitted IMTP, our opening budgets and financial plan for the year reflect the level of funding, expenditure plans and savings requirement included and submitted and supported by our Commissioners and approved by the Trust Board in March 2022.

The Trust's performance against financial targets for Month 3 2022/23 is as follows: -

1. Actual Year to Date 22/23 (Tables A, B & B2)

Income assumptions reflect those agreed within the IMTP and are used to support cost pressures identified in the Trust's detailed budget setting. The key funding assumptions for 2022/23 being that the 2021/22 funding is, where applicable, fully recurrent, and the 2022/23 funding will include: -

- > The nationally made available 2.8% uplift for core cost growth, which excludes any funding to meet the 2022/23 pay award costs, (which will be subject to a future additional funding allocation);
- > Impact of previously agreed developments/other adjustments, in line with support by Commissioners in the previous IMTP and Annual Plan, along with funding for other nationally delivered projects;
- > As confirmed in WG correspondence in March 2022 and fully detailed in the IMTP, assumed funding support for the exceptional cost pressures of additional National Insurance costs, energy, utilities and fuel and some elements of continuing costs put in place as a result of the Covid-19 pandemic.

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

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As such, Month 3 2022/23 therefore continues to include an income assumption to offset elements of net additional unavoidable revenue costs incurred by WAST due to COVID-19. The year-to-date COVID-19 value stands at £0.192m as shown in Table B3.

The resulting reported performance at Month 3 as per Table B remains a very small under-spend against budget of £0.002m, after allowing for the above IMTP, exceptional cost pressures and COVID-19 funding assumptions.

The reported total pay variance against plan as at Month 3 is an underspend of £0.940m. Much of this is to offset a current known underachievement of income.

The non-pay position at Month 3 is a reported overspend of £0.640m, this is made up of overspends on medical & surgical consumables, fleet maintenance costs and taxis. As per Table B3 the COVID-19 non pay related costs to Month 3 totalled £0.192m.

Income at Month 3 shows an underachievement of £0.298m. Within this we are assuming income will be fully provided by WG for the reported Covid costs as well as the exceptional cost pressures. However, there is one income stream contained within our IMTP which is currently not assumed within the M03 reported financial position, as confirmation of this has yet to be received from the CASC. This relates to an annual value of c£1.8m assumed within the Trust's IMTP for costs to backfill an increase of 36 WTE clinicians into the Clinical Support Desk, agreed in 2021/22. This has yet to be secured by the CASC and subsequently this is not assumed within our current reported position, as above. Whilst this is broadly the cost of backfilling these with A4C Band 4 EMTs (EMS technicians), as suggested within the financial plan within the IMTP this is currently being managed by holding a number of ACA (Band 3) vacancies within our front-line operational workforce, in order to financially balance. How sustainable this may remain given current services pressures and should this funding not be secured is being constantly reviewed.

In addition there is a further item of income not currently within the Month 3 position, the Welsh Ambulance Trust has recently received confirmation from the Emergency Ambulance Services Committee on an additional £3m amount of funding for emergency ambulance capacity. We are currently working with the commissioner to agree the drawdown mechanisms for this and to ensure we are making the best use of this funding to support the system.

Given the current challenging operational environment the Trust is working in it should be noted that whilst a YTD balanced financial position has been reported, with the future phasing of savings especially around the overtime saving scheme (which was in part linked to expected reductions in sickness absence), which was planned to take effect, and has therefore been phased from Quarter 2 onwards, continuation of a balanced position from M04 remains at considerable risk. This is currently being further put at risk by the continuing operational pressures, further spikes of Covid affecting staff absences, some other emerging cost pressures which were not expected (to the level now being experienced – see risks below) at the start of the financial year and, to a lesser financial value, other schemes such as the fuel savings scheme as prices at forecourts continue to rise.

2. Movement (Table A)

The Movement table has been completed in accordance with the new guidance, incorporating the submitted Annual Plan (AOP) data. Included within the Movement table is the additional income and expenditure assumed in association with the COVID-19 costs.

As requested this table has been reviewed in month and now reflects the YTD operational surplus of £0.002m, thank you for your assistance with this matter. **(Action Point 2.1)**

3. Risk (Table A2)

Understandably at still a relatively early part of the financial year, the risks reported in Table A2 are still being fully assessed, however at present it is considered that there are no individual high likelihood risks that the Trust is aware of and as we move through the next month or so we will continue to review the risks to ensure that the level of likelihood is assessed along with the financial value. Alongside ensuring that Trust Board and the Finance & Performance Committee remain fully apprised of such risks and any mitigating actions.

However, at the outset of this financial year there are a number of risks that need to be documented within the reported financial position, which aligns to that fully described within the financial plan submitted as part of the IMTP. Plus any others as they emerge.

Non delivery of in year saving schemes have been included at £1m. Whilst still considered a low risk, this is in part due to the inability to currently identify additional recurrent replacement schemes as the organisation has been responding and focusing on COVID 19 activities as well as extreme service pressures. This risk in particular will be further reviewed for M04, depending on how well we are able to see some of the step up in savings required as we move

into Q2.

Given the pressures the Trust feels every winter, the Trust has included a figure of £0.500m to cover any unfunded winter pressures; this has been deemed as a low risk, based on support provided from Commissioners over recent years.

Included within the table is a medium risk of at least £2m for some additional costs currently being incurred (and funded – as per the IMTP) for system wide pressures, should these schemes need to continue. This would be costs incurred later in the financial year, as these are currently now confirmed to be funded up until at least the end of July by our main commissioner EASC. However, the risk being this may not be funded for the full financial year, if required, although the Trust's starting point from a financial perspective would clearly be that costs could not continue if the additional funding previously provided to support these is not then available. This includes some of the ED cohorting that was put in place last winter and some continued support earlier in the financial year from St Johns Cymru.

In Month 3 the £6.8m medium risk relating to 'WG exceptional cost pressures and Covid funding' has been reduced by £1m to £5.8m as we have excluded the anticipated income of £1m relating to Covid PPE. **(Action Point 2.3)** Please also refer to the supplementary Other C-19 and Exceptional Costs 2022-23 submission for more detail. Again, once funding routes for these costs are fully confirmed, this risk will be able to be removed.

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

One emerging cost pressure that the Trust is experiencing relates to NHS Pension Control invoices. Since March 2022 the Trust has received a significant increase in the number and value of such invoices which is beginning to cause concern. These invoices relate to individuals who have recently retired and have seen their pension payments increase as a result of being in the 1995 scheme and the recent result of the McCloud decision by the law courts. Whilst the costs received to M03 have been able to be managed to date, if the current trend of volume and costs of continue these will become unmanageable and we will need to include a risk in future months. This is now likely to be the case following a further batch of invoices received early in m04, which now have a real risk of tipping us into a deficit position next month. We have been working with colleagues to further understand additional drivers of this, how this can be better forecast going forward and have also sought updates from both other NHS Wales organisations and the wider UK ambulance sector as to whether all are seeing similar spikes to us. To put this in context however, we have already received invoices in Q1 to a value some 4.5 times greater than that we received and accounted for in 2021/22.

On top of the above, as per all discussions and guidance received, it is also continued to be assumed that the impact of IFRS16 as well as the 2022/23 pay award will be fully funded by WG.

As noted above, whilst there are therefore no current individually assessed high financial risks as we progress through the early part of the financial year, the number and total value of financial risks described within these returns is clearly greater than in recent financial years, which in itself raises the level of risks in relation to the continuing delivery of our statutory financial duties. When this is then considered alongside continuing significant service pressures and the likely balancing of this risk against patient safety, quality and experience, it is clear that, as expressed within the IMTP, this will be a challenging financial year, despite the initial continued good financial performance in M03. Full consideration and management of all these risks will clearly be high on the agenda for the Trust Board and its relevant Committees, including Finance and Quality Committees. Alongside this, the risk of non-delivery of statutory financial duties has also recently been increased on the Trust's Corporate Risk Register.

4. Monthly Profiles (Table B)

This table has been completed in full, and in accordance with the guidance. In Month 2 the position has been updated to reflect the June Non-Cash depreciation forecast of £18.585m, this has resulted in a negative adjustment of £0.685m being required within line 41.

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

Agency costs for Month 3 totalled £0.151m. The current percentage of agency costs against the total pay figure is 1.3%, this is to cover vacancies. The Trust is always attempting to minimise agency costs by recruiting into permanent positions.

The additional costs for month 1- 4 relates to the Cohorting arrangement the Trust has outside GUH and Morrison hospital which is currently due to cease at the end of July, as mentioned in the risk section above.

6. COVID-19 (Table B3)

Table B3 has been completed in accordance with the guidance and information provided in the required table. It should be noted the expenditure forecasts are based on best estimation based on local intelligence and given it is still only Month 3 the Trust is working with operation colleagues to ensure that estimates are as accurate as possible.

The brought forward value of Annual Leave accrual was £3.227m. The remaining value after 'Sell Back' is £2.961m. **(Action Point 1.15)**

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

For Month 3 the Trust is reporting planned savings of £1.043m and actual savings of £1.030m, this small under achievement is in relation local schemes and vacancy management.

I would again flag the issue of the future operational and other pressures in relation to the delivery of the challenging saving profiles from Quarter 2 onwards.

8. Exceptional Costs Template

The completion of the 'Other' template has been reviewed for Month 3 in relation to energy costs and is now consistent with table E1 as requested. **(Action Point 2.2)**

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

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

The Trust will be engaging with colleagues across NHS Wales to eliminate any variance within reported values elsewhere, which is always likely at the outset of the financial year as financial plans are fully aligned.

Confirmation has been received from the CASC that funding in relation to system wide support up to the end of July, on an actual cost recovery basis, for this cost pressure will be made available to the Trust as we move through the early months of the financial year. As above, the teams continue in constant contact to seek to ensure that the funding sources and mechanisms for this spend alongside other outstanding values agreed, are identified as soon as possible, alongside the agreed required recharging mechanism(s).

On top of this, any further developments which the Trust may be seeking to progress, including anything else suggested as such within the IMTP or the separately submitted Transition Plan, will again only be progressed when a detailed line of sight to a funding source is known. As noted previously an additional £3m for 2022/23 has now been agreed for some additional front line EMS capacity and the detailed make up of how this will be incurred and recovered via EASC is being finalised.

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

At Month 3 there were five invoices over 11 weeks with a total value of just over £0.059m. Of these one invoice (£0.011m) has subsequently been paid, no disputes have been raised. The largest of these invoices has a value of £0.038m and relates to Welsh Government, this is shown as 'Organisation' within table M as there is no option for WG.

11. Cash flow (Table G)

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

	Apr £,000	May £,000	Jun £,000	Jul £,000	Aug £,000	Sep £,000	Oct £,000	Nov £,000	Dec £,000	Jan £,000	Feb £,000	Mar £,000	Total £,000
RECEIPTS													
other (specify in narrative)													
CRU Income	18	19	22	16	16	16	16	17	16	16	16	17	205
Other Non NHS Income	1,913	135	326	0	0	0	0	0	0	0	0	0	2,374
Pensions Agency	15	0	0	0	0	0	0	0	0	0	0	0	15
Vat Refund	450	432	171	37	300	350	300	300	350	350	300	350	3,690
Risk Pool Refund	0	0	339	0	0	0	0	0	0	0	0	0	339
Total	2,396	586	858	53	316	366	316	317	366	366	316	367	6,623
PAYMENTS													
Other items (specify in narrative)													
VAT Payment	0	0	0	0	0	0	0	0	0	0	0	0	0
Pensions / Retirements	173	0	51	0	0	0	0	0	0	0	0	0	224
Total	0	0	51	0	0	0	0	0	0	0	0	0	224

As a result of requirements within the capital programme, we are at present highlighting a need for £20m cash to be drawn down in November 2022 to support the forecast cash flow. This may of course change as we move through the financial year.

12. Public Sector Payment Compliance (Table I)

This table has been completed in accordance with the guidance. The Trust will endeavour to ensure that NHS invoices along with Non-NHS invoices are paid within targets moving through 2022/23.

Up to quarter 1 the cumulative percentage of Non-NHS invoices paid within 30 days by number was 96.5% against a target of 95%.

13. Capital (Tables I and K)

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

Given it is only Month 3, works are ongoing with Programme managers to establish updated cash flows that reflect the profiles of approved projects now for this financial year, however at present schemes are progressing well, and more detailed updates will be provided as the financial year progresses. The Trust's initial discretionary capital programme for this financial year was approved at the Trust Board meeting on 26th May 2022.

14. Committee to receive Financial Monitoring Return

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

The Month 3 financial performance of the Trust will be presented to the Finance & Performance Committee at its meeting on 18th July 2022, with the full monitoring returns included in the papers for the Trust Board meeting on 28th July 2022.

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

15. Other Issues

Overtime and Pay for Annual Leave (Flowers case)

Due to ongoing complexities with delivering a technical solution within ESR to enable the application of ongoing payments i.e. from 1 April 2021, employers and trade union partners discussed the specific arrangements for making the ongoing payments from 1 April 2021 and agreed that further lump sum payments will be made during the 2021/22 and 2022/23 financial years to ensure payments can be made on an ongoing basis. A final payment will cover the period April 2022 – June 2022 and will be paid in July 2022.

The payments will use the 13% multiplier which will be applied to any overtime that was paid during the periods.

Employers and trade union partners have continued to discuss the ongoing arrangements and work with colleagues in NWSSP/payroll/ESR to ensure that a technical solution can be put in place at the earliest opportunity. Agreement has now been reached and a technical solution identified and from 1 July 2022, payments will be made monthly based on the following multipliers (depending on annual leave entitlement) and will be applied to any overtime paid:-

34 days leave - 15.04%

30 days leave – 13.04%

28 days leave - 12.07%

In relation to the above payments we would appreciate your guidance as to the process for recovery for Month 4 payments and also coverage then for each month going forward and recurrently.

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

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

Yours sincerely



Chris Turley
Executive Director of Finance & Corporate Resources



Jason Killens
Chief Executive

Enc

cc:

Mr M Woodford, Chairman
Non-Executive Directors Executive Directors



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

AGENDA ITEM No	12
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	0

Integrated Medium Term Plan (IMTP) 2022-2025 Quarter 1 2022/23 Progress Report

MEETING	Trust Board
DATE	28 July 2022
EXECUTIVE	Rachel Marsh- Executive Director of Strategy, Planning and Performance
AUTHOR	Alexander Crawford - Assistant Director of Planning and Transformation
CONTACT	Alexander.Crawford2@wales.nhs.uk

EXECUTIVE SUMMARY

The purpose of this paper is to update the Board on the progress and delivery of actions in the IMTP 2022-25 to the end of quarter 1 2022/23.

RECOMMENDED:

That the Board:

1. **Notes** the ministerial approval of the WAST IMTP;
2. **Notes** the progress of IMTP delivery and headlines highlighted in this executive summary;
3. **Advises** of any further information required to assure the Board around IMTP delivery.

KEY ISSUES/IMPLICATIONS

On 13th July 2022, the Minister for Health and Social Services formally confirmed her approval of WAST's 2022-2025 Integrated Medium Term Plan (IMTP). A number of accountability conditions have also been set out which Executives will review in the next few weeks and report back to Board in the Autumn.

An IMTP delivery tracker has been established by mapping back all 2022-23 actions into the agreed transformation and enabling programmes established within the IMTP delivery structure.

- **Emergency Medical Services (EMS) Operational Transformation** – delivers key projects to improve performance and transform operational service delivery in EMS. It also addresses commissioning intentions under the Emergency Ambulance Services Committee (EASC) EMS Commissioning Framework;
- **Ambulance Care** – incorporates the implementation of the Non-Emergency Patient Transport Services (NEPTS) D&C Review, ongoing NEPTS transformation projects and a key strategic ambition around developing a Transfer and Discharge model for Wales, again in line with commissioning intentions;
- **Gateway to Care** – brings together transformative projects around 111 and the CCC clinical review, including the ambitions for an Integrated Clinical Hub, including elements of 111 digital programme;
- **Clinical Transformation** – has been established to drive forward both the Clinical Strategy and our ambitions for the clinical transformation of EMS services, care closer to home and mental health.

“Enablers & Fundamentals” relate to the deliverables associated with:

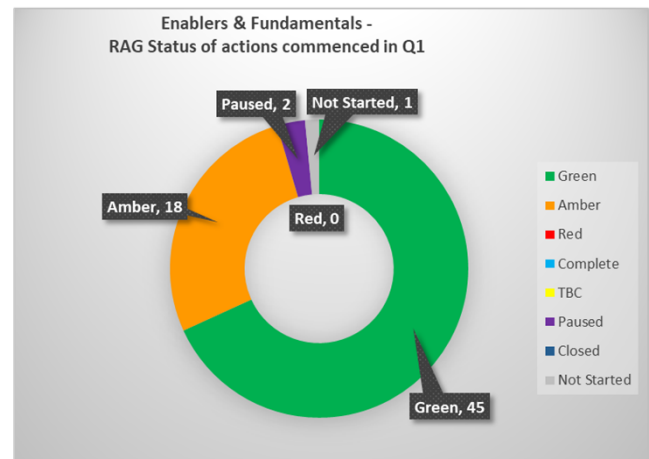
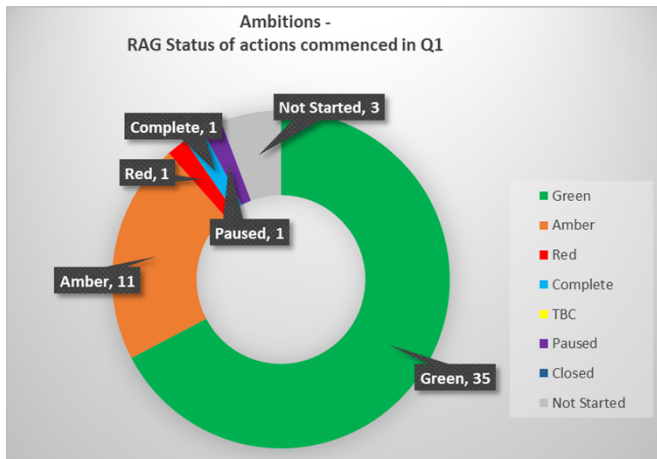
- **Enabling workstreams** – Our People (including the comprehensive programme of work to improve our sickness absence rates), Innovation and Technology, estates, fleet and our wider strategic partnerships.
- **Fundamentals** – the key programmes and pieces of work required to ensure that WAST is a quality driven, clinically led and value focussed organisation, including the programmes of work to transform health and safety by establishing a culture of working safely and a value based approach to service delivery, transformation and evaluation.

This year in recognition of the challenges facing both WAST and the wider NHS, STB has established three further important workstreams/programmes:

- **Financial sustainability** – established with 4 workstreams (Best Practice, Efficiency, Income Generation and Benchmarking & Value) to address the current financial challenges to enable the Trust not only to meet its statutory requirement for breakeven but also to establish the financial space to deliver further strategic development and transformation;
- **Transformation Steering and Assurance Group** – a senior forum with oversight of the wider programme of work to deliver on our “Inverting the Triangles” ambitions, focussing strongly on partnerships and engagement required to bring this ambition to reality;
- **Risk Improvement Programme** – a comprehensive programme to enhance and develop our risk management and assurance processes to ensure that risk drives organisational transformation and improvement at a strategic level.

The following charts show the current progress of IMTP priorities that were commenced during quarter 1.

Ambitions relate to the deliverables for each of our services: EMS, 111, CSD and Ambulance Care. **Enablers** relate to the deliverables for our enabling programmes: Our People, Innovation and Technology, Infrastructure and Partnerships. **Fundamentals** are those deliverables that contribute to quality driven, clinically led and value focussed services. Also included in the tracker are the priorities relating to our strategic development programme of work.



It should be noted that only one action was due for full completion by the end of Q1:

- Implementation of the Once for Wales Service User Experience System

This action is currently Amber due to external factors with a new deadline being set, potentially into Q3.

One (1) action is rated Red (Urgent Attention Required):

- Implement the new 111 system; SALUS

The supplier continues to develop the SALUS operating software and provide clear documentation to support User Acceptance Testing. Capita has provided a draft recovery plan with milestones that reflect dialogue with WAST as the Contracting Authority. Proposed Go-Live would be May/June 2023. Commercial dialogue is in process with the intention to conclude "Change and Issue" governance by June/early July 2022.

Amber rated actions are those actions that are in progress but off track from original milestones or timelines and require some attention to bring them back on track these include:

- Prepare and agree PID for **Roster review pan-Wales (NEPTS ambulance staff)**
- Support the roll out of a **111 Press 2 Mental Health** Service through continued engagement with Health Boards
- Increasing the proportion of 999 callers who have a clinical assessment and increase **consult and close rates** for physical and mental health patients (PTAS element delayed)
- **Additional 50 APPs** to commence training (subject to EMS Transition Plan and/or Value Based Healthcare Funding agreement)
- Working in partnership with HEIW on developing a **Faculty of Emergency Mental Health Practice**
- Pilot use of **Mental Health Practitioners** in Response Cars
- Deliver **Year 2 Benefits of ePCR** Full Business Case

- **De-commissioning of DigiPen**
- Scope opportunities for and benefits of **eReferral mechanisms** for frontline patient facing clinicians
- Deliver the **Mental Health and Dementia Plan**
- Work with partners to significantly **reduce handover delays**
- Deliver the **Recruitment and Training plan** for the EMS Operational Transformation programme in the context of the transition plan
- Find opportunities to create **operational efficiencies**
- Work on our approach to **succession planning**
- Develop a **strategic workforce plan**
- Develop **change capacity and expertise** within the WOD team and across the Trust
- Embed and demonstrate the **refreshed partnership working arrangements** and behaviours with Trade Union partners and managers
- A refreshed **Leadership and Management Development Plan**
- Deliver the **new Control Room Solution** as part of ESMCP
- **Robotic Process Automation**
- **Pilot Microsoft Viva** as part of the national centre of excellence
- Develop a **forecasting and modelling framework**
- Development of business case for **Llanelli solution** (AWC)
- Development of business case for **Newport solution** (AWC)
- Development of business case for **Llandrindod Wells** (AWC)
- Secure additional **resources for further implementation of Transition Plan** arrangements
- Access further funding to support **decarbonisation** of the estate and our travel which will enable us to implement a Sustainable Travel Plan
- Develop **work packages arising from the condition surveys**
- Development of an **Infrastructure and Sustainability Strategic Outline Process** and recruitment to support this.
- Implementation of the **Once for Wales Service User Experience System**
- Review and redraft the **Public Health Plan**
- Implement the new **Once for Wales Datix Risk Module**

For these amber rated actions, a large proportion are delayed due to external factors and/or funding/approval decisions. All actions have remedial plans in place at this stage.

Board and subcommittees may receive specific updates on the projects or programmes listed above.

Risks and benefits

Risks to delivery have been reviewed as part of the risk improvement process and escalated to the corporate risk register where they are identified as strategic risks.

The focus for development of the transformation structures in 2021/22 was product delivery and establishing reporting mechanisms to track delivery via the transformation programme boards. In 2022/23, working with the Performance Team to ensure synergy with the IPR process and in line with the Quality and Performance Management Framework, the focus within the programmes will now include benefits realisation and value to establish the impact that transformation is having for our people, patients, quality and the system.

Assurance

Finance and Performance Committee received a detailed update including an extract from the Strategic Transformation Board's IMTP tracker on 18th July 2022.

REPORT APPROVAL ROUTE

Strategic Transformation Board 27 June 2022
Finance and Performance Committee 18 July 2022

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	✓



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AGENDA ITEM No	13
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	1

Draft Engagement Framework 2022-25

MEETING	Trust Board
DATE	28/07/22
EXECUTIVE	Director of Partnerships and Engagement
AUTHOR	Director of Partnerships and Engagement
CONTACT	estelle.hitchon2@wales.nhs.uk

EXECUTIVE SUMMARY

The Trust's extant engagement framework (2019-22) is due to be refreshed. With a renewed focus on the organisation's long term strategy and its proposed "inverted triangle" model for emergency medical services, an updated framework has been drafted for the period starting quarter three 2022-25, which sets out the approach and focus of the Trust's engagement activity over this period. A detailed delivery plan will be developed following discussion with the Board of Community Health Councils in Wales and, in all likelihood, the Consultation Institute.

KEY ISSUES/IMPLICATIONS

- This framework is not about "business as usual" activities. It focuses exclusively on the proposed approach to engagement on the Trust's long term strategy
- It does not provide detail of activities but rather a rationale and direction of travel
- The requirement for formal public engagement/consultation will be a matter of discussion with the Board of CHCs
- The Consultation Institute is in a position to offer support, advice and assurance should the Trust wish to take this route
- Engagement expertise and talent across the organisation will need to be focused around this work for the duration of the framework
- While some business as usual work will inevitably need to continue, engagement on the long term strategy needs to become "business as usual"
- A delivery plan will be presented to Board for review and agreement in due course, once the status of the approach (i.e. formal engagement/consultation or not) is agreed

Recommended: That the Board approve the engagement framework.

REPORT APPROVAL ROUTE	
Executive Management Team: 20/07/22 Board: 28/07/22	

REPORT APPENDICES
Draft Engagement Framework 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)	x	Financial Implications	x
Environmental/Sustainability	x	Legal Implications	x
Estate	n/a	Patient Safety/Safeguarding	x
Ethical Matters	x	Risks (Inc. Reputational)	x
Health Improvement	x	Socio Economic Duty	x
Health and Safety	x	TU Partner Consultation	x

Welsh Ambulance Services NHS Trust Draft Engagement Framework 2022-25

Background

The Welsh Ambulance Services NHS Trust was the first NHS organisation in Wales to have a Board-approved Engagement Framework.

This is now the third iteration of the framework since 2016. However, the focus of this framework is deliberately and quite specifically on how the Trust proposes to engage on its evolving long term strategy and the important shift in direction of travel which this signals.

This is particularly significant given the impact that the “inverted triangle” model of delivery for emergency medical services (EMS) is likely to have on the way in which patients experience emergency ambulance services in the future.

This framework sets out some key tenets of the proposed approach. It should be noted that this document is a framework only. Board will receive a detailed delivery plan in due course, which sets out the specifics of the engagement activity proposed.

Rationale

The Trust first began work on its long-term strategy in 2017. This resulted in the approval of the organisation’s *Delivering Excellence* document at the end of 2018/19.

The advent of the Covid-19 pandemic in March 2020 resulted in suspension of reporting on the engagement framework extant at that time. However, the impact of working through the pandemic and the way in which the Trust has had to adapt and be more agile in its delivery and working practices, coupled with the significant economic, societal and workforce issues which are now evident as we begin to emerge from the acute phase of the pandemic, mean that the time is now right both to revisit the organisation’s long-term strategy and the engagement framework which supports it.

During the pandemic, the Welsh Ambulance Service has demonstrated its ability to act as a galvanising force for cohesion across the wider NHS Wales system. This has not always been a comfortable relationship given the pressures experienced by all NHS bodies, but particularly by the Welsh Ambulance Service. This is why it is imperative that, as the organisation seeks to evolve and occupy a different space in the healthcare system, it engages effectively with its full range of stakeholders to secure understanding of, and support for, its emerging direction of travel.

Reputational Risks and Issues

It is important that, as an organisation, we retain the confidence of our many stakeholders and maintain our own credibility and influence as a forward-thinking and reliable provider of out-of-hospital care. A gradual but sustained deterioration in performance in recent years, compounded by the effects of the pandemic on the whole healthcare system and residual cultural and operational working practice issues which have proved problematic to resolve, mean that the organisation's reputation has sustained some collateral damage. This resulted in an escalation of the risk score in relation to reputation on the corporate risk register to 20 in the first quarter of 2022/23.

This means there are now challenges in maintaining support and momentum, against a backdrop of a difficult performance environment, risking credibility and potentially further denuding reputation, particularly in respect of public and governmental confidence in the service's ability to deliver reduced waiting times for patients whose needs are not categorised as immediately life threatening.

Recently, community and political concerns over the impact of the proposed roster review across Wales, and notably the withdrawal of rapid response vehicles in favour of the introduction of the Cymru High Acuity Response Unit (CHARU) service, have further demonstrated the need to explain both the rationale for, and practice of, service change where it is required to improve the level of service provided to patients. Given the likely changes to service pattern inherent in the "inverted triangle" model, the scale of the engagement challenge is not hard to see.

Similarly, the fact that the Welsh Ambulance Service is a commissioned provider, while retaining its status as a statutory and accountable body in its own right, could lead to confusion and tension with commissioners, especially as the organisation seeks to widen and alter its clinical and service offer as part of its longer term ambitions.

Fundamentally, and while there is no change without risk, the level of change inherent in the Trust's long term strategy means that its reputation is at risk of further damage if engagement with a full range of stakeholders is not effective and comprehensive.

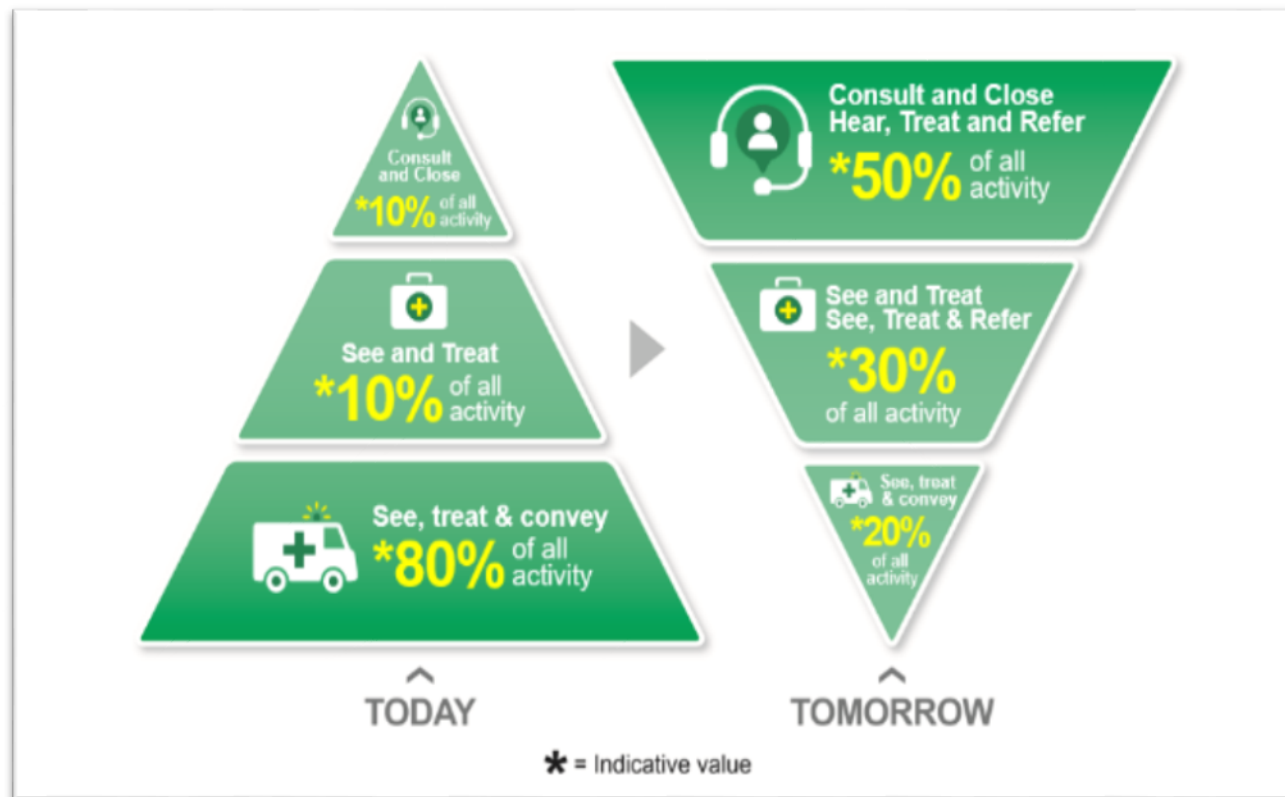
Strategic Context

The advent of the Covid-19 pandemic and its aftermath, global economics and political uncertainty combine to present a challenging picture for public services moving forward.

While the publication in 2018 of the Welsh Government's long term strategy for health and care in Wales, *A Healthier Wales*, marked a clear expectation that health and social care partners should work far more collaboratively to deliver the resilient communities and effective, personalised care that the people of Wales require, there is now a very clear need to accelerate the pace of change, building on the gains made during the pandemic, but also recognising that there is growing unease amongst the public about the NHS' approach to recovery and its future state.

A collision of demographic, workforce, social, economic and other pressures means that traditional models of care, and of public expectation of how, when and where healthcare is delivered, which have evolved over the more than 70 years of the NHS' existence, will need to alter radically if we are able to provide the level of care which is required to keep the people of Wales healthy and well over the longer term. We have recognised this for some time, but the pace at which we now need to respond is perhaps greater than pre-pandemic.

The past year has seen WAST revisit its long term plan, identifying those areas which need to accelerate and assessing its fitness for purpose against a post-pandemic environment. In particular, how we develop and deliver our EMS services in the future has seen the emergence of the inverted triangle model as a proposed approach to managing patients differently in the future.



This model remains embryonic and there is much to do to understand in terms of how it will operate and the impact it will have on the NHS Wales system. Crucially, it requires the support of a range of “mission critical” stakeholders if it is to garner the support required to become a reality. This will require months, if not years, of engagement work, notwithstanding the Trust has a statutory obligation to engage with patients and the public as a part of a cycle of continuous improvement, in line with the [National Principles of Public Engagement in Wales](#).

A certain amount of “informal” engagement has already been undertaken with stakeholders. Indeed, services have already begun to evolve and the inverted triangle model, together with the long term strategy, are referenced in the in the Welsh Ambulance Service’s 2022 Integrated Medium Term Plan. Further, these matters have been the subject of discussion with core stakeholders at commissioning and governmental levels, and with the clinical and planning fraternity through both peer groups and the [Six Goals for Urgent and Emergency Care](#) infrastructure.

Similarly, there have been a number of management conferences, discussions and presentations to trade union colleagues and digital events for frontline staff which have discussed the emerging updated longer term strategy. However, this engagement has not necessarily been structured or recorded in a way which would bear scrutiny in the context of the requirements of [formal public engagement and engagement](#) as required by Welsh Government and overseen by Community Health Councils.

It is of note that Welsh Government is currently consulting on extending the number of organisations subject to the [Wellbeing of Future Generations Act of 2015](#). The Welsh Ambulance Service is identified as one of those organisations. Should this come to fruition, it will obligate the organisation to meet the requirements of the Act, with its focus on sustainable development and wellbeing. This is particularly pertinent in planning long-term and how our services should be designed to meet the needs of future generations, as well as managing demand and the environment as they currently stand.

The [Socio-Economic Duty](#) came into force in Wales on 31 March 2021. Its aim is to encourage better decision-making and ultimately deliver better outcomes for those who are socio-economically disadvantaged. The Duty places a legal responsibility on bodies, including the Welsh Ambulance Service, when taking strategic decisions to have due regard to the need to reduce the inequalities of outcome resulting from socio-economic disadvantage. This duty will need to be reflected in the way we engage and take decisions as we revisit our long-term strategy and future models of service.

Finally, Welsh Government’s [Health and Social Care \(Quality and Engagement\) \(Wales\) Act](#), which became law in 2020 and is scheduled to come into force in spring 2023, introduces a statutory duty of candour and replaces the current Community Health Councils with a new citizen voice body, which has a bearing on our engagement activities, strengthening the voice of the public and committing organisations to continuous engagement. While we are in a strong position given the long-standing work of our Patient Engagement and Community Involvement (PECI) team, we should be under no illusion that any new body will be scrutinising engagement activities when it comes to proposed service change.

Indeed, the current Board of Community Health Councils in Wales has already indicated that it anticipates that formal public engagement and consultation is likely to be necessary in respect of the organisation's long term plans. Further discussions will be needed to confirm this.

Proposed approach

Historically, the Trust's engagement frameworks have encompassed a range of audiences and activities, across the fully body of stakeholders. In this iteration, the focus is entirely on long term strategy, and excludes any routine or "business as usual" engagement activities.

While our full range of stakeholders is very extensive, it is proposed that, in the first instance, a distinction is made between those stakeholders who have decision-making power (i.e. without whose support the Trust's ambition is unlikely to be realised) and those who have influence, which may be to varying degrees. Similarly, consideration will need to be given to both clinical and "corporate" stakeholders. In the case of the former, it is particularly important that clinical leaders beyond the ambulance service understand and are supportive of the direction of travel. Without such support, it is unlikely that sufficient progress can be made to make a tangible difference to patients. Our approach to engagement with clinicians within and beyond the organisation is subject to review and will need to be finalised, recognising that the architecture of the [Six Goals for Urgent and Emergency Care](#) may provide an avenue to explore and that the support of a broad range of clinicians across the system will be critical in allowing WAST to move forward with its service ambitions.

Importantly, we have already reached out and discussed matters with the widely respected Consultation Institute, given the likely need for formal engagement and consultation on our long term strategy. The Consultation Institute has significant expertise in supporting organisations to navigate complex pieces of engagement, acting as both a sounding board and wise counsel, with a focus on process, impartiality and quality assurance.

It is our intention to work closely with the Board of CHCs in Wales, and its successor body, to confirm the expectation and begin to plan for what is likely to be an extensive, and extended, process of engagement and consultation. It is this planning which will form the backbone of work in the final half of 2022/23, recognising that we will need to review engagement thus far, identifying obvious gaps and opportunities, for example.

It is for these reasons that the delivery plan which details the "how" and "what" will follow for Board approval in due course. That said, it is unlikely that the required engagement can be done in a neat, linear and sequential format. Multiple strands of engagement will need to run concurrently, with a focused and intensive approach from a small team given the requirement to ensure consistency of delivery and feedback.

Initially, we will need to spell out a really compelling case for change; the "why". To some extent, this returns us to "defining the problem", rather than presenting some of our ideas as potential solutions. As engagement develops, we can really begin to develop the "how" argument. It will also be important that this work is linked to related work on articulating the Welsh Ambulance Service's future purpose, our transformation agenda and our behaviours work.

Resourcing

Given the extent and complexity of what is proposed, it is likely that a small but focused team will need to be drawn from across the organisation to develop this work, potentially working with external agencies and steered by the Director of Partnerships and Engagement.

As part of our transformation agenda, there is already a commitment to the recruitment of an engagement manager to support this work, with an appropriate job description in development at the time of writing.

However, it is likely that both the PECE, Planning and Communications Teams will need to focus at least some of their resource to this work on a virtually permanent basis for approximately the next two years. This will inevitably have an impact on “business as usual” activities, but it is important that we focus the skilled resources we have on the areas of engagement which are most critical to delivering our strategic ambition. How this will be managed will be discussed and agreed with the relevant Directors and wider Executive Management Team.

Timeline

It is anticipated that this framework runs from third quarter 2022/23, with the six-month period to April 2023 being used to plan, design, develop and resource the delivery plan, as well as test ideas with key stakeholders in readiness for inclusion in the 2023 iteration of the IMTP. From April 2023, it is anticipated that a formal engagement delivery plan with a focus on wider engagement will begin.

Purpose and Outcomes

The principle of continuous engagement is one with which we have a statutory duty to comply, hence our adoption of the National Service User Frameworks and the National Principles for Public Engagement in Wales. That said, it is important to be clear that all aspects of engagement must be able to demonstrate purpose and outcome.

While the organisation needs to be agile enough to harness opportunities as they arise through the engagement process, it is important that we are clear about the outcomes we are trying to deliver through improved engagement.

These outcomes might be indicatively summarised as:

- The workforce and trade union partners are engaged, understand and support the organisation’s long term ambition and direction of travel. They recognise the need to be “change ready”, adapting and developing roles, working patterns and practices to facilitate this, building on the experience of the pandemic and recognising that roles will look very different in future. They have an opportunity to shape future service design and delivery
- Commissioners (and commissioning infrastructure) support and understand the organisation’s long term ambition and direction of travel, evidenced by the necessary redirection of their own resources and/or service design to realise this

- Political and civil service stakeholders support and understand the organisation's long term ambition and direction of travel, evidenced through support for business cases, investment decisions and developments in models of care
- Patients and the wider public understand the case for change, feel confident in expressing their views through a multiplicity of means and feel heard, with evidence to support this. They have an opportunity to influence and co-design future models of care
- The media and political environment is supportive. When scrutiny is required, challenges are constructive rather than damaging and relationships are sufficiently strong to manage difficult issues
- The Welsh Ambulance Service is able to progress some of its key enablers increasingly via collaboration, including through formal partnership structures such as Regional Partnership Boards, where its contribution is welcomed, recognised and supported through funding allocations where appropriate
- NHS partners understand the ambitions and rationale of the Welsh Ambulance Service in respect of its long term strategy and recognise the importance of their own role as commissioners (and providers) to adapt their own services to facilitate change in the interests of the wider system
- Regulators and inspection bodies understand the organisation's ambition and direction of travel, are constructive in their scrutiny and are assured that the governance of the organisation is strong, robust and forward-thinking
- The organisation has credibility and its reputation in the wider landscape of NHS Wales and ambulance services nationally and internationally continues to grow
- All stakeholders have confidence in the credibility and delivery of the Welsh Ambulance Service

Co-production, ongoing dialogue and refinement of options in light of feedback will need to be hallmarks of the engagement process and the final delivery plan will need to evidence how these steps are incorporated into the process as models of delivery are proposed, developed and enabled.

Equality, Diversity and Inclusion

It is important that any engagement on the Trust's long term ambitions and strategy reaches as many quarters of the population as possible, reflecting the organisation's commitment to equality, diversity and inclusion. The final delivery plan will need to be subject to an Equality Impact Assessment, with guidance being required from our Head of Inclusion and Engagement in terms of optimising the reach of our engagement activities.

Stakeholder Identification and Analysis

The Welsh Ambulance Service has a disparate and significant number of stakeholders, all of whom have an interest in the work and development of the organisation. Similarly, their level of influence, impact and decision-making power is differential.

As part of this strategy's delivery plan, stakeholders will be segmented not just by constituency of interest, but also as to their level of criticality. Decision-makers will inevitably be important in the early stages to ensure that there is a realistic prospect of the Trust's ambition being realised, both through the

allocation of resource but also, critically, because of the requirement for other stakeholders to enable WAST's ambition through the adaption of their own service models.

As ever, in terms of categories, stakeholders can be broadly categorised as follows:

- Patients, public and communities
- Internal (colleagues, trade union partners and volunteers)
- System and government
- External stakeholder

However, it is not intended that this document will provide a full stakeholder analysis, both for reasons of brevity, but also because it has been reasonably well documented in previous iterations of the engagement framework and is not likely to vary wildly. What will differ is the relative importance accorded to individual organisations and groupings, and how this then manifests itself in terms of the engagement process, timeline and method. This will be revisited in the delivery plan which will come to Board before the end of 2022/23.

Messaging

It is important that all members of the wider Welsh Ambulance Service team, from Board to floor, receive, understand and transmit a clear and coherent set of messages to all our stakeholders, recognising that all messages need to be tailored to their audience and regularly reviewed. Importantly, the feedback we receive will equally inform our thinking and, where appropriate, can be used to modify our messages and approach moving forward.

Indicatively, our core messages, which we can continue to use while the full delivery plan is being developed, will include:

- The service is evolving at pace, driven by a commitment to high quality clinical care
- There are significant challenges for us across a number of fronts including system issues, performance, workforce etc and we need to find effective and sustainable solutions to them. This is our case for change
- This is going to mean changing what we do and how we do it, both internally and as a system player
- The Welsh Ambulance Service's role in the out-of-hospital arena is about maintaining people in the community as far as possible, with conveyance being a last, rather than first, resort
- We are part of the wider out-of-hospital NHS team – we deliver care in a range of settings with a variety of other clinical professionals and this element of our work is growing
- Our role as an all-Wales provider gives us a “helicopter view” of services like no other organisation – this helps us support others in “joining up” services for patients

- We are increasingly a provider of, and signpost to, other services which are more appropriate to patient need e.g. 111
- We provide individualised, patient care – this results in different responses to different patients, dependent on need, including in our non-emergency service
- The change we now need to effect will be radical and will redefine what we understand an ambulance service to be/deliver
- We can't achieve change in isolation. The views of our stakeholders are important and we will listen and act on the feedback we receive
- We do what we say we will do or justify early why we cannot.

These messages will be reflected across our communications platforms and in our stakeholder engagement activities, in language(s) and in formats appropriate to our audiences. They will also be reviewed and refreshed regularly as we have more substantive and specific messages to convey, to ensure that they remain current and provide consistency, reflecting both strategic direction and operational exigencies.

Roles and Responsibilities

Engagement is very much a team sport and requires colleagues from Board to the frontline to play their part in delivering messages, listening to feedback, adjusting and modifying messages and approaches as a result, recognising that roles discretely focused on engagement are limited.

Notwithstanding the likely establishment of a discrete team to manage the proposed engagement process, individual directors remain accountable for engagement activities in their own portfolio areas and is the responsibility of the Board (both executive and non-executive directors) to set the tone for our approach. The Board and the wider senior leadership team have a responsibility to work collaboratively, engaging with stakeholders in a manner appropriate to their respective roles.

All staff have an ambassadorial role with stakeholders, crucially patients, their families, carers and the public, as well as colleagues across the wider NHS and public service.

Indicative roles are as follows:

Board

The Board has a central role in setting the strategic direction of the organisation. It is important that the Board affords adequate time to this activity and the engagement with stakeholders which supports it. It is on this basis, and for this reason that it is proposed that progress against the future delivery plan is reported directly to Board.

The Board will also have a role to play in appropriate engagement activities, as outlined in any future delivery plan.

Non-Executive Directors (specifically)

The core role of non-executive directors rests in the areas of governance, assurance, challenge, support and strategy.

In relation to stakeholder engagement, the NED role can be summarised as:

- Advocacy of the organisation, its ambitions and objectives, particularly in the realm of Health Board Independent Members i.e. NED to NED/Board to Board relationships
- Support and challenge of Directors on stakeholder engagement activities, particularly where there is a portfolio alignment
- Advocacy across the wider public service and other networks as appropriate, including through any geographic or sector links agreed with the Chair
- The Chair has a discrete role in advocating and gaining support for strategic direction with fellow Chairs and the Minister
- Sharing intelligence and information regularly, through the Chair, in order that any emergent issues can be managed efficiently and effectively
- Representing the organisation as appropriate at a range of fora and events, as agreed and required

Directors

Directors have a significant role in furthering the ambitions and objectives of the organisation through:

- Regular and purposeful engagement and involvement of colleagues across all levels of the organisation in the strategic direction of the organisation, supporting the translation of strategy into discrete action
- Advocacy of the organisation, its ambitions and objectives with a range of stakeholders as appropriate, based both on portfolio and corporate accountabilities
- Garnering support for the organisation and its strategic direction with professional peer groups and relevant professional bodies/organisations
- Identifying and progressing opportunities to collaborate where a partnership approach can deliver mutual benefit
- Sharing intelligence and information regularly, routinely through the Executive Management Team meeting process, in order that any emergent issues can be managed efficiently and effectively
- Representing the organisation as appropriate at a range of fora and events, as agreed and required by the Chief Executive

Senior Leaders

- Regular and purposeful engagement and involvement of teams in the strategic direction of the organisation, supporting the translation of strategy into discrete action
- Advocacy of the organisation, its ambitions and objectives with a range of stakeholders as appropriate, as agreed with the relevant Director
- Garnering support for the organisation and its strategic direction with professional peer groups and relevant professional bodies/organisations

- Identifying opportunities to collaborate where a partnership approach can deliver mutual benefit, in conjunction with, and with the approval of, the relevant Director
- Sharing intelligence and information regularly, routinely through the Assistant Director Leadership Team meeting process and, where appropriate, onward to the Executive Team via the linked Director (Board Secretary) in order that any emergent issues can be managed efficiently and effectively
- Representing the organisation as appropriate at a range of fora and events, as agreed and required by the relevant Director
- Encouraging contributions and feedback from staff through appropriate structures, for example team meetings, internal focus groups or local/national staff surveys, with a commitment to acting on the outcomes

Staff

- Advocates for the organisation with patients, their families and carers and the wider public
- Involvement in appropriate activities which support the development of key stakeholder relationships e.g. education, recruitment and public events etc.
- Sharing intelligence, information and patient feedback regularly through the team and line management process
- Completing local or national staff surveys to share information

Evaluation and Agility

The delivery of the Engagement Framework forms a key tenet of the Trust's Integrated Medium Term Plan and, as such, it is proposed that, given the focus on long term strategy, progress against the supporting delivery plan when developed will be reported to the Board.

In addition, the Strategic Transformation Board will be the main internal assurance group monitoring delivery. Additionally, colleague engagement activity will reported via the People Committee and patient and community engagement through the Quality, Experience and Safety Committee (QUEST) as appropriate.

A full evaluation plan, including potential external development and quality assurance proposals, will be included in a future paper to Board with the supporting delivery plan.

Ends/EVH/July22



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AUDIT COMMITTEE HIGHLIGHT REPORT TO BOARD

Trust Board Meeting Date	13 th June 2022
Committee Meeting Date	7 th June 2022
Chair	Martin Turner

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of escalation)

1. One **Limited Assurance Internal Audit Review on Waste Management** was reviewed by the Committee. The audit was undertaken to assess the Trust's compliance with relevant waste management legislation and guidance, and progress towards agreed national and local waste reduction targets. Five high and two medium priority recommendations were made and the management responses and actions were noted and a more detailed action plan was shared with the Committee for assurance on the planned activity. This will be monitored through the audit tracker at each meeting.
2. The transitional **Board Assurance Framework (BAF)** was received by the Committee following its agreement to pause BAF reporting from March to June to allow this to be developed. The BAF sets out the current controls and assurances with more particularity and provides a line of sight to the actions planned and in progress to further mitigate the risks. However, Members recommended that there should be elevated levels of scrutiny and accountability of the high rated risks and actions at Board.

ADVISE

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

3. The **Annual Accounts** will be considered by the Trust Board at their meeting on 13th June and were reviewed at this committee meeting. The draft Audit Wales Audit of Accounts Report (ISA260) was presented by Audit Wales indicating the intention of the Auditor General for Wales to issue an unqualified certificate and report on the 2021/22 financial statements, citing that they provide a true and fair view of the Trusts' finances in the 2021/22 financial year. The Committee noted the uncorrected misstatement which is not material and has arisen due to a very late update received by WG from the District Valuer in March 2022. Given the way this one has arisen, this will be the same across all NHS Wales organisations. At the time of this meeting there were a couple of ongoing items prior to closing off the accounts which will be completed prior to presentation of the accounts to the Trust Board. Audit Wales commended the finance team for providing good quality accounts and working papers and for timely responses to enquiries. The Committee echoed these thanks and recommended the Annual Accounts for approval by the Trust Board at today's meeting, subject to changes, if any, being highlighted at that report.
4. The **2021/22 Annual Report** was presented, incorporating the Performance Report and Accountability Report, incorporating the Governance Statement. The draft Annual Report was been reviewed by



Audit Wales and Welsh Government and items raised by them have been closed. An Annual Report Highlights document, distilling key information from those documents was also reviewed by the Committee. Subject to a clarification on the table relating to the average days of sickness being reviewed for accuracy, the Committee recommends the approval of the 2021/22 Annual Report and Highlights document by the Trust Board.

5. **Audit Wales** presented their **2022 Audit Plan** and updated the Committee on the work currently underway with respect to quality governance which will be presented to the September meeting, the structured assessment, and the review of unscheduled care, both of which will shortly begin and be reported to the December meeting. Workforce planning assessment will begin in late Autumn. The Audit Wales summary report into **Emergency Services Joint Working** was presented. This report looks at whether emergency services in Wales are working more closely together to make better use of resources, providing an overall conclusion that emergency service collaboration is slowly growing but requires a step change in activity to maximise impact and make best use of resources. A Board Development session will take place in July to further explore the Emergency Services Joint Working report.
6. A new **all-Wales risk matrix** which revises the consequence, likelihood and review frequency tables was approved, as was a reporting timetable which provides for Audit Committee review of risks prior to their presentation to Committees and the Board.

ASSURE

(Detail here any areas of assurance the Committee has received)

7. The **Head of Internal Audit Report** was received from Internal Audit. This report sets out the results of the work performed by internal audit during the year and audit performance. It provides an overall opinion for 2021/22, which was one of **reasonable assurance**. This means that the Board can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved. The Internal Audit Plan has been delivered substantially in accordance with the schedule agreed with the Audit Committee, subject to changes agreed as the year progressed. The Committee noted the following summary of audits for 2021/22:

Substantial Assurance:	Mobile testing unit Follow up review
Reasonable Assurance:	Risk management and assurance Financial planning and budgetary control IMTP Network and Information Systems (NIS) Directive Collaboration Service reconfiguration Asset management system (RAM) Medicines management – controlled drugs Information management – consult & close and see & treat I.T. service management Digital governance NEPTS procurement Role of Advanced Paramedic Practitioner Recruitment practices: Equality, diversity and inclusion Respiratory protective equipment Capital projects
Limited Assurance:	NEPTS – transfer of operations



Waste management
Advisory/non-opinion: Organisational culture – a learning organisation

Assurances from the Head of Internal Audit Opinion have been incorporated into the Governance Statement in the Accountability Report. The reviews planned but deferred from the 2021/22 plan have been discussed throughout the year by the Committee.

8. **Internal Audits.** Six reviews were completed during the quarter and presented to the Committee which included Waste Management above (limited assurance); *Risk Management and Assurance* (reasonable assurance); *Network and Information Systems (NIS) Directive* (reasonable assurance); *Respiratory Protective Equipment* (reasonable assurance); *Service Reconfiguration* (reasonable assurance). *Follow Up Review* (substantial assurance).
9. An Advisory Review was undertaken on **Organisational Culture – A Learning Organisation**. The report illustrated that the Trust is engaged in a programme of development which will advance its learning and subsequent change of practices, and that will improve the quality of patient care. It shows that the Trust strives for continuous quality improvement through learning, and implementing the lessons taken from that learning. This was an advisory review therefore there is no formal assurance rating but did provide recommendations to strengthen and improve processes that will be discussed at the next People and Culture Committee.
10. The Committee was updated on the **Risk Transformation Programme** and the timelines proposed for development of a revised framework. Committee members raised a query on the escalation routes to the Board which will be explored in more detail in a Board discussion and as the programme develops.
11. The **Audit Tracker** was reviewed. Board Committees have reviewed recommendations relevant to their remit, and overdue recommendations were in hand with revised dates.
12. The **schedule of losses and special payments** made during the period 1st April 2021 to 31st March 2022 amounted to £1.849m. Losses and special payments for the current year to 30th April 2022 were £0.109m. The Committee noted these payments.
13. In **private session** the committee received the counter fraud update, annual report, and work plan, as well as the tender update report and single tender waiver requests.

Risks Discussed: See above in alter section.

All 16 corporate risks were reviewed, and the Committee noted that the highest risks remain as 223, 224, 160, 199 and 201.

New Risks Identified: No new risks were identified.

COMMITTEE AGENDA FOR MEETING

Annual Accounts 2021/22	Annual Report 2021/22	Head of Internal Audit Report and Opinion; Internal Audit Reviews
Audit Wales update report; final audit of accounts; emergency services collaborative report; audit plan 2022	Risk management and Board Assurance Framework	Audit Tracker



Losses and Special Payments		
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COMMITTEE ATTENDANCE					
Name	7 June 2022	15 Sep 2022	1 Dec 2022	2 March 2023	[insert date]
Martin Turner					
Paul Hollard					
Joga Singh					
Ceri Jackson					
Chris Turley					
Lee Brooks					
Wendy Herbert	Jonathan Turnbull-Ross				
Catherine Goodwin					
Osian Lloyd (HOIA rep)					
Fflur Jones (AW rep)	Mike Whitley				
Paul Seppman					
Damon Turner					
Trish Mills					
Carl Window					

	Attended
	Deputy attended
	Apologies received
	No longer member



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FINANCE AND PERFORMANCE COMMITTEE HIGHLIGHT REPORT TO BOARD

This report provides the Board with key escalation and discussion point at the last Committee meeting. A full list of items discussed appears at the end of the report to enable members to raise any questions to the Chair which have not been drawn out in the report.

Trust Board Meeting Date	28 July 2022
Committee Meeting Date	18 July 2022
Chair	Prof Kevin Davies

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of escalation)

1. The Committee reviewed the **Monthly Integrated Quality and Performance Report (MIQPR)** which is also before the Board for this meeting. The Committee noted that in many areas there is a continued poor picture in terms of the quality and safety of the service that the Trust can provide, and concerns were raised again as to the significant impact this has on patients and staff. It remains critical to patient safety and staff morale that handover lost hours – 23,000 hours lost in June - are reduced. This Committee will continue to monitor the actions in place to address this as set out in the separate paper from the Chief Executive to the Board at this meeting. Alarmingly, discussions around summer modelling suggest that this position will not improve in the short term and the patient safety risks will continue to be carried by the Trust.

ADVISE

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

2. The Committee reviewed the purpose, scope, governance, membership, and reporting of the **financial sustainability workstreams** established to support delivery of a transformative financially sustainable savings programme. The four workstreams cover benchmarking value, achieving efficiency, income generation, and best practice.
3. An annual **review of the metrics** which form the MIQPR were reviewed. These were supported by the Committee and the Chair of the Quality, Patient Experience and Safety Committee, and will be finalized following discussions with the Chair of the People and Culture Committee.
4. A Programme Project Board has been established to oversee delivery of the **Decarbonisation Action Plan**. The first of five plug-in hybrid rapid response vehicles will be operational in July.



ASSURE

(Detail here any areas of assurance the Committee has received)

- The Committee received a presentation on the **financial position for Month 3 2022/23**. The Board will have the full position before it for the July meeting and will note there is a small underspend against budget of £2K. The Committee noted the forecast for 2022/23 is currently one of breakeven but noted the risks which the Committee will continue to monitor through the year and the enhanced reporting will focus on the savings required for 2022/23 (see 'advise' section on financial sustainability workstreams and the risk section below).
- The **Integrated Medium Term Plan Quarter 1 Progress Report** was presented. The Committee noted 29 amber rated actions (in progress but off track from original milestones or timelines and require some attention to bring them back on track). All amber rated actions have remedial plans in place. As previously reported, one action is rated red, which is the implementation of the new 111 system Salus. This was discussed in private session due to its commercial sensitivity.
- A **Business Continuity Assessment** was reviewed which set out the governance, plans, exercises, and training in place for business continuity at the Trust. The Committee commended the work despite the operational challenges. An **EPRR document tracker** has been established to assess the status of the Trust's preparedness under the Civil Contingencies Act 2004. The Committee was assured on the currency of the plans maintained for preventing emergencies; reducing, controlling, or mitigating the effects in both the response and recovery phases.
- Whilst there were some overdue **audit recommendations**, the majority were in hand to be completed. The finalized internal audits in relation to the Network and Information Systems (NIS) Directive (reasonable assurance); Service Reconfiguration (reasonable assurance); and Waste Management (limited assurance) were reviewed.

RISKS

Risks Discussed: The transitional BAF was reviewed, which included the 9 risks relevant to the Committee.

New Risks Identified: Discussions took place on the financial risk which might impact on the operational transformation agenda if the financial challenges were not met. The Trust's appetite for risk in this area is to be further explored by the Board.

COMMITTEE AGENDA FOR MEETING

Operations Quarterly Report	Financial position for month 3	Financial Sustainability Work Programme
Monthly Integrated Quality and Performance Report	Integrated Medium Term Plan Delivery Update	Risk Management and Corporate Risk Register
Decarbonisation and sustainability update	Internal Audit tracker report and reviews	Business Continuity Assessment
EPRR Document Tracker		

COMMITTEE ATTENDANCE

Name	16 May 2022	18 July 2022	19 Sep 2022	14 Nov 2022	16 Jan 2023	20 March 2022
Kevin Davies						
Bethan Evans						
Joga Singh						



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Ceri Jackson						
Chris Turley						
Rachel Marsh						
Lee Brooks						
Andy Haywood						
Wendy Herbert	Jonathan Turnbull-Ross					
Liz Rogers	Catherine Goodwin					
Hugh Parry						
Damon Turner						
Trish Mills						

	Attended
	Deputy attended
	Apologies received
	No longer member



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NHS
WALES

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CHARITABLE FUNDS COMMITTEE HIGHLIGHT REPORT TO BOARD

Trust Board Meeting Date	28 July 2022
Committee Meeting Date	6 July 2022
Chair	Ceri Jackson

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of escalation)

1. Whilst there was an overall investment gain of £42K in the **charity's investments** in 2021/22, recent market volatility saw a dip in Q1 2022/23 of c£24K. Increased and close monitoring and management of the fund is in place ahead of a review of the Q2 position at the next meeting, along, if needed, with dynamic adjustments being made to the level of funds held, in line with that prescribed with the Trust's charity investment policy.

ADVISE

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

2. The engagement of a **charity consultant** to provide recommendations for the charity's strategic direction was recently re-tendered and four bids have been received. These will now be reviewed by a panel of Committee members.
3. A **task and finish group** established by the Committee at its May meeting reported on its work programme which includes:
 - Reviewing options as to how the Charity holds its funds
 - Potential devolving of autonomy to directorate fund managers
 - Support of Community First Responders and WISH fundraising
 - Policy and risk management
 - Panel effectiveness
 - Statutory and regulatory compliance

Terms of reference and a more detailed work programme will be presented at the October meeting.

4. Applications will be made for a number of **grants made available by NHS Charities Together**. These include a development grant of £35k with a focus on charity operations, communications/branding/marketing, and fundraising; a specific ambulance grant of £315K for projects that will result in measurable health outcomes for communities or services adversely affected by COVID-19; and a grant of £88K for projects with a central theme of staff wellbeing and wider social recovery. The Committee noted the conflicting timeframes which meant these applications had to be made ahead of the strategy development work but agreed they should be progressed.



ASSURE

(Detail here any areas of assurance the Committee has received)

1. **Fund balances** as at 1st April 2022 are £532K. No material movement has been made on that in the interim.
2. The **Bids Panel** approved two bids at their May meeting including transport for the WAST rugby team to attend an away match in Yorkshire and the Mind Over Mountains guided walks for staff.

RISKS

Risks Discussed: No specific risks were discussed however the Committee agreed that a review of risks specific to the charity would form part of the work programme for the task and finish group.

New Risks Identified: None identified

COMMITTEE AGENDA FOR MEETING

Finance Update	Strategic Review Update	Charitable Funds Task and Finish Group Update
Bids Panel Highlight Report May		

COMMITTEE ATTENDANCE

Name	5 May 2022	6 July 2022	10 Oct 2022	9 Jan 2023	[insert date]
Ceri Jackson					
Bethan Evans					
Prof Kevin Davies					
Hannah Rowan					
Chris Turley					
Lee Brooks		Mark Harris			
Catherine Goodwin		Sarah Davies			
Estelle Hitchon					
Andy Swinburn					
Trish Mills					
Hugh Parry					
Damon Turner					
Marcus Viggers					
Julie Boalch					
Andrew Challenger					
Jo Kelso					

	Attended
	Deputy attended
	Apologies received
	No longer member/not member



REMUNERATION COMMITTEE TO PUBLIC TRUST BOARD

This report provides the Board with key escalation and discussion point at the last Committee meeting. A full list of items discussed appears at the end of the report to enable members to raise any questions to the Chair which have not been drawn out in the report.

Trust Board Meeting Date	28 July 2022
Committee Meeting Date	15 July 2022
Chair	Martin Woodford

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Key issues/risk for the Board's attention)

1. No alerts for the Board's attention from this meeting.

ADVISE

(Areas of on-going monitoring, approvals, decisions, or new developments to be communicated)

2. In 2021/22 at the request of the Committee the Association of Ambulance Chief Executives (AACE) was commissioned to undertake an independent benchmarking review of Director salary levels with the UK ambulance sector. Welsh Government will be asked to review job descriptions that have not been reviewed for some time, do not accurately reflect the current responsibilities of the role, and are notably at variance to the UK national mean salary point.
3. An exit settlement was agreed by the Committee for a member of staff subject to Welsh Government approval.
4. The Chief Executive's objectives for 2022/23 were received and noted. These objectives are cascaded to the EMT to ensure they are aligned and compliment the delivery of the IMTP. Realignment with the Chair's objectives will be done once they have been finalized and agreed following the year-end review with the Director General of Health and Social Care in August.

ASSURE

(Areas of assurance the Committee has received)

5. The Chief Executive's objectives outturn position for 2021/22 was discussed. The Chair will follow up with a formal response following this meeting, noting the substantial delivery and Chief Executive's exceptional leadership in difficult circumstances. 2021/22 PADRs for Directors were in place.

RISKS

Risks Discussed: N/A

New Risks Identified: N/A

COMMITTEE AGENDA MEETING

CEO's outturn position 2021/22 and objectives for 2022/23	Re-evaluation of Director JDs and benchmarking exercise	Exit Settlement
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COMMITTEE ATTENDANCE					
Name	10 May 2022	14 June 2022	6 Oct 2022	7 Dec 2022	7 Mar 2023
Martin Woodford					
Prof. Kevin Davies					
Bethan Evans					
Paul Hollard					
Ceri Jackson					
Hannah Rowan					
Joga Singh					
Martin Turner					
Craig Brown					
Hugh Parry					
Damon Turner					
Jason Killens		*see note			
Trish Mills					
Catherine Goodwin		Liz Rogers			

*Recused from discussions on relevant agenda items

	Attended
	Sent Deputy
	Apologies
	No longer a member.



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AGENDA ITEM No	15
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	1

GOVERNANCE REPORT

MEETING	Trust Board
DATE	28 July 2022
EXECUTIVE	Trish Mills, Board Secretary
AUTHOR	Trish Mills, Board Secretary
CONTACT	Trish.mills@wales.nhs.uk

EXECUTIVE SUMMARY

1. This report sets out:

- 1.1 Use of Trust Seal
- 1.2 Decision made in private session

Recommendation: The Trust Board is requested to note the update.

KEY ISSUES/IMPLICATIONS

Not applicable

REPORT APPROVAL ROUTE

Not applicable

REPORT APPENDICES

Not applicable.

REPORT CHECKLIST

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

GOVERNANCE REPORT

1. Use of Trust Seal

The Trust seal was applied to the following document on 22 June 2022:

Reference number: 0235 - Lease for new NEPTS Ambulance Care Hub Newport (Unit 3, Phoenix Park, Telford Street Newport NP19 0LW); License for alterations (minor works) same premises. Two seals were affixed.

2. Decision made in private session - NHS Wales Microsoft License Renewal

On 26 May 2022, the Trust Board met in private session and approved the renewal of the Trust's element of the NHS Wales Microsoft Enterprise Agreement. The negotiated renewal price was a significant reduction compared to the previous associated costs and represented a substantial annual saving across the NHS in Wales.

Recommended: That the Board note the above updates since the last Board meeting.

CONFIRMED MINUTES OF THE MEETING OF THE CHARITABLE FUNDS COMMITTEE HELD ON 5 MAY 2022 VIA TEAMS

MEMBERS:

Ceri Jackson	Chair & Non Executive Director
Kevin Davies	Non Executive Director
Hannah Rowan	Non Executive Director

IN ATTENDANCE:

Julie Boalch	Head of Risk and Deputy Board Secretary
Lee Brooks	Executive Director of Operations
Andrew Challenger	Assistant Director Professional Education & Training
Jill Gill	Head of Financial Accounting
Catherine Goodwin	Interim Director of Workforce and OD
Estelle Hitchon	Director of Partnerships and Engagement
Navin Kalia	Assistant Director of Finance and Corporate Resources
Trish Mills	Board Secretary
Bernadette Mitchell	Finance Assistant – Charitable Funds
Jeff Prescott	Corporate Governance Officer
Andy Swinburn	Director of Paramedicine
Chris Turley	Director of Finance and Corporate Resources
Damon Turner	Trade Union Partner

APOLOGIES:

Bethan Evans	Non Executive Director
Hugh Parry	Trade Union Partner

21/22 WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting, confirming that this was her first time as Chair and was looking forward to drawing on her previous experience to assist with the development and opportunities that lay ahead for the charity.

She also welcomed to Bernadette Mitchell who had recently joined the Trust as the Charitable Funds finance Assistant.

22/22 DECLARATIONS OF INTEREST

The standing declarations below were noted:

Chair is a Trustee of the Stroke Association and also note the interest of the Chair in item 26/22.

The Director of Finance and Corporate Resources confirmed he was now the treasurer for the Royal Gwent League of Friends hospital charity, which was a voluntary position.

RESOLVED: That the declarations as set out above be NOTED.

23/22 MINUTES OF PREVIOUS MEETING

The Minutes of 10 February 2022 were approved as a correct record, subject to the inclusion of the wording Royal Gwent in minute 11/22 relating to the declaration made by the Director of Finance and Corporate Resources.

RESOLVED: That the minutes be approved as a correct record.

24/22 ACTION LOG

14/22a and 14/22b – Finance Update- Full Audit discussions and applications to NHSCT - The committee noted that these actions would be reported on later in the year and would remain open.

16/22a – Committee Effectiveness Review - The Board Secretary confirmed that the Terms of reference had been updated following discussions at the last meeting and these would be presented to Trust Board at its next meeting in May. The Committee agreed to close this action.

17/22 – Bursary Panel Update - The Assistant Director, Professional Education & Training, confirmed that this action would be considered as an item on today's agenda and therefore the item would be closed.

The Trade Union Partner queried the Terms of Reference being considered by the Committee today, which related to the Bursary Panel and not the Committee. The Board Secretary confirmed that the Committee had already recently reviewed and agreed the terms of reference and that they would be presented to Trust Board at its meeting in May.

The Trade Union Partner requested that consideration be given to three Trade Union representatives forming part of these terms of reference and the Board Secretary agreed to speak to the Chair outside of the meeting to discuss the matter further.

RESOLVED: That

1) actions 16/22a and 17/22 be closed; and

2) the Board Secretary discuss with the Chair, the matter raised by the Trade Union Partner relating to the number of partners attending the Committee.

25/22 FINANCE UPDATE

The Head of Financial Accounting introduced Bernadette Mitchell to members and confirmed she would be preparing the charity accounts which would be audited later in the year.

The report presented to Committee covered a number of themes and the Head of Financial Accounting highlighted to members some of the key areas.

A summary of the income and expenditure over the previous twelve months saw an income of £77k, made up of general donations, two legacies and investment income. Expenditure for the same period was £261k, largely due to the specific request to purchase an emergency ambulance for £185k and commemorative coins (£54K) to recognise the contribution made by staff who had worked throughout the pandemic.

With the adverse effects of Covid-19 at the end of the 2019/20 year where a loss of £10k had been reported on the investment fund, the market recovered well and for the second consecutive year, as at 31 March 2022, an overall investment gain for the year of £42k was reported.

Discussions were still ongoing with Audit Wales on the audit of the charity accounts and their difficulty in being able to evidence the opening fund balances. It was anticipated that the charity accounts would be shared with the audit team as soon as was practicable

NHS Charities Together (NHSCT) confirmed that they had temporarily closed the window for receiving applications due to the volume of applications received and the available capacity to deal with them. The application process would be opened up at a point in the future and finance colleagues were working closely with NHSCT to ensure that the Trust could submit an application at a later date.

Members agreed to reserve the right to call a further meeting of the Committee in December to apprise members, if required.

Non Executive Director, Hannah Rowan, confirmed the accounts presented as a summary were extremely legible and welcomed the format, as others did too.

RESOLVED: That the update be noted.

26/22 STRATEGIC REVIEW UPDATE

The Director of Partnerships and Engagement gave a background summary to members on the agreement made in the 2021/22 year to appoint a consultant to undertake a strategic review of the charity, and provide recommendations for its future direction.

A successful candidate had been identified, however, as a result of a conflict of interest which had arisen between the preferred consultancy and the Chair of the Committee, members were asked to consider alternative options as set out below:

- 1) re- issue the tender;
- 2) convene a task and finish group drawing on the expertise of existing staff; or
- 3) pause the proposal pending further consideration.

Following discussions around the recommendations that would come from the review, in terms of active fundraising, encouraging members to raise funds for and promote the Trust's charity, spending funds to benefit staff, members agreed to re-issue the tender, noting the delay of the start of this review.

RESOLVED:

that option 1 above, be supported i.e. re-tender the work to secure the services of an appropriately qualified charity consultant as soon as practicable in order that the work to review the future direction of the WAST Charity can be undertaken in as timely and effective a manner as possible.

27/22 BURSARY PANEL CLOSING OF APPLICATIONS

The Assistant Director Professional Education & Training presented the report which provided members with an overview of historical applications received during March 2020, seeking approval from the Committee to support proposed funding to approve and close the outstanding applications.

Of all the applications received, each applicant had been contacted and asked if they still wished to progress their application. A total of six applications had been reviewed and scored and were presented for Committee members to consider and approve. The applications included both clinical and non clinical development opportunities and ranged from the full amount requested to partial funding.

The Director of Finance and Corporate Resources confirmed to the committee that the Bursary Scheme was currently funded through investment return and not directly from donations received.

A query was raised around the number of applications received against the number of successful applications. The Assistant Director Professional Education & Training explained that whilst applicants were provided with an example of an exemplary application, some applications fell short of the expected standard.

He went on to explain the process which was labour intensive would now be refreshed. The team were working with the digital learning manager who was looking to automate the initial review of the application sift process, sending forms back if information was incomplete or missing. Future scoring would be revised as part of the process which would enable better outcomes for applications.

RESOLVED: That the allocation of recommended funding to specified applications in the amount of £5,814, in order to conclude the round, was approved.

28/22 BURSARY PANEL TERMS OF REFERENCE

As part of the review of Committees and the reporting structures below, the Bursary Panel terms of reference have been drawn up in conjunction with guidance from the Board Secretary.

Members debated the delegated funding limit for the bursary panel, noting the funds were not unlimited. Members were concerned that allowing up to £5k per application could potentially impact funds if each application was awarded the maximum amount. Following discussion, members agreed that a ceiling of £3k was appropriate. The revised Bursary Panel terms of reference provide that the Bursary Panel is delegated authority to approve bids up to £3k and they will be reported to the Committee at the next opportunity. A review date should be set in order that all aspects can be fully appraised together with up to date fund balance information.

The Trade Union partner raised again the issue of increasing the number of Trade Union Partners on both the sub groups and Committee from two to three.

The Terms of Reference were approved by the Committee, subject to the revision outlined above

RESOLVED: That the Bursary Panel terms of reference, with a delegated limit of up to £3k per application included, were approved.

29/22 CHARITABLE FUNDS TASK & FINISH GROUP PROPOSAL

The Board Secretary proposed the establishment of a time limited task and finish group to work in parallel with the development of the strategy. It would look at, but not be limited to the areas below:

- 1) models of how the Trust holds funds, and opening conversations on what is best for the charity, appreciating that some would funds would need to remain restricted.
- 2) consider options to devolve autonomy to fund managers with governance to support that.
- 3) how the Trust could assist and support Community First Responders; and
- 4) what policies may be required as the purpose of the charity evolves.

The Board Secretary confirmed this would be done in partnership with Trade Union Partners.

Members agreed to the establishment of a task and finish group to make recommendations to the Committee .

RESOLVED: That a task and finish group be established and meet ahead of the next Committee meeting, brining proposed terms of reference back to the Committee.

30/22 BIDS PANEL HIGHLIGHT REPORT

The Chair of the Bids Panel updated members on the applications which had been considered and approved at its recent meeting, noting that one of the applications for a retirement buffet was for £40. This was discussed by the Panel, and in considering infection, prevention and control measures, the Panel felt that an amount of up to £8.50 per head be approved to allow individual buffet boxes to be provided to those attending, noting that this would exceed the initial request of £40.

Other applications approved included a pressure washer and thank you cards for Wish volunteers and partner organisations amounting to £542

31/22 KEY MESSAGES FOR BOARD

- 1) The Charity Accounts be shared with Audit Wales as soon as practicable ahead of a full audit later in the year.
- 2) The re issue of the tender to appoint a consultant to undertake a strategic review
- 3) The Committee approved the spend for the closure of the March 2020 bursary applications
- 4) The Bursary Panel Terms of Reference were approved with a delegated limit of up to £3k for each application.
- 5) The establishment of a Task and Finish Group was approved.

32/22 ANY OTHER BUSINESS

The Director of Partnerships and Engagement apprised the committee of a meeting that herself and the Head of Financial Accounting had been invited to with colleagues from Betsi Cadwaladr University Health Board. Within their Health Board, they have a fund called “Keep the Beat”, which funds community defibrillators and also funds posts within our Trust in terms of our community and public access defibrillator officers. The staff member who was driving this initiative had now gone to work for the “Save a life Cymru”, Welsh Government initiative, providing the opportunity for the Trust to take on this fund within its own charity.

The Director of Partnerships and Engagement did make it known that until the strategic review of the charity had been concluded, that the Trust would not be in a position to make a decision on this opportunity.

At this stage this was for information only to make members aware that the Trust had been approached with the possibility of taking the fund over.

33/22 DATE OF NEXT MEETING

6 July 2022

WELSH AMBULANCE SERVICES NHS TRUST

CONFIRMED MINUTES OF THE OPEN MEETING OF THE ACADEMIC PARTNERSHIP COMMITTEE OF THE WELSH AMBULANCE SERVICES NHS TRUST HELD ON THURSDAY 26 APRIL 2022 VIA TEAMS

MEMBERS :

Kevin Davies	Non Executive Director and Chair
Paul Hollard	Non Executive Director
Hannah Rowan	Non Executive Director

IN ATTENDANCE :

Craig Brown	Trade Union Partner
Andrew Challenger	Assistant Director, Professional Education & Training
Estelle Hitchon	Director of Partnerships and Engagement
Caroline Jones	Corporate Governance Officer
Jo Kelso	Head of Education Transformation
Mark Marsden	Trade Union Partner
Trish Mills	Board Secretary
Ed O'Brian	Macmillan Paramedic
Duncan Robertson	Assistant Director of Research, Audit & Service Improvement

APOLOGIES:

Andy Swinburn	Director of Paramedicine
Jonathan Turnbull-Ross	Assistant Director of Quality Governance
Martin Turner	Non Executive Director

26/22 WELCOME AND INTRODUCTION

The Chair welcomed Non Executive Director, Hannah Rowan and Trade Union Partners Craig Brown and Mark Marsden to their first meeting of the Committee.

27/22 DECLARATIONS OF INTEREST

The standing declaration of interest of Professor Kevin Davies being an independent Trustee of St John Ambulance Cymru was recorded.

28/22 MINUTES OF THE LAST MEETING

The minutes of the meeting held on 8 March 2022 were approved as a correct record.

29/22 ACTION LOG

03/21a – Committee Membership – Trade Union Partners had been invited to attend the Committee and therefore the action could be closed.

03/21b – Higher Education/Further Education apprenticeship models – a report presented to the Committee for consideration at this meeting completed the action and therefore the Committee agreed its closure.

11/21 – Universities Wales letter of invitation – The Director of Partnerships and Engagement agreed to arrange a further meeting with Ben Arnold to update him on the current position and engage with him further on the request from the Committee regarding representation from academia.

05/22 – University Status - Communication lines remained open with Welsh Government regarding the application for University Trust Status.

06/22a – Committee Effectiveness Review – The Terms of Reference were amended following discussion at the last meeting. These would be presented to Trust Board at its meeting in May. The action was closed.

06/22b – Committee Effectiveness Review – The Committee's Annual Report had been circulated for comment and would be presented to Trust Board at its May meeting. The action was closed.

07/22 – Trust Priorities aligned with the ITMP - The Committee was aware that there could be potential for cross-over in the matters before it with other Board Committees and intends to map this to ensure quality and workforce matters in particular are not duplicated. An update would be provided at the next meeting.

RESOLVED: That

1) actions 03/21a, 03/21b, 06/22a and 06/22b were complete and could be closed; and

2) the Director of Partnerships and Engagement agreed to arrange a further meeting with Ben Arnold.

30/22 APPRENTICESHIP STATUS UPDATE

In addition to the report, members received a presentation from Jo Kelso, Head of Education Transformation, which touched on the educational resources the Trust had invested in, which had set the blueprint for other ambulance services in the UK, taking virtual reality to the next level.

Health Board Clinical leads were being encouraged to share their expertise with others via the learning Launchpad, which was available to Trust staff. Additionally, a kit identification tool had been launched to enhance the confidence of staff with their clinical learning.

The Head of Education Transformation highlighted apprenticeship demographics and how many staff the Trust was able to bring in via this route, not only for those at entry level, but also higher levels, with a relatively even spread of ages and gender too,

enabling some staff to engage with a blended learning approach.

It was recognised that whilst there would always be some staff turnover naturally, there were those who wished to continue their education within the health and social care or public service arena, for which currently there was no option for them to earn and learn. This could be an area of focus looking ahead to the transformation journey the Trust was taking.

The Committee discussed the benefits and limitations of the apprenticeships landscape from an education and training perspective. The different funding models between England and Wales were explored as was the potential for the Trust to become a Welsh Government contract holder after the current contracts to further education colleges and training providers expire in 2025, and to expand the apprenticeship model beyond the Emergency Medical Technician roles. Initial discussions on future income generation opportunities were also held including the selling of space on clinical programmes, which was advancing.

The Committee commended the team for its educational offer to staff and agreed to hold its next meeting at Matrix House to give members the opportunity to see the facilities and offering first hand. It was re-emphasised that the focus of education and training opportunities should be organisational wide and not restricted to clinical colleagues.

RESOLVED: That

1) the work to date was noted; and

2) the benefits and limitations of income generation opportunities associated with apprenticeships and education delivery were considered.

31/22 PRIORITY ONE: SPECIALIST PALLIATIVE CARE PARAMEDICS

Ed O'Brien (Macmillan Paramedic End of Life Care Lead) and Rosana Ashford (Palliative Care Paramedic) joined the meeting for a Committee focus on University Trust Status Priority 2: 'Advanced Practice and Specialist Working, Consult and Close and Service Transformation, including Research'.

They gave a presentation on the work of the Specialist Palliative Care Paramedics and the rotational model which splits a paramedic's time between WAST front line duties and palliative care in Swansea Bay University Health Board, emphasising that the role was more about the right person, than holding a specific qualification. Other Health Boards have expressed an interest in this model too.

The Clinical Director for Swansea Bay was keen for the staff to be accredited and work was ongoing to sign up four staff to undertake the European Certificate of Palliative Care. Additionally, Cardiff University deliver an MSC in Palliative Medicine and are keen to work with the Trust to develop a bespoke course.

He outlined the duties and how the role had been developed with consultants from Swansea Bay, with the Trust being the first ambulance service to implement this. The Head of Education Transformation was keen to work with the Macmillan Paramedic End of Life Care Lead, in providing some content in this field that could also be used on the learning launchpad.

Members were assured that the service was embedding well, and data is being gathered to inform the introduction of the model in other Local Health Boards. The Committee discussed the exciting opportunities this model posed for education and research and the positive impact it is having on patients.

The Board Secretary noted this as an example of how work was needed to be mapped, to support and gain assurance around the priority, whilst ensuring that work was not duplicated across other Committees

RESOLVED: The ongoing progress of the role and work of End of Life Paramedics was noted.

32/22 COMMITTEE PRIORITIES

The Committee received a report from the Board Secretary setting out the priorities that the Committee agreed to focus on and the monitoring of its progress. Members agreed that there would be some challenges in how the work would be mapped.

RESOLVED: The report be was noted.

33/22 KEY MESSAGES FOR BOARD

- 1) Two presentations were well received on Apprenticeships Status and End of Life Care Paramedics.
- 2) Communication remains open with Welsh Government regarding the application for University Status.
- 3) Trade Union Partners and the Trust's newly appointed Non Executive Director, attended their first meeting of the Committee.
- 4) The Committee are aware of the potential cross over with other Board Committees and is mapping this to ensure matters are not duplicated.

34/22 DATE OF NEXT MEETING:

19 July 2022

CONFIRMED MINUTES OF THE MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE (OPEN SESSION) HELD ON 16 May 2022 VIA TEAMS

Chair: Professor Kevin Davies

PRESENT :

Professor Kevin Davies	Non Executive Director
Bethan Evans	Non Executive Director
Ceri Jackson	Non Executive Director
Joga Singh	Non Executive Director

IN ATTENDANCE:

Julie Boalch	Head of Risk and Deputy Board Secretary
Lee Brooks	Director of Operations
Dr Catherine Goodwin	Interim Director of Workforce and Organisational Development
Rhian Davies	Graduate Trainee, HEIW
Andy Haywood	Director of Digital Services
Navin Kalia	Deputy Director of Finance and Corporate Resources
Rhian Lewis	Internal Audit NWSSP
Rachel Marsh	Director of Strategy, Planning and Performance
Trish Mills	Board Secretary
Steve Owen	Corporate Governance Officer
Hugh Parry	Trade Union Partner
Chris Turley	Executive Director of Finance and Corporate Resources
Jonathan Turnbull-Ross	Assistant Director of Quality Governance
Damon Turner	Trade Union Partner
Keith Williams	Head of Operational Communications Programme

APOLOGIES

Wendy Herbert	Interim Director of Quality and Nursing
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30/22 PROCEDURAL MATTERS

The Chair welcomed all to the meeting and reminded attendees that the meeting was being audio recorded. The declaration of interests in respect of Professor Kevin Davies as a Trustee of St John Cymru and Ceri Jackson as a Trustee of the Stroke Association were noted.

Minutes

The minutes of the open session held on 17 March 2022 were considered by the Committee and agreed as a correct record.

Action Log

The action log was considered: There were no actions due for this meeting

RESOLVED: That

(1) the Minutes of the meeting held on 17 March 2022 were confirmed as a correct record; and

(2) the declaration of interests as stated were noted.

31/22 OPERATIONS QUARTERLY REPORT

Lee Brooks provided an update to the report and drew the Committee's attention to the following:

1. The Committee were updated on the project to implement a new Control Room solution for Integrated Communication Control Systems. Due to an issue within the system, the implementation will now be delayed with potential for a go live on 30 September 2022.
2. The new Emergency Communication Nurse System (ECNS) was due to go live on 17 May 2022.
3. In terms of the Mobile Testing Unit (MTU), closure of this programme was expected by 30 June 2022. However this may continue beyond that on a limited scale.

Comments:

Members welcomed the report recognising it had previously been discussed at the recent Quest and People and Culture Committee meetings.

RESOLVED: That the Committee noted the report.

32/22 FINANCIAL PERFORMANCE YEAR END 2021/22

Chris Turley gave an overview of the report and brought the following highlights to the Committee's attention:

1. The Trust had reported a small revenue surplus (£75k) for the 2021/22 financial year (subject to audit)
2. Capital expenditure was fully spent in line with updated plans.
3. In line with the financial plans that support the Integrated Medium Term Plan (IMTP) gross savings of £2.861m have been achieved against a target of £2.800m.
4. Public Sector Payment Policy was on track with performance, against a target of 95%, of 97.2% for the number, and 98.4% of the value of non NHS invoices paid within 30 days.

Comments:

1. The Committee recognised and congratulated the work of the Finance Team for their work in delivering a balanced budget during this challenging year; notably the short

turnaround of projects.

2. In respect of spending by directorate which was variable, going forward should this continue there may be challenges? Chris Turley explained that there would be more focus on the savings delivery at a directorate level.

RESOLVED: The Committee reviewed, noted and received assurance on the financial out turn position of the Trust for 2021/22, subject to audit and ahead of the Trust Board presentation of the 2021/22 accounts in June 2022

33/22 FINANCIAL POSITION FOR MONTH 1

The Committee were provided with a presentation on the month 1 financial performance position of the Trust adding that a more detailed report would be submitted to the Board next week; of particular note were:

1. The Month 1 revenue financial position reported was a small underspend against budget of £0.004m.
2. The forecast for 2022/23 was currently one of breakeven.
3. Capital expenditure was forecast to be fully spent.
4. In line with the financial plans that supported the Integrated Medium Term Plan, gross savings of £0.342m have been achieved against an initial monthly target of £0.371m.
5. Public Sector Payment Policy was formally reported quarterly but monitored by exception in conjunction with the Trust's shared services partners in month.
6. In terms of financial performance by directorate, there was one level of income which had not yet been confirmed and this was the £1.84m in regards to the backfill costs to cover the additional 36 clinicians in the Clinical Support Desk. This was being offset by the underspend of holding 46 WTEs ACA2 vacancies in the operations directorate.
7. The Trust is assuming, as confirmed by WG as part of the 2022/23 financial planning guidance that the additional costs as a result of exceptional cost pressures and some of the continuing costs of Covid; a current estimated total annual cost of £6.833m, would be funded.
8. There were several financial risks to the year-end balanced position which would be revised and monitored through the approaching months.

Comments:

1. In terms of holding vacancies as an effectiveness measure, was this efficient? Chris Turley explained that the vacancies were being held until the funding became available. Lee Brooks advised there would be consequences should the funding not materialise as the workforce plan would have to be re-evaluated. He added that the 'shift' of personnel to the Clinical Support Desk offered a more enhanced opportunity for managing demand and sat well with the Trust's ambition of shifting left by doing more up front for patients.
2. Were there any lessons to be learned with Personal Protective Equipment (PPE) in a post Covid environment? Chris Turley commented there would be a continuing cost of

approximately £1m per annum for increased usage of PPE.

3. Was there any impact on the Same Day Emergency Care Appointments implementation in the Hywel Dda area? Lee Brooks advised it was too early to indicate if there was any impact thus far.

RESOLVED: That the update was noted.

34/22

POST PRODUCTION LOST HOURS (PPLH) – DEEP DIVE REPORT

1. It was recognised that the Committee had requested a deep dive on PPLH (the number of hours lost due to ambulance vehicles being unavailable to respond to an incident due to a variety of reasons) at this meeting to ensure the efficiencies to be gained by some of the initiatives to reduce PPLH were balanced and proportionate.
2. Recent dialogue with Trade Union partners had raised a concern in respect of data accuracy; further work was therefore undertaken to resolve this issue which was still continuing.
3. Lee Brooks explained that PPLH was complex; there were 16 different reasons or codes for PPLH, many of which were unavoidable e.g. traumatic incident stand down, and not all of which were considered to contribute to PPLH.
4. The PPLH module within the Computer Aided Dispatch system had been used and it has been identified that should there be a quick status change in resource, a code change could be missed and therefore there were long episodes of the last code identified. Following this, the Health Informatics team have now deferred to use the resource log data; this has now enhanced the accuracy and quality of reporting. It should be borne in mind that this was a temporary fix until such time the PPLH module issue was resolved. A new Standard Operating Procedure was being developed which will set out the application of the codes which have since been refined. It was anticipated that the final solution would be completed soon.
5. The most significant loss of PPLH were the return to base rest breaks. Returning to base for a rest break which was extended beyond the rest break window (two periods of break in a 12-hour shift) was counted as PPLH and the system pressures meant that many crews were unable to return to base for their set rest break due to handover delays. Often once they had handed over their patient at the Emergency Department they were immediately stood down for a rest break, becoming unavailable to attend any incident. The average time to return to base for the rest break was 18 minutes 51 seconds, which was not felt unreasonable given the geography of Wales.
6. The Committee noted that PPLH in April was 7-10% of produced hours (appreciating that not all of this is avoidable as many of these hours are operationally legitimate and necessary) as compared to 30% of conveying resources lost to handover delays. Whilst reducing handover delays will have the biggest impact on efficiency it was recognized that the Trust must continue to do all it can to gain efficiencies in this area, however small.
7. In terms of benchmarking it was recognised that when compared to other services the Trust was performing favourably in respect of the proportion of vehicle hours unavailable. This had been based on figures provided by the Operational Research in Health (ORH).

8. The Trust had undertaken some modelling which considered the impact on PPLH of crew returning to the nearest ambulance station for their break as opposed to returning to base. The findings had indicated a small reduction in lost hours.
9. Rachel Marsh added that it was important for the Committee to understand the background with PPLH; recognising the Commissioner's and the Health Ministers interest in this topic. She recommended and agreed to take a similar presentation to the Emergency Ambulance Services Committee (EASC) and/or the Quality Delivery Group in due course.

Comments:

1. The Committee found the presentation of the complex matter of PPLH extremely helpful, noting that the ambulance service's logging of lost hours in this way was in place to demonstrate availability of a resource, in circumstances where hospitals do not log similar lost hours such as recording medical notes, changing PPE, debriefing etc..
2. Following a query in terms of the rest break arrangements, Lee Brooks explained that rest breaks took into consideration several aspects which included regulations, recognising the concerns for example taking a break in public view. Several discussions with TU partners have taken place and continued to do so focusing on the current rest break arrangements. Rachel Marsh added, when updating EASC, there were broadly 3 areas of efficiencies the Trust was focusing on; staff sickness, the roster review and working with TU partners.
3. From a Trade Union partner perspective Damon Turner championed the willingness of crews especially in rural areas to be interrupted to attend serious calls during their breaks. He added that should the pressure start to ease from the system there would be more opportunities for staff to take their break more flexibly.
4. In terms of the benchmarking of PPLH against other services was the Trust being compared on a like for like basis? Rachel Marsh advised the Committee that details and the reporting process of the best performing service would be provided at the next meeting.
5. In terms of crews returning to base for their breaks had the environment been considered? Rachel Marsh advised it had been noted and was a balance against service provision and carbon emissions.

RESOLVED: That the report was discussed and noted.

35/22

MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT

Rachel Marsh presented the Committee with the March/April 2022 Monthly Integrated Quality and Performance Report (MIQPR). The Committee noted:

1. The challenges around 999 call answering times due to significant increases in demand remained.
2. 111 call answering performance saw a slight decline in April and was linked to increasing demand. Actions to improve call answering times in 111 were underway and the Committee noted that during the pandemic, additional resources to recruit call handlers was available and now an exercise was underway to determine the baseline staffing requirements.

3. Whilst clinical response times for call backs in one hour continued to perform well, improvements were now being seen for other categories of callers. However calls for the lower priority calls had deteriorated during April; in mitigating this, the Trust continued to recruit new staff.
4. The 111 work has now completed and work was underway to consider commissioning 111 as a National service; through establishing a new Board focusing on the specific commissioning of the service from the Trust's perspective.
5. Red and Amber response times had declined in March caused by an increase in patient demand and the extreme number of hours lost to hospital handover delays. Red performance had slightly improved in April, but Amber continued to deteriorate. This and other Committees would continue to monitor the capacity and efficiency actions to improve the current position. It was noted that funding had been received to support cohorting at the Morriston and Grange University hospitals and also some resource to support St John Cymru for several months. Cohorting allowed for temporary units to create additional space where ambulance staff can safely care for multiple patients. This will enable patients to be offloaded from ambulances before being transferred into the main emergency department and allow ambulance vehicles to be released to respond to calls in the community.
6. There was a significant reduction in staff abstraction levels (the % of EMS staff unavailable for rostered duties due to reasons such as annual leave, sickness etc...) in April 2022, however, they remained very high at 41% (benchmark 30%). COVID-19 has had a significant impact on abstractions with sickness abstractions being 13% in April 2022 (benchmark 5.99%). It was noted that Workforce fatigue was also an issue.
7. The Trust reported 3 National Reportable Incidents to the Delivery Unit in April 2022, compared to 7 in March 2022; and 19 patient safety incidents were referred to health boards under the "Appendix B" arrangement, compared to 7 in March 2022.
8. Despite all the efforts, initiatives and good progress within the Trust's gift, patients were still coming to harm as a result of the extreme hospital handover delays.

Comments:

1. Following a comment regarding the commissioning on the 6 goals for urgent and emergency care, Rachel Marsh commented that all Health Boards have been asked to include WAST as part of that structure. She further outlined the work of the Chief Ambulance Services Commissioner in order to reduce handover delays and make improvements.
2. Where does cohorting feature on risk registers? Lee Brooks explained it would feature as a treatment to existing risks. A Standard Operating Procedure was in existence between the relevant Health Boards and WAST in terms of the cohorting arrangements; this included a clinical sign off procedure.
3. The Chair of the Quality, Patient Experience and Safety Committee gave an overview of the discussion at the recent meeting of that Committee in regards to the current system pressures. She sketched out details of the conversation which focussed on the issues affecting both patients and staff and how the Trust could escalate this further; and equally how this would be reported to the Trust Board.
4. The Committee recognised the issue of moral injury generally and also the

consequences of clinicians seeing patients deteriorate; and the tragic outcome following a red request refusal. This was very impactful on staff and WAST need to be very mindful of this.

5. The Committee noted that the combined committee escalation report for the attention of the Board would elaborate on the discussions held at the three Committees (i.e. this Committee, Quality, Patient Experience and Safety Committee, and People and Culture Committee) and express their concerns on the gravitas of the current situation in relation to system pressures and its effect on patients and staff alike.

RESOLVED: That the March/April 2022 Integrated Quality and Performance report was considered; and

- (1) the report provided sufficient assurance;**
- (2) further remedial actions were to be undertaken through Executives**

36/22 INTEGRATED MEDIUM TERM PLAN (IMTP) DELIVERY

Rachel Marsh explained that the report confirmed the final year end position of the IMTP delivery noting it had been presented at previous settings.

RESOLVED: The Committee noted the IMTP Delivery Assurance Report and the headlines highlighted in the executive summary

36/22 RISK MANAGEMENT AND CORPORATE RISK REGISTER

Julie Boalch gave an overview of the report and drew their attention to the following:

1. There were currently 9 of the 17 corporate risks currently assigned to this Committee and they were described in detail within the report. These 9 risks had all been reviewed and rearticulated as part of the transformation programme of work.
2. Following this review, one of the risks 283 (Failure to implement the EMS Operational Transformation Programme), had increased in risk score from 12 to 15.
3. Members noted that the Trust's 2 highest scoring risks 223 (the Trust's inability to reach patients in the community causing patient harm and death) and 224 (significant handover delays outside A&E impacts on access to definitive care being delayed and affects the Trust's ability to provide a safe and effective service), whilst assigned to the Quest Committee for oversight, would be included in the next report for information, given the breadth and scope of these risks.
4. It was noted that the Executive Management Team had reviewed the risks that were being presented to the Committee.

Comments:

1. The Committee recognised that the Transformation Programme was one of the more significant risks and being escalated to a higher score was of significant relevance.
2. A minor point was raised on risk 311 (inability of the Estate to cope with the increase in FTEs) would it be preferable to use the word accommodate as opposed to cope. Julie Boalch advised this would be considered going forward.

RESOLVED: That the Committee receive assurances on the report and specifically noted:

- (1)the rearticulating of the 9 Corporate Risks assigned to the Committee for oversight; and**
- (2)the increase in score of Risk 283 from 12 to 15.**

38/22 PROJECT ASSESSMENT REVIEW REPORT – MOBILE VEHICLE DATA SOLUTION

1. A presentation was given by Andy Haywood and Keith Williams which updated the Committee on the current status with the Mobile Data Vehicle Solution (MDVS).
2. The MDVS full business case which sought to replace the Ambulance Mobile Data Terminals was submitted to Welsh Government and following ministerial advice recommending approval, the Trust was awaiting ratification of formal assent.
3. In parallel a formal Project Assessment Review (PAR) of MDVS was commissioned by Welsh Government and the Trust to provide assurance in relation to the 'funding decision' with a further PAR on 'readiness for service' due to take place in July.
4. The review team had identified six key recommendations in which Keith Williams outlined;
 - a. Resource Planning - the SRO should review project staffing to ensure that there is adequate resource to deliver the project as it enters into a critical phase of delivery.
 - b. Welsh Government scrutiny grid - the SRO should drive the completion of the scrutiny grid and engage with WG regarding approvals of the business case to ensure funding is available and can flow against a defined payment profile.
 - c. Detailed planning - The Project Team should develop a more detailed plan for the project identifying key tasks, milestones and resources required.
 - d. Contingency planning - The SRO should undertake a contingency planning session and build this into requisite plans.
 - e. Documentation - The Project Team should finalise the Project Initiation Document and other supporting project documentation.
 - f. Benefits management - The Project Team should develop a benefits register following best practice. This should include a benefits monitoring and realisation plan.
5. The Committee reviewed the action plan against the six key recommendations from the review and were assured on progress.

RESOLVED: The review and progress was noted.

1. Chris Turley explained that the Decarbonisation Action Plan was approved by the Committee in March 2022 and updated on progress against the plan. In updating the Committee the following points were highlighted:
2. Some of the environmental and sustainability projects had been completed with others due for completion soon
3. The delivery of the action plan presented cost pressures which would need to be considered. With the exception of a small amount of Welsh Government funding (up to £60k which will be bid for), financial support from Welsh Government was currently limited, and the Trust's financial position was recognised. There was clear risk that the Trust would not be able to support the levels of investment required to achieve sufficient carbon reduction and this would need to be managed by the Programme Board.
4. The Trust is the only Ambulance Service in the UK to have ISO14001 (Environmental Management Systems) accreditation and the annual audit would take place in August, with some minor non-conformities from last year to be progressed prior to that audit taking place.
5. Furthermore, Members were directed to a presentation on the Dobshill Carbon Neutral station which was available through ibabs.

Comments:

Was the Trust adequately prepared for any future legislation and organisationally resourced to meet the challenge? Chris Turley stated that it was difficult to judge at this stage whether WAST was ready for any future legislative changes adding that the resourcing issue had been previously well highlighted but that work was underway to recruit additional resource, again within the current financial outlook.

RESOLVED: The report was noted.

INTERNATIONAL FINANCIAL REPORTING STANDARD (IFRS) 16 - LEASE ACCOUNTING

Chris Turley presented the report and drew the Committee's attention to the following:

1. After significant delays partly due to Covid-19 the UK Government was implementing the transition for public bodies to IFRS 16 for financial years 2022/23 onwards
2. The overall funding impact following transition is intended to be neutral. Formal clarification over how this will be achieved and when transition will actually take place is still awaited from the WG.
3. There will be an impact on many activities across the Trust including estates, procurement, IT and finance functions.
4. IFRS 16 will be included as a regular agenda item within key internal meetings such as Estates/ Fleet SOP and ICMG as the Trust works through the initial transition stages until a business as usual situation was reached and these discussions would be led by

Finance.

RESOLVED: The Committee noted the update.

41/22 INTERNAL AUDIT TRACKER REPORT

Julie Boalch raised the following key points for the Committee's attention:

1. There were currently 5 high priority recommendations showing as overdue, they related to the 20/21 Clinical Contact Centres Performance Management review and the 21/22 Asset Management RAM System review. They were due to be completed between June and December 2022.
2. 6 limited assurance recommendations were overdue on the tracker, 2 had been completed, 3 were not yet due and the overdue one related to the ICT Disaster recovery review
3. The finalized internal audits in relation to the Cardiff Make Ready Depot (reasonable assurance); NEPTS Transfer of Operations – Benefits Realisation (limited assurance); and Digital Governance (reasonable assurance) were reviewed. .

RESOLVED: The Committee:

- (1) Noted and consider the contents of the report,**
- (2) Considered the Trust's proposals to address each recommendation with the inclusion of revised completion dates, specifically focussing on those relevant to the Committee, and**
- (3) Received the 3 Internal Audit Reports that were presented to the Audit Committee in March 2022.**

42/22 KEY MESSAGES

The Chair advised that the Board would be apprised of, but not limited to the following:

1. Return to efficiency.
2. Risk to moral harm and moral injury on staff in witnessing avoidable harm.
3. Post Production Lost Hours, detailed discussion and recommended EASC was sighted
4. Acknowledging the financial position.

Date of next meeting: 18 July 2022

WELSH AMBULANCE SERVICES NHS TRUST

CONFIRMED MINUTES OF THE OPEN MEETING OF THE AUDIT COMMITTEE OF THE WELSH AMBULANCE SERVICES NHS TRUST HELD ON THURSDAY 3 March 2022 VIA TEAMS

PRESENT :

Martin Turner	Non Executive Director and Chair
Emrys Davies	Non Executive Director
Paul Hollard	Non Executive Director

IN ATTENDANCE :

Julie Boalch	Head of Risk and Deputy Board Secretary
Judith Bryce	Assistant Director of Operations
Simon Cookson	Internal Audit NWSSP
David Butler	Internal Audit NWSSP
Fflur Jones	Audit Wales
Jill Gill	Financial Accountant
Dr Catherine Goodwin	Organisational Culture & Workplace Wellbeing Lead
Andy Haywood	Director of Digital Services
Wendy Herbert	Interim Executive Director of Quality and Nursing
Navin Kalia	Deputy Director of Finance and Corporate Resources
Osian Lloyd	Deputy Head of Internal Audit NWSSP
Trish Mills	Board Secretary
Jeff Prescott	Corporate Governance Officer
Duncan Robertson	Interim Assistant Director of Research, Audit and Service Improvement
Chris Turley	Executive Director of Finance and Corporate Resources
Carl Window	Counter Fraud Manager

APOLOGIES:

Paul Seppman	Trade Union Partner
Joga Singh	Non Executive Director

13/22 PROCEDURAL MATTERS

The Chair welcomed all to the meeting and advised that it was being audio recorded.

Declarations of Interest

The standing declaration of interest of Mr Emrys Davies as a former member of UNITE

was recorded.

Minutes

The Minutes of the open and closed sessions of the Audit Committee meeting held on 2 December 2021 were confirmed as a correct record.

Action Log

The Committee considered the action log:

Action 27/21 – Internal Audit Reports, deferring of reviews. Updates were given on the Internal Audit reviews that were requested for deferment. Trade Union Release Time, Health and Safety, Decarbonisation and the Savings Plan. Agreed for this action to be closed.

Action 28/21 – Audit Wales Reports, Taking Care of the Carers Audit Review – Update was on the agenda, action Closed.

Action 31/21a - A process to outline the use of the Trust Seal be developed. Item is on agenda, action closed.

Action 31/21b - Produce a list showing recent use of the Trust Seal, details were attached to the action log, action closed.

Action 34/21 – Loses and Special Payments. Review the reporting process. Item on agenda, action closed.

Action 36/21 – 2022/2023 Annual Filings timetable – Dates to be published. Item on agenda, action closed.

RESOLVED: That

- (1) the Minutes of the Audit Committee's open and closed sessions held on 2 December 2021 were confirmed as a correct record;**
- (2) the standing declaration of interest in respect of Mr Emrys Davies as a retired member of UNITE was recorded; and**
- (3) the actions referred to in the action log were considered and actioned as necessary.**

14/22 COMMITTEE EFFECTIVENESS REVIEW 2021/22

1. Trish Mills reminded the Committee that as detailed in the Trust's Standing Orders and the Committee's Terms of Reference, it was obligatory for Board Committees to evaluate their effectiveness and report findings to the Board annually.
2. The Committee effectiveness review included a review of its terms of reference (TOR) and the gleaning of information from questionnaires sent to members and core attendees.

3. In respect of the TOR, Trish Mills outlined several proposed amendments which in the main were minor. The Committee's attention was drawn to the areas of clinical audit and information governance and information security. Both these areas were contained in the NHS Wales Audit Handbook model TOR as Audit Committee roles, however it was agreed that these currently appropriately sit within the Quality, Patient Experience and Safety Committee TOR, with that Committee providing assurance to the Audit Committee on clinical audit in particular and to the Board on all matters in its remit.
4. Furthermore, the Committee were alerted to the proposed Committee membership changes which would strengthen executive representation at the Committee by adding the Executive Directors of Quality and Nursing and Workforce and Organisational Development.
5. In terms of the questionnaires, the Committee noted that 11 had been distributed with 4 being responded to. Details of the responses were contained within the report.

Comments:

1. The Chair commented that the Accountable Officer (Chief Executive) was not a member but would receive an invite. Simon Cookson explained that this varied across health boards, in most cases the Chief Executive attended at least once a year. Following a discussion, it was agreed that paragraph 4.6 of the TOR be amended to state that the Chief Executive **will** be invited to attend annually as opposed to should be invited.
2. Members held a discussion which considered how other Board Committees demonstrated the governance procedures they have undertaken and how it was escalated for assurance purposes. Trish Mills explained that the reviews of all committees will go to the Board, and that the second stage of effectiveness will include the development of cycles of business for the committees. This, together with clear TORs would provide the audit committee and the board with an overview of the governance arrangements. It was suggested that the alert information contained in other committee highlight reports be provided for the Audit Committee's attention as part of a regular update.

RESOLVED: That the Committee

- (1) Reviewed and approved changes to the Terms of Reference subject to the minor amendment described above;**
- (2) Considered the issues raised in both the participants' questionnaire and the NHS Wales Audit Committee Handbook self-assessment;**
- (3) Set priorities for the Committee for 2022/23; and**
- (4) It was noted that the Committee Annual report would be circulated to Members prior to submission of the Board in May 2022 for comment.**

15/22 GOVERNANCE PRACTICE NOTES

Trish Mills outlined several practice notes which were being presented to the Committee

for approval. The practice notes were intended to provide guidance on the application of the Standing Orders. Details of the practice were as follows:

1. Trust Seal Governance Practice Note: A proforma was to be used when requests for the use of the seal were made and this was included in the practice note. The Governance Team were working with the Estates Team to develop a forward view of the leases and other land related documents that may require the Trust Seal so that approvals can be scheduled in advance to take place in person where possible. Furthermore the Governance Team will record the use of the seal on an electronic register from 1 April 2022.
2. Private Board and Committee Business Governance Practice: This practice note provides clarity on the business that is appropriately taken into a private session of the Trust Board or its Committees and sets out the ways in which decisions made in private session were communicated in public session.
3. Chair's Action Governance Practice Note: This practice note provided for a streamlined approach to Chair's Actions by way of email in the majority of cases. It also provided for the ways in which they were ratified in public session of the Board thereafter.

Comments:

In respect of the practice note related to Private Board and Committee Business, which provided that minutes of the Remuneration Committee would be provided to the private session of the Trust Board unless there were sensitivities in the minutes that precluded this, clarity was sought in terms of whether all Board members would have sight of Remuneration Committee Minutes. Trish Mills explained that the Remuneration Committee Terms of Reference were being amended in order that all Non Executive Directors would be Members therefore they would see the Minutes. However there may be occasions where the Minutes would have sensitive details concerning the Executive and where sanctioned by the Chair of the Remuneration Committee it would not be appropriate for them to be disclosed.

RESOLVED: That the Audit Committee approved the Governance Practice Notes for the Trust Seal, Private Board and Committee Business, and Chair's Action.

16/22 INTERNAL AUDIT REPORTS

Progress report

1. Simon Cookson introduced the progress report and advised the Committee that all the audits in progress were due to close on time.
2. He added that the cooperation with Trust Executive Directors was very positive in respect of completing the audit reports and expected that the end of year report would be a positive opinion.
3. The formal deferment of the audit review on the savings plan for 2022/23 was requested and approved by the Committee.

Internal Audit Plan 2022/23

Osian Lloyd updated the Committee on the Internal Audit plan for 2022/23 which set out the programme of work proposed for next year. He added that it contained the internal audit charter which defined the overarching purpose and authority for internal audit. The report also considered areas of risk and the Trust's response to them. The plan was kept under review and remained flexible subject to the varying situations. A note of thanks was recorded for Julie Boalch in her work and the assistance provided to Internal Audit.

Comments:

A question arose in respect of timings of audits, especially in regards to ambulance immediate release response requests, Osian Lloyd advised that there was opportunity to be flexible on timings and outlined the mechanism involved in setting the deadlines. For this particular area the timings were agreed with the Director of Operations and the Medical Director.

Internal Audit Reviews

Osian Lloyd presented each of the internal audit reviews as follows:

1. Information Management – Reasonable Assurance. The purpose of this review was to assess 999 calls and the availability of patient discharges through 'Consult and Close' and how it was analysed to inform patient safety and quality improvement. There were 2 medium priority findings raised; greater use of the referral data in the incident records should be made and that the current analysis of the 'can't send' responses was extended to include other incident responses. This should be routinely analysed, monitored and reported.
2. Digital Governance - Reasonable Assurance. The purpose of this review was to provide assurance that the Trust's governance of digital services was appropriate to provide oversight and deliver the digital strategic objectives. The key matters that arose was the requirement to develop a strategic outline programme which would describe how the digital strategy would be implemented and the required resourcing, to define the key timescales of delivery and to establish the structures in order to link in with operations.
3. Recruitment Practices, Equality, Diversity and Inclusion (EDI) – Reasonable Assurance. The Purpose of the report was to provide assurance that arrangements were in place to ensure that applicants from a diverse range of backgrounds were encouraged and supported in the recruitment process. There were 4 medium priority findings raised and related to; improve the link with the Patient Experience and Community Involvement Team and the strategic equality objectives, more analysis was required on the effectiveness of initiatives to attract new staff, further work was required on the progress of candidates and the Terms of Reference for the EDI steering group require updating. Paul Hollard added that these issues would be monitored through the People and Culture Committee.
4. Non Emergency Patient Transfer Services - Transfer of Operations, Benefits Realisation. Limited Assurance. The purpose of this review was to provide

assurance that benefits realised reflected those identified at the start of the transfer of works project. It was important to note that the findings related to the capturing, reporting and monitoring of the benefits realised. Paul Hollard added it was imperative to be clear that the audit review did not concern the transfer process, it referred to the benefits realisation plan. Judith Bryce advised the Committee that several discussions had been held with Audit colleagues and management were content with the findings

5. Cardiff Make Ready Depot (MRD) – Reasonable Assurance. David Butler explained that the purpose of this review was to evaluate the processes and procedures implemented by the Trust in order to support the management and delivery of the Cardiff MRD scheme. The Audit revealed that whilst some of the works costs had increased significantly the overall project would be delivered within the funding envelope. Whilst there had been an 18 week delay to the project, it was noted that 10 of these were attributed to the pandemic. The key priorities of note were; the need to conclude on the assessment of any project delays, to formally review performance of the project and that any remaining recommendations were to be considered as part of the formal post project evaluation. Chris Turley added that notwithstanding the pandemic, delivery of the project had been remarkable, albeit there had been a delay. He commented there were still some snagging issues with the building and that some operational staff would be moving in within the next couple of weeks.

RESOLVED: That the

- (1) Internal Audit Plan for 2022/23 was approved;**
- (2) Internal Audit Charter was approved; and**
- (3) The associated Internal Audit resource requirements and Key Performance Indicators were noted.**

17/22 RESPONSE TO AUDIT WALES REPORT AND CHECKLIST: TAKING CARE OF THE CARERS

Catherine Goodwin informed the Committee that the report provided an outline to the Trust's responses in respect of the audit undertaken on Taking Care of the Carers. Several recommendations had emanated from the report and these were:

1. Retaining a strong focus on staff wellbeing
2. Consider workforce issues in recovery plans
3. Evaluating the effectiveness and impact of the staff wellbeing offer
4. Enhancing collaborative approaches to supporting staff wellbeing
5. Providing continued assurance to boards and committees
6. Building on local and national staff engagement arrangements

Comments:

Trish Mills added that the above recommendations would be included in the Trust's audit

tracker.

RESOLVED: That the Committee noted the update:

18/22 AUDIT WALES UPDATE AND ANNUAL REPORT

The update was given by Fflur Jones who briefed the Committee on the audit work either completed or scheduled for the upcoming year. Some of the scheduled work included areas from the 2020/21 structured assessment and the quality governance review. Members noted that the work on unscheduled care, which had been paused during 2021, had resumed.

In terms of the annual report, Fflur Jones gave an overview of the contents and drew the Committee's attention to work undertaken on Test, Trace and Protect and financial audit work. She asked that a note of thanks be recorded to those in the Trust that had assisted in its compilation.

Comments:

Members expressed their frustration in respect of the amount of time being taken to complete the unscheduled care review and the lack of timescale to completion. Fflur Jones agreed to update the Committee on progress going forward.

RESOLVED: That

- (1) the Committee received the reports noting that the Board would receive the annual report under consent items at its next meeting; and**
- (2) the audit plan would be circulated to Members prior to the next Committee meeting.**

19/22 2021/2022 ANNUAL REPORT TIMELINE

1. Trish Mills reported that a Task and Finish Group had been established to ensure that the Trust met the Annual Report 2021-22 reporting requirements as set out in the Manual for Accounts published by Welsh Government and was aligned with the timetable for the Trust's annual accounts.
2. A timetable for the production of the Annual Report had been developed and was brought to the attention of the Committee. Due to the scheduling of Trust Board and Committee meetings, it was proposed that the Draft Annual Report will be circulated by e mail for review by Members.

RESOLVED: That the Committee approved;

(1)The Annual Report 2021-22 Timetable; and

(2)Circulation of the following reports by email for review:

- a. Sign off Draft Remuneration Report Lead to the Remuneration Committee;**
- b. Sign off of Draft Annual Report to Audit Committee**

20/22 2021/2022 ANNUAL ACCOUNTS UPDATE

1. The Committee were given an update by Chris Turley which included any planning undertaken, the progress made and any issues arising with the preparation of the 2021/22 annual accounts.
2. The Committee were also provided with the details of the timetable and key dates in relation to the 2021/22 year end accounts.

Comments:

In relation to any instances of actual, suspected or alleged fraud within NWSSP and BCULHB fraud it was queried why BCULHB was not included within the management response. It was agreed that BCULHB would be included within the response

RESOLVED: That the Committee

- (1) **Noted the contents of the report;**
- (2) **Considered and approved the response points within Annex 2 of the report subject to the additional reference of BCULHB within the management response; and**
- (3) **A note of thanks was recorded for all those involved in the work, notably, Navin Kalia, Jill Gill and Julie Boalch.**

21/22 AUDIT TRACKER

Julie Boalch presented the report and drew attention to the following key points:

1. All of the recommendations had been closely scrutinised by the relevant responsible officers; paying particular attention to any overdue recommendations.
2. At the time of issuing the report there were 83 internal audit recommendations, of which 15 had been added to the tracker since the last Audit Committee meeting as a result of 3 audit reports presented in December 2021.
3. In respect of the 83 recommendations, 31 were overdue with 4 of them marked as high priority and were from the 2020/21 clinical contact centres performance report and these were due to be completed between April and July 2022.
4. A further recommendation related to the Trust's Risk Appetite Statement from the Risk Management and Assurance review which formed part of the Risk Transformation programme currently underway. This would not be completed until approximately March 2023.

Comments:

In terms of the overdue recommendations, were there any high risks or was the Trust

content they could be contained? Julie Boalch explained that the 2 recommendations relating to the information systems security were being addressed by external consultants. In relation to the remaining 2, raising concerns and risk management and assurance, work was continuing and progressing on both.

RESOLVED: That Members received and discuss the contents of the report and:

- (1) Noted the activity since the last Audit Committee in December 2021; and**
- (2) Considered the Trust's proposals to address each recommendation.**

22/22 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK

1. Trish Mills advised the Committee that the purpose of the report was to give an update in relation to the Trust's Corporate Risks and Board Assurance Framework (BAF). A particular focus was on the work that was currently underway rearticulating and strengthening the Trust's highest scoring risks.
2. Furthermore the Committee was asked to approve a request to pause reporting on the BAF for 3 months. This would enable work on a transitional BAF that would provide for updated and rearticulated risks, particularly the highest scoring risks, together with a review of the controls in place and assurances against each control which would enable the actions to address any gaps to be clear. The Committee was assured that the Board and all Committees would, in the meantime, continue to receive regular updates on the Corporate Risk Register (CRR) which contained the Trust's key risks.
3. A new risk had been added to the CRR, number 458, a confirmed commitment from the Emergency Ambulance Services Committee (EASC) and/or Welsh Government required regarding funding for recurrent costs of commissioning. Chris Turley added that this risk was likely to change in terms of the score, currently a 12. The Committee recognised that the Finance and Performance Committee was monitoring this particular risk.
4. Trish Mills made reference to the work underway to review other corporate risks which included:
 - c. Risk 163 - *Maintaining Effective and Strong Trade Union Partnerships* which had increased in score from 9 to 12
 - d. There was a title change to risk 139, the new title was described as *Failure to deliver our Statutory Financial Duties in accordance with legislation*
 - e. Risk 109, *Resource availability (revenue) to deliver the organisation's IMTP* was recommended for closure noting that this element of the risk was included under risk 458.

Comments:

1. The Committee welcomed the report and supported the pausing of BAF reporting, recognising that the key corporate risks would continue to be monitored and managed during this period.

2. Members discussed in further detail regarding the reporting of the high risks in more detail to the Board. Trish Mills explained that the transitional BAF will incorporate the high rated risks and will detail the actions to mitigate them. The relevant Committees would also be scrutinising and challenging these risks; the actions to monitor the risks would be carried out through the Executive Management Team.

RESOLVED: Members received assurances on the contents of the report and considered and approved:

- (1) The request to pause reporting of the Board Assurance Framework for 3 months.**
- (2) The change in title of Risk 139.**
- (3) The closure of Risk 109 from the Corporate Register.**
- (4) The escalation of Risk 163 to the Corporate Register.**
- (5) The inclusion of Risk 458 on the Corporate Register**

23/22 LOSSES AND SPECIAL PAYMENTS – PAYMENTS FOR THE PERIOD 1 April 2021 – 31 January 2022

Chris Turley gave an overview of the report explaining that future reports be developed to contain further narrative of any themes and trends resulting from losses and payments.

RESOLVED: That the Losses and Special Payments report for the period was received.

24/22 LOSSES AND SPECIAL PAYMENTS DEEP DIVE INTO PERSONAL INJURY CLAIMS

1. Wendy Herbert reminded the Committee this was the last of the four deep dives that had been undertaken provide details of losses and special payments relating to personal injury claims.
2. The report illustrated details of all personal injury claims (38) registered during the calendar years of 2020 and 2021. The number of cases received during 2020 totalled 23 and in 2021 the figure was 15, a marked reduction.
3. In respect of the 3 claims received by patients in 2021 these related to the Non emergency Patient Transport Service.
4. Of the 21 Claims received by staff in 2020, the majority were from Emergency Medical Service (EMS) staff and in 2021 of the 12 claims received, again the majority were from EMS staff.
5. The deep dive has identified that there has been some evidence of prior learning and improvement. This was borne out by the fact that claims from previous years involving staff tripping over cables had dramatically reduced.
6. In terms of themes from this deep dive it was noted that these included needle stick issues and claims relating to Covid, stress and assault.

7. As a resulting of these claims the Trust has gained significant learning; which have included; use of equipment including PPE, introduction of quarterly station inspections, introduction of Trauma Risk Management and 24 hour access to occupational assistance.
8. There have been several high cost claims which have exceeded £100k and these included work related stress and falling from a vehicle.
9. In some cases where it has been possible to avoid solicitor costs and rely on the Trust's small claims team to manage claims, the Trust has saved in the region of £300k - £360k.

Comments:

1. Following a question in terms of Welsh Risk Pool (WRP) legal assistance, Wendy Herbert explained there was a cost to the Trust which varied for each case; in particular the high cost claims, WRP used private solicitors for support.
2. In terms of patient Non Emergency Transport Services, was it possible to distinct if the claims related to the Trust's internal service or external providers. Wendy explained this was possible and advised that for the 3 claims relating to patient transport, 2 were in house and 1 involved a St John provider.

RESOLVED: That the Committee considered the report.

25/22 KEY MESSAGES FOR BOARD

Trish Mills would draft this report for the Chair's consideration.

RESOLVED: That Trish Mills would provide this update for the Board.

26/22 ANY OTHER BUSINESS

This was the last Audit Committee meeting that Emrys Davies would be attending and the Chair thanked him for his contribution to the Committee. The thanks were reciprocated by Emrys.

Date of Next Meeting: 7 June 2022



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

AGENDA ITEM No	17
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	4

NHS WALES JOINT COMMITTEE UPDATE REPORT

MEETING	Trust Board
DATE	28 July 2022
EXECUTIVE	Board Secretary
AUTHOR	Steve Owen
CONTACT	Steven.owen2@wales.nhs.uk

EXECUTIVE SUMMARY

Sections x-xii of Standing Orders clarify the functions undertaken by the Emergency Ambulance Services Committee (EASC) and the Welsh Health Specialised Services Committee (WHSSC), and explain the representation of this Trust on those Committees.

Section xiii of Standing Orders explains the purpose of the NHS Shared Services Committee. All Local Health Boards, Trusts and Special Health Authorities in Wales have a member on the Shared Services Committee to ensure the views of all the NHS organisations in Wales are taken into account when making decisions in respect of Shared Services activities.

Whilst the Trust is not a member of WHSSC or EASC the Chief Executive does attend the Committees as an Associate Member. Assurances in respect of the functions discharged by WHSSC and EASC shall be achieved by the reports of the respective Joint Committee Chair.

This report provides an update to Trust Board in respect of the following recently held meetings:

- Emergency Ambulance Services Joint Committee Meeting of 10 May 2022.
- EASC Chair Summary 12 July 2022.
- NHS Wales Shared Services Partnership Committee (NWSSP) meeting of 19 May 2022
- Welsh Health Specialised Services Committee (WHSSC) meeting of 10 May and 12 July 2022.

The minutes, agendas and additional reports from EASC, NWSSP and WHSSC meetings are available from each Committee's websites via the following links

<https://easc.nhs.wales/> <https://whssc.nhs.wales/> <https://nwssp.nhs.wales/>

RECOMMENDED: That

1. the Minutes in respect of recent EASC, WHSSC and NWSSP meetings are received.

KEY ISSUES/IMPLICATIONS

Not Applicable

REPORT APPROVAL ROUTE

Not Applicable

REPORT APPENDICES

Annex 1: Emergency Ambulance Services Joint Committee Meeting of 10 May 2022.
 Annex 1a: EASC Chair Summary 12 July 2022.
 Annex 2: NHS Wales Shared Services Partnership Committee (NWSSP) meeting of 19 May 2022
 Annex 3 and 4: Welsh Health Specialised Services Committee (WHSSC) meeting of 10 May and 12 July 2022.

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



**EMERGENCY AMBULANCE SERVICES
JOINT COMMITTEE MEETING**

**'CONFIRMED' MINUTES OF THE MEETING HELD ON
10 MAY 2022 AT 13:30HOURS
VIRTUALLY BY MICROSOFT TEAMS**

PRESENT

Members:	
Chris Turner	Independent Chair
Stephen Harrhy	Chief Ambulance Services Commissioner
Glyn Jones	Interim Chief Executive, Aneurin Bevan ABUHB
Suzanne Rankin	Chief Executive, Cardiff and Vale CVUHB
Steve Moore	Chief Executive, Hywel Dda HDdUHB
Carol Shillabeer	Chief Executive, Powys PTHB
Sian Harrop-Griffiths	Director of Strategy, Swansea Bay SBUHB
Associate Members:	
Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust (WAST)
Steve Ham	Chief Executive, Velindre University NHS Trust
In Attendance:	
Jeremy Griffith	Director of Operations NHS Wales Health and Social Services Group Welsh Government
Claire Nelson	Assistant Director of Planning, Cwm Taf Morgannwg UHB
Rachel Marsh	Director of Planning, Strategy and Performance, Welsh Ambulance Services NHS Trust (WAST)
Gwenan Roberts	Committee Secretary
Ricky Thomas	Head of Informatics, National Collaborative Commissioning Unit (NCCU)
Julian Baker	Director of National Collaborative Commissioning, NCCU
Matthew Edwards	Head of Commissioning & Performance, EASC Team, NCCU

Part 1. PRELIMINARY MATTERS		ACTION
EASC 22/52	WELCOME AND INTRODUCTIONS 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.	Chair

Agenda Item 1.4

	The Chair welcomed Claire Nelson representing Cwm Taf Morgannwg UHB.	
EASC 22/53	<p>APOLOGIES FOR ABSENCE</p> <p>Apologies for absence were received from Mark Hackett, Paul Mears, Linda Prosser, Ross Whitehead and Stuart Davies.</p>	Chair
EASC 22/54	<p>DECLARATIONS OF INTERESTS</p> <p>There were none.</p>	Chair
EASC 22/55	<p>MINUTES OF THE MEETING HELD ON 18 JANUARY 2022</p> <p>The minutes were confirmed as an accurate record of the Joint Committee meeting held on 15 March 2022 with the exception of the need to include Carol Shillabeer's apologies for the meeting.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the minutes of the meeting held 15 March 2022 subject to the one amendment noted above. 	Chair
EASC 22/56	<p>ACTION LOG</p> <p>Members RECEIVED the action log and NOTED:</p> <p>EASC 22/20 Performance Report It was noted that work on patient outcomes data was ongoing with Digital Health and Care Wales and that a report would be presented to a future Committee meeting.</p> <p>EASC 22/21 WAST Deep Dive into Red Performance Jason Killens suggested that the detailed report focussing on red performance would be presented at an upcoming meeting of the EASC Management Group.</p> <p>EASC 22/21 Requirements for WAST In addition to the WAST Update provided against agenda item 2.3, it was noted that:</p> <ul style="list-style-type: none"> • trajectories had been set to achieve pre-pandemic sickness rates, these were included in a detailed action plan that had been reported to WAST Executives and would be included in the next WAST update report • positive discussions had recently been held with Trades Union representatives and further updates would be provided as the work continued • work was continuing to reduce variation across the service 	<p>WAST</p> <p>WAST</p> <p>WAST</p> <p>WAST</p>

	<ul style="list-style-type: none"> new rosters were on track for implementation in Quarter 3, and Members were aware of political and public interest in the work. <p>EASC 22/22 Handover Improvement Plans Due to the variation in the status and development of plans, Members noted that not all health boards had found it helpful to use a template; however, there was a degree of consistency in terms of the actions being undertaken. The action regarding the use of a template was closed.</p> <p>EASC 22/10 Key Reports and Updates Further work would be required for WAST to report on episodes where ambulance resources had not been able to be deployed and patients had found their own way to hospital. This would remain on the action log.</p> <p>EASC 21/65 Focus on session – Update on Demand and Capacity and modelling assumptions The link to the Final Emergency Medical Services Demand and Capacity Report was shared during the meeting by Jason Killens. Action completed.</p> <p>EASC 21-26 Committee Effectiveness – patient voice Discussions ongoing with an update to be provided as soon as possible. Remain on Action Log.</p> <p>EASC 20/74, 21/22 Serious Adverse Incidents (SAIs) Members had already noted that it was difficult to realistically benchmark the different ambulance services across the UK due to differing reporting arrangements that exist. Members noted that the EASC Management Group had agreed to establish a Task and Finish Group to consider the NHS Wales Delivery Unit's Review of Appendix B Serious Adverse Incidents. It was agreed that this work would provide some indications of comparative performance as well as ensuring that appropriate processes were in place. Action to be removed from the Action Log.</p> <p>Members RESOLVED to: NOTE the Action Log.</p>	<p>WAST</p> <p>WAST</p> <p>Chair / Ctte Sec</p> <p>EASC Management Group</p>
EASC 22/57	<p>MATTERS ARISING</p> <p>There were no matters arising.</p>	Chair
EASC 22/58	<p>CHAIR'S REPORT</p> <p>The Chair's report was received, Members noted the recent meetings attended by the Chair and that the end of year assessment with the Minister would take place on 30 May 2022.</p>	Chair

	<p>Members also noted recent conversations with the All Wales Chairs' Group relating to the EASC agreed 'red lines' for ambulance handover delays (November 2021). Members were aware that the Chair's Summary was prepared as soon as possible following each Committee meeting and circulated to Members, along with the draft minutes. A further conversation had been held with the Chair of the All Wales Chairs' Group regarding this matter and it was agreed that the Chair's Summary would also be sent directly to the Chairs.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Chair's report and the wider circulation to the Chairs. 	
Part 2. ITEMS FOR DISCUSSION AND APPROVAL		ACTION
EASC 22/59	<p>AMBULANCE HANDOVER DELAYS</p> <p>The report on Ambulance Handover Delays was received. Stephen Harrhy used presentation slides to inform discussion of the key areas. Members noted that the slides contained (currently) unverified data used as day-to-day management information, in addition to the verified data within the performance report.</p> <p>Members noted:</p> <ul style="list-style-type: none"> • the current unsustainable levels of ambulance handover delay and the inability to deliver safe and effective ambulance responses • the need for handover improvement plans that concentrated on the pre-front door and front door • a summary of the position (January-April 2022) in terms of delivering safe and effective ambulance response including red 8-minute performance, Clinical Safety Plan (CSP) levels, numbers of 'no send', units of hours produced (UHP), lost hours and post-production hours lost (PPHL) • the work undertaken by the EASC team to produce a first draft 'patient conditions' analysis (including breathing problems, cardiac arrest, chest pain, falls, heart problems and stroke) • concerns regarding HM Coroner's Regulation 28 Report to Prevent Future Deaths • the NHS Wales Delivery Unit's Review of Appendix B serious adverse incidents that are passed to health boards by WAST for investigation • additional data to March 2022 for "hear and treat" services, sickness and post-production lost hours • actions already being undertaken, including: <ul style="list-style-type: none"> – Fortnightly tripartite meetings (HBs, WAST & CASC) – Evolving handover improvement plans 	

- NHS Leadership Board 'System Wide Review'
- WAST Integrated Medium Term Plan (IMTP) commitments
- All-Wales Escalation Framework
- Welsh Government Integrated Quality Performance and Delivery (IQPD) meetings
- Commissioning Framework.

Carol Shillabeer updated Members in relation to the progress made at the NHS Wales Leadership Board in response to the sustained pressure across the health and social care system and increasing risk of harm to patients and staff. Members noted that the NHS Leadership Board had recognised the need for a different approach across the system involving defined deliverables, a key one being to increase the community care capacity across the system by an equivalent of 1,000 beds by October 2022.

Members also noted:

- The high level of patients within hospital system who are awaiting care support within the community
- While the number of plans in the medium term and policy intent had been noted, the Leadership Board had expressed the urgent need for short term action
- Positive discussions had taken place with local government colleagues in this regard to ensure the required whole system approach, at the same time ensuring the required political support and also the involvement and support of core enabling functions such as NHS Wales Shared Services Partnership Committee and Health Education Improvement Wales (HEIW).
- A task team had been established to progress the approach and plan with the required momentum, ensuring appropriate governance and the necessary collaborative approach.
- This work would not solve all of the issues across the system and that there was a need to look across the system and not just at community 'care capacity'.
- The cautious approach to the focus on the defined number of beds and that work would continue with organisations across health and social care to deliver the maximum number possible.
- The links to the Six Goals for Urgent and Emergency Care Programme, Regional Investment Funds via the Regional Partnership Boards (community care capacity) and the Strategic Programme for Primary Care (community infrastructure elements).

Members commented that there was a significant energy in relation to this work currently but also a recognition that this work would not in itself solve all of the current issues.

	<p>Members noted that Hywel Dda UHB had commenced engagement with WAST staff in relation to direct paramedic referral into the Same Day Emergency Care (SDEC) service at Withybush hospital as an alternative to the Emergency Department and the positive response of staff to this development.</p> <p>Jeremy Griffith highlighted the significant risk implications that existed for patients in relation to ambulance handover delays and their continued pattern of deterioration. Members noted that the recalibrated Welsh Government Integrated Quality Planning and Delivery (IQPD) meetings would test the progress and impact made by organisations as part of the handover improvement plans. The key focus would be to assess the appropriate level of attention and urgency given to this issue to ensure the required wider system change. Members noted that the IQPD agenda would take a risk-based approach during the May round of meetings, while 3 health boards had shown signs of improvement some organisations were showing no improvement, and that this would require appropriate escalation going forward.</p> <p>Members also discussed:</p> <ul style="list-style-type: none"> • the need to understand the increase in red call demand (approximately 70% in the last two years), although it was noted that there had been an agreed system change in the application of the triage tool which had led to a slight increase in red demand together with an underlying increase in terms of patient acuity. It was agreed that the analysis that had been undertaken would be shared with Members and considered in more detail at the EASC Management Group • the consistent use of statistical analysis in order to understand the impact of actions taken across the system in order to prioritise future actions • the requirement to better understand the demographic data and the need for improved data linkages – the introduction of the electronic patient clinical record and improved information relating to patient outcomes would help in this regard • the link to the Six Goals for Urgent and Emergency Care programme, particularly Goal 1 • adhering to the existing targets rather than agreeing further 'red lines' with a focus on service improvement and quality and enhanced patient experience • the ongoing unacceptable risk in the community as a result of the unprecedented levels of ambulance handover delays 	<p>WAST</p>
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	<ul style="list-style-type: none"> the need to re-consider and agree a system-wide position for 'red-release requests' from the ambulance service with release refusal to be considered a 'never event' collective discussions among HM Coroners regarding their concerns and Regulation 28 Prevent Future Deaths Report. <p>In addition to the existing actions being taken, there was also a need to develop a 'Plan B' via the EASC Management Group in order to address the current position and patient safety risks across the system, this would be presented to the EASC Committee for approval. Members noted the ongoing work in relation to Handover Improvement Plans and the need to analyse the impact on the patient experience and the requirement that actions must lead to improved outcomes for patients.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> NOTE the content of the report NOTE the ongoing work in relation to handover improvement plans. 	<p>All</p> <p>CEO WAST / CASC</p> <p>EASC Management Group</p>
EASC 22/60	<p>PERFORMANCE REPORT INCLUDING THE ANNUAL QUALITY INDICATORS (JANUARY-MARCH 2022)</p> <p>The Performance Report was received. Members noted the information contained within the Ambulance Quality Indicators (January to March 2022), including the:</p> <ul style="list-style-type: none"> reduction in the volume of 999 calls relating to breathing difficulties number of re-contacts into the system within the following 24 hours impact of Community First Responders (CFR), particularly in rural areas and the ongoing discussions regarding the role of CFRs as part of the emergency ambulance services provision. <p>In addition, Members noted a reduction in both conveyance volume and percentage within the Performance Report (Chart 7), though it was noted that the impact needed to be considered in light of the information provided which showed the reduction in attendance in response to escalation decisions relating to the impact of the Clinical Safety Plan. Members were reminded that optimising appropriate conveyance was a key aim of the Six Goals for Urgent and Emergency Care programme within Goal 4.</p> <p>Following discussion, Members RESOLVED to:</p> <ul style="list-style-type: none"> NOTE the content of the report and the published Ambulance Quality Indicators. 	

<p>EASC 22/61</p>	<p>WELSH AMBULANCE SERVICES NHS TRUST (WAST) UPDATE</p> <p>The Welsh Ambulance Services NHS Trust update report was received. In presenting the report Jason Killens highlighted:</p> <ul style="list-style-type: none"> • Key challenges in relation to handover delays and current position in terms of red and amber performance • Table (paragraph 2.8) illustrating the number of patients waiting more than 12 hours in the community, noting over 800 patients in March 2022 with some patients not receiving a same day service. Members noted that these numbers would be higher in April • Items relating to Non-Emergency Patient Transport Services (NEPTS) would be discussed in the 'Focus On' session • Electronic Patient Clinical Record (ePCR) was live nationally, phase 2 would include connecting to the Welsh Clinical Portal and access to patient records for WAST clinicians in the community to support decision-making in terms of non-conveyance, see and treat and see, treat and refer in the community • The implementation of the Emergency Communication Nurse System (ECNS - software to support and enhance 999 clinical triage) for 'consult and close' on track for planned implementation • The offers made by WAST in relation to the Six Goals for Urgent and Emergency Care Programme, particularly for Goals 2, 3 and 4. Members noted that no specific resource had been made available to WAST to establish a dedicated team to progress the work in this area. Members were asked to confirm their health board leads for this work in order that the WAST team could make contact as a minimum to contribute to the work to deliver the Six Goals. <p>The CASC noted that no resource allocation had been made for WAST from the £25m earmarked for urgent and emergency care and that WAST were bidding for resources following allocations made to health boards. Members noted that the CASC report included a bid for ECNS to ensure that urgent and emergency care services in Wales received an allocation from the Six Goals for Urgent and Emergency Care programme funding.</p> <p>Members RESOLVED to: NOTE the report.</p>	
<p>EASC 22/62</p>	<p>CHIEF AMBULANCE SERVICES COMMISSIONER'S (CASC) REPORT</p> <p>The Chief Ambulance Services Commissioner's report was received. Stephen Harrhy presented the report and highlighted the following:</p>	

	<ul style="list-style-type: none"> • The £1.8m temporary funding agreed at the last meeting was being utilised to continue services such as cohorting in order to support patients within the system • System-wide Escalation Framework agreed by the NHS Wales Leadership Board; the proposed next steps were noted • A proposal to create a new Commissioning Framework to be presented to the EASC Management Group for development and to be received at the next EAS Joint Committee meeting for approval • A bid for funding had been made to the Six Goals for Urgent and Emergency Care Programme relating to the Emergency Communication Nurse System (ECNS), this would ensure the ability to clinically assess, advise and re-direct patients within the system. Members noted this would provide a key element of patient safety during the current and ongoing pressures • NHS Wales Delivery Unit (DU) Review of Serious Adverse Incidents (SAI) in relation to Appendix B (transferred from WAST to health boards). Members noted that the DU had undertaken a review and that there appeared to be a mismatch between the incidents referred for further investigation in health boards and the subsequent assessment and reporting of those incidents formally to Welsh Government as SAIs. Members approved the recommendation of the EASC Management Group to establish a task and finish group that would review the Appendix B process and agree a way forward. <p>Members RESOLVED to: NOTE the report.</p>	<p>CASC</p> <p>CASC</p> <p>DCASC</p>
EASC 22/63	<p>CHAIR'S SUMMARY EASC MANAGEMENT GROUP – 21 APRIL 2022</p> <p>The Chair reminded Members that the Committee currently received the minutes of EASCs sub-groups for approval once they had been confirmed at the subsequent sub-group meeting. Members noted that the time delay in receiving confirmed minutes could be as much as six months when a quarterly meeting had been cancelled. Therefore, it was proposed that a Chair's Summary is produced after each sub-group meeting to mirror the arrangements of the EAS Joint Committee.</p> <p>For illustrative purposes, the Chair's Summary for the EASC Management Group meeting held on 21 April 2022 was presented in order to ensure that Committee Members were fully updated on the discussions held and progress made at this recent meeting.</p>	

	<p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the preparation of a Chair's Summary following each sub-group meeting. 	DCASC
EASC 22/64	<p>EASC COMMISSIONING UPDATE</p> <p>Members noted that there were a number of operational and commissioning documents that had been prepared and updated for the EASC Committee. The EASC Commissioning Update had been prepared to provide Members with an overview of the progress being made against the key elements of the collaborative commissioning approach including:</p> <ul style="list-style-type: none"> • Commissioning Frameworks • EASC Integrated Medium Term Plan (IMTP) • Commissioning Intentions • EASC Action Plan. <p>Members noted that the EMS Commissioning Framework was currently being refined to reflect recent discussions at EASC Management Group and would be presented at the next meeting of the Committee. This included utilising data relating to the front door (this had already been shared with Chief Operating Officers and Directors of Planning) and the development of local commissioning plans. Members noted that further discussion would take place at the next meeting of the EASC Management Group.</p> <p>Presentation slides had been developed to share with Members in relation to plans for the work to develop the new Commissioning Framework. Julian Baker agreed to share the slides with Members and key contacts within health boards to include those leading on the work to implement the Six Goals for Urgent and Emergency Care. Members noted the aim of the work was to improve the patient experience in both emergency ambulance services and emergency departments; this would include linking the patient clinical outcome data utilising a statistical analysis approach.</p> <p>Members noted that the EASC Team would continue to progress the work and would engage further with the WAST team for presentation at the next EASC Management Group.</p> <p>It was noted that the EASC IMTP had been included for information and that a quarterly update with regard progress made against the IMTP would be provided going forward.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the collaborative commissioning approach • NOTE the aims of the approach 	<p>CASC</p> <p>CASC</p> <p>DCASC</p> <p>DCASC</p>

	<ul style="list-style-type: none"> • RECEIVE the EASC IMTP, Commissioning Intentions Update (2021-22), the EASC Commissioning Intentions for 2022-23 and the EASC Action Plan • NOTE the proposal to develop the EASC Commissioning Update to provide Members with an overview of the progress being made against the key elements of the collaborative commissioning approach. 	
EASC 22/65	<p>FOCUS ON SESSION: NON-EMERGENCY PATIENT TRANSPORT SERVICES (NEPTS)</p> <p>The presentation on NEPTS was received. Members noted that Mark Harris (Assistant Director of Operations and lead for NEPTS) was unable to join the meeting and Rachel Marsh gave the presentation on the NEPTS service including the scope and scale of the service, managing demand and also the development of transfer and discharge services. Areas highlighted included:</p> <ul style="list-style-type: none"> • The differences with the Emergency Medical Services (EMS) including higher daily patient volumes and differing mobility requirements • In addition to WAST, the different transport providers of NEPTS as part of the plurality model • It was a predominantly daytime weekday service with a small volume of activity at weekends • Patient journey types, mainly for outpatient or enhanced care appointments • The impact of the pandemic on core outpatient demand and also the effects of social distancing regulations (relaxed in recent weeks) – with additional resources provided in 2021-2022 in order to engage private sector capacity to meet service demand • The requirement to understand health board plans for reset and recovery • Performance metrics centred around timeliness; Members noted a need for improvement particularly in relation to oncology patient journeys arriving within 30 minutes of appointment time and lost hours on transfers and discharges in order to meet the target • Eligibility criteria and suggested that an indicative 30% of NEPTS transport provided to patients that were not eligible and WASTs intention to work with commissioners and health boards towards a position where non-eligible patients were steered towards alternative providers • NEPTS Demand and Capacity Review; identification of a range of efficiencies to be worked towards and the predicted impact on performance • The agreed commissioning intentions for NEPTS 	

	<ul style="list-style-type: none"> • Map of key strategic changes being undertaken across health boards and the modelling undertaken in order to understand the impact on patient transport • Ambitions for the NEPTS service within the WAST IMTP. <p>The Chair thanked Rachel Marsh for the very helpful presentation and a detailed discussion was held on a number of matters, which included:</p> <ul style="list-style-type: none"> • the current weekday nature of the service, it was confirmed that there could be flexibility to provide patient transport for services being delivered at weekends subject to the required activity profiles, workforce discussions and changes to roster patterns • that patient demand was at approximately 90% of the pre-pandemic levels including the sharp increase experienced in March and that work would be undertaken to understand this in light of the reduction in outpatient activities and increase use of digital technology • in terms of eligibility criteria, the likely political and public interest in relation to any proposal for changes to patient transport provision and the need to collectively undertake a robust equality impact assessment to progress this work • the need to agree the scope of the work to deliver a National Transfer and Discharge Service and sign off the sequencing of the implementation at a future meeting • the need for WAST to provide assurance regarding the efficiencies and additional investment intended for renal and oncology services that were included in the original case for transforming NEPTS services • the need to consider the challenges and complexities regarding the cross-border activity and nature of Powys THB and the associated procurement routes • the fragmented NEPTS services that exist in England, with many small providers under differing contractual arrangements were noted in comparison. <p>Members stated that the specific need for performance improvement for oncology patients and it was agreed that this would be provided to Members.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the key discussion points and agreed actions. 	
EASC 22/66	<p>FINANCE REPORT MONTH 12</p> <p>The Month 12 Finance Report was received. The Month 12 outturn showed an underspend of £347k.</p> <p>Members RESOLVED to: NOTE the report.</p>	

EASC 22/67	<p>EASC SUB-GROUPS CONFIRMED MINUTES</p> <p>The confirmed minutes from the following EASC sub-groups were received:</p> <ul style="list-style-type: none"> • EASC Management Group – 24 February 2022 • NEPTS Delivery Assurance Group – 3 February 2022 • EMRTS Delivery Assurance Group – 28 September 2021. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the confirmed minutes. 	
EASC 22/68	<p>EASC GOVERNANCE</p> <p>The report on EASC Governance was received. Gwenan Roberts, Committee Secretary presented the report and highlighted a number of items for approval, including:</p> <ul style="list-style-type: none"> • The EASC Risk Register included 3 red risks relating to items already discussed at the meeting, these would continue to be reported to the CTMUHB Audit and Risk Committee • The EASC did not have a statutory duty to produce an Annual Governance Statement (AGS) but did so, as a matter of good governance, to provide assurance to the LHBs and, in particular, to CTMUHB, as its host organisation. The AGS would be forwarded to the CTMUHB Audit and Risk Committee and would inform the CTMUHB's Annual Governance Statement • The Annual Audit Enquiries Letter 2021-2022 • The draft EASC Annual Report that provided an overview of the business undertaken by the EASC as well as providing an opportunity to assess the effectiveness of the Committee in achieving its stated purpose. • Progress made against the EASC Audit Recommendations Tracker • Annual Reports for the EASC Sub-Groups Annual Reports for 2021-2022, including the EASC Management Group and Non-Emergency Patient Transport Services Delivery Assurance Group Annual Report. The Annual Report for the Emergency Medical Retrieval and Transfer Service (EMRTS Cymru) Delivery Assurance Group would be considered at the next meeting in June 2022 for endorsement, prior to submission to EASC for approval in July 2022 • That plans were in place to deliver the requirements of the Standing Orders by July 22. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the risk register and NOTE the updates relating to red performance • APPROVE the EASC Annual Governance Statement 2021-2022 	

Agenda Item 1.4

	<ul style="list-style-type: none"> • APPROVE the EASC Response to the Annual Audit Enquiries Letter 2021-2022. • APPROVE the EASC Annual Report 2021-2022 • APPROVE the EASC Audit Recommendations Tracker • APPROVE the EASC Sub-Groups Annual Reports 2021-2022 for EASC Management Group and the NEPTS DAG • NOTE the EMRTS DAG Annual Report for 2021-2022 will be presented at the next Committee meeting. 	
EASC 22/69	<p>FORWARD LOOK AND ANNUAL BUSINESS PLAN</p> <p>The Forward Look and Annual Business Plan was received.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the report. 	
Part 3. OTHER MATTERS		ACTION
EASC 22/50	<p>ANY OTHER BUSINESS</p> <p>The Chair closed the meeting by thanking Members for their contribution to the discussion particularly regarding ambulance handover delays and the key challenges for NEPTS.</p>	

DATE AND TIME OF NEXT MEETING		
EASC 22/51	<p>The next scheduled meeting of the Joint Committee would be held at 09:30 hrs, on Tuesday 12 July 2022 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



Reporting Committee	Emergency Ambulance Services Committee
Chaired by	Chris Turner
Lead Executive Directors	Health Board Chief Executives
Author and contact details.	Gwenan.roberts@wales.nhs.uk
Date of last meeting	12 July 2022

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

An electronic link to the papers considered by the EAS Joint Committee is provided via the following link: <https://easc.nhs.wales/the-committee/meetings-and-papers/july-2022/>. The minutes of the EASC meeting held on 10 May 2022 were approved.

CHAIR'S REPORT

Members noted:

- the recent meetings attended by the Chair including the Appraisal with the Minister for Health and Social Services on 30 May 2022. The Chair confirmed that it would require a collaborative effort working with the Committee, Welsh Ambulance Services NHS Trust (WAST) and health boards (HBs) to deliver the objectives relating to reductions in handover delays.
- the meeting with the Chief Ambulance Services Commissioner (CASC), WAST Chair and Chief Executive and WAST Sub-Committee Chairs on 1 July 2022. Both the Chair and Jason Killens reported that all present at the meeting felt this was a useful session with all able to share their concerns in relation to quality, safety and patient experience.
- the meeting with Judith Paget, Chairs and Chief Executives on 8 June 2022. Members were aware that the Chairs and Chief Executives had made a commitment to improve immediate release requests.

'FOCUS ON' PERFORMANCE REPORT

The significant challenge in the provision of timely ambulance services at present was noted and the actions being taken and opportunities to drive improvement were discussed in the Focus on session which included:

Recent high-level outputs from the Performance Report

- Red performance remained extremely challenging (at approximately 50%) with some variation noted
- Increasing median response times (approximately 7minutes 50seconds) and the implications in terms of the response for patients and outcomes
- Median response times for Amber 1 patients (over 2 hours)
- Increasing lost hours (baseline last October of approximately 74 minutes with current average handovers of approximately 2 hours)
- 4 hour waits for patients continue to be significant with in excess of 100 x10 hour plus waiting times.

EASC Action Plan

It was noted that the EASC Team has been asked via the Welsh Government (WG) Integrated Quality, Planning and Delivery (IQPD) meeting to enhance the existing EASC Action Plan to provide one overall comprehensive plan with the focus on the improvement priorities and actions for the remainder of 2022-23.

The work undertaken, led by the CASC working with WAST and health board teams as part of the fortnightly handover improvement plan meetings, was noted including:

- the agreement of trajectories against the 25% reduction on the minutes lost per arrival and no handover delays over 4 hours
- the undertaking of an annual review at the end of September 2022 against the trajectories
- the number of core actions being undertaken across each health board
- an element of variation in some of the other actions being undertaken by health boards
- the impact that these actions would have on the trajectories and in ensuring the required progress was made.

The EASC Action Plan would continue to be developed to reflect the discussions with Chief Operating Officers (COOs) and WAST and reported via the existing EASC governance arrangements, via the NHS Wales Leadership Board and also through the WG IQPD process.

Members commented that:

- the weekly WAST Performance Dashboard (of management information) circulated by the EASC Team was very helpful and provided up to date live information that health board teams could relate to the previous week, month and 3 monthly trend
- information relating to immediate release was not as transparent and it was requested that it could be added to the dashboard as a weekly metric. It was agreed that the EASC Team would work with WAST to provide this information as soon as practicable. A live PowerBI dashboard for Immediate Release Directions (previously red release requests) would be available to all NHS Wales colleagues from week commencing 25 July 2022 as a screen in the current WAST health board view of the Operational Delivery Unit PowerBI data set
- the focus should be on the actions with the highest impact
- there was a need as individual Chief Executives to take responsibility for communicating decisions and agreements made to their respective Boards thus ensuring the required openness and transparency. This would ensure that Boards had oversight of the actions individual HBs were committed to and would ensure that Executives and Independent Members were clear on the actions being taken locally and nationally to improve system safety and the patient experience.
- The EASC Action Plan would be shared at the NHS Wales Leadership Board.

Handover Delays

- An update was provided on the local fortnightly meetings being held between the CASC, COOs and WAST. This included the development of handover improvement plans for each health board, agreed trajectories for each organisation against the 25% reduction on the minutes lost per arrival and no handover delays over 4 hours, core actions being taken across the system and an element of variation in some of the other actions being undertaken.

Members noted a number of core actions to avoid conveyance including:

- the advanced paramedic practitioner and its navigator role (SBUHB)
- the need to explore the impact on the number of conveyances into emergency departments (EDs) and continuing to link in with flow centres, community hubs and primary care clusters to maximise the opportunities
- the potential for WAST access to urgent primary care centres
- the increased use of 111
- the likely impact of same day emergency care services (SDEC) following the immediate success of the Hywel Dda UHB pilot, although the likely staffing challenges were noted
- 111 press 2 for Mental Health (MH) and its likely impact due to the number of MH calls to WAST.

It was agreed that the next version of the EASC Action Plan would focus on the increasing number of long wait handovers.

The principle of the importance of immediate red release was agreed, there was a concern about its viability at the present time. A proposal for maximising the impact of this was therefore made relating to compliance (of immediate release) when approaching the 4-hour deadline and the significant impact that this could have in terms of freeing up ambulance resources. Members noted that this would require the right conversation at the time between the hospital and ambulance control to ensure risks are balanced in the moment.

Members noted issues relating to the lack of social care input (and ambulance services) and a proposal was made to consider the inclusion of a social care practitioner in the WAST control room to ensure that the social care requirements were identified to avoid ambulance conveyance to EDs; this could also be extended to provide an advice line for care homes. Other opportunities, such as having a national maternity line, would be explored further with the WAST Team, COOs and the EASC Management Group as appropriate.

Red Demand and Variation

- Variation in terms of red performance was noted and an acceptance that this variation needed to be reduced.
- It was agreed that further work would be undertaken with Optima with a view to facilitating a presentation at a future meeting of the Committee to broaden colleagues understanding of the drivers of variation in red performance.

Performance Reporting

- Members noted exciting work relating to the linking of system wide data with Digital Health Care Wales which described and tracked the patient's journey through the system and how this could present opportunities for improving the design of services.
- Members noted that the most important aspect currently being looked at was the application of the WAST Clinical Safety Plan, in particular understanding the impact of higher levels of CSP on patients waiting in the community. The risk and harm that patients could be exposed to, and also quantifying the impact of the non-attendance of an ambulance, would be areas to be focused on next.

- Members queried whether there was any evidence to suggest that escalation of the WAST CSP impacted on the numbers of patients attending ED by their own means; and also, the impact that this had on those waiting outside in an ambulance. Members noted that progress was slow as this was a complex and extensive data set and work to retrospectively track patients following 'can't send' and other touch points with health services were expected to provide clarity in relation to levels of harm and the impact of prioritisation.

Members were asked to note that the two commitments (25% reduction on the minutes lost per arrival and no handover delays over 4 hours) had been referred to by the Minister for Health and Social Services as part of the update on the Six Goals for Urgent and Emergency Care Programme on the 19 May 2022 and were the subject of recommendations by the Health and Social Care Committee in their recent report on Hospital discharge and its impact on patient flow through hospitals.

Members noted the information contained within the latest version of the Ambulance Service Quality Indicators (April & May 2022) and are available at this link <https://easc.nhs.wales/asi/> .

Following discussion, Members **RESOLVED** to:

- **NOTE** the content of the report.
- **NOTE** the Ambulance Services Quality Indicators
- **ENDORSE** the EASC Action Plan
- **ENDORSE** the handover improvement trajectories
- **NOTE** the performance reporting information submissions.

QUALITY AND SAFETY REPORT

The Quality and Safety Report provided Members with an update on quality and safety matters for commissioned services. The following areas were highlighted:

- the work of the Healthcare Improvement Wales (HIW) Task & Finish Group established to coordinate and lead the work in response to the recommendations made as part of the HIW Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover
- progress of the NHS Wales Delivery Unit on Appendix B Task & Finish Group which will be established to review the process related to serious incident joint investigation framework; working between WAST and health board and make recommendations for improvement
- the general growth in the demand and focus on quality and safety issues closely linked to the deteriorating performance position.

Members **RESOLVED** to:

- **NOTE** the content of the report
- **NOTE** the impact of deteriorating performance and the resulting challenges in commissioning the provision of safe, effective and timely emergency ambulance services
- **NOTE** the provision of Quality and Safety Reports relating to commissioned services at all future meetings.

PROVIDER ISSUES

Jason Killens, Chief Executive at the Welsh Ambulance Services NHS Trust (WAST) gave an overview of key matters including:

- the seasonal forecasting and modelling undertaken by WAST as a matter of routine and the concerning modelled results
- WAST had updated its tactical Performance Improvement Plan with specific action for the summer months
- WAST was currently at escalation level 3 (maximum 4)
- in the last 3 months, 33 patient safety incidents had been shared with health boards as part of the joint investigation framework (known as Appendix B).
- lost hours in relation to handover delays for May totalled 22,080 hours (18% of WAST's total capacity or 25% of total conveying capacity)
- WAST has recently introduced a new Managing Attendance Plan with seven work-streams and improvement trajectories. The Plan was being reported to the Executive Management Team every two weeks
- Post-production Lost Hours (PPLHs) amounting to 5,835 hours were lost in May-22 for a range of reasons e.g. vehicle defect, trauma stand down, police interview, etc. Members noted these could not be viewed as areas for potential efficiencies.
- detailed the significant programme of work relating to the Non-Emergency Patient Transport Service (NEPTS) including to further assess the benefits of the all Wales business case and the transfers of work from HBs. Members noted that a roster review to maximise efficiency would be undertaken with implementation expected in 2023-24.

Members noted that the 4-stage process to develop rosters had been completed, with the new rosters implemented from September 2022 starting with Hywel Dda University Health Board. It was confirmed that the roster review roll-out would continue as follows:

- Cardiff and Vale UHB in late September
- Swansea Bay UHB in early October
- Aneurin Bevan UHB during mid-October
- Cwm Taf Morgannwg UHB in late October
- Betsi Cadwaladr UHB in early November and
- Powys mid-November 2022.

Members noted that each health board would benefit from growth in terms of total numbers of staff and a commitment was made to ensure that there would be no reduction in emergency ambulance cover in West Wales. However, there would be changes in the mix of the fleet including less single staffed cars and an increase in double staffed resources. It was agreed that more information would be provided by WAST on a health board by health board basis.

Stephen Harrhy updated Members in relation to the ongoing work WAST to ensure the required progress was made against key elements of work within the report including:

- the roster review programme equated to approximately 70 additional WTEs
- supporting the constructive discussions with the staff side representatives regarding working practices – it was noted that indicative timescales would be helpful and would be provided in the next report
- the improvement trajectories for sickness as part of the new Managing Attendance Plan

- the role that first responders could take to supplement ambulance services, although not at the expense of the core ambulance service.

Immediate red release

The Immediate Release Protocol developed by WAST was considered and discussed with a view to agreeing the next steps. It was noted that the protocol had been considered by Chief Operating Officers and set out the national process relating to Red and Amber 1 immediate release requirements.

A conversation was held on the implications of classifying each episode where an immediate release direction was declined as a 'never event' (this was specific terminology used within the Welsh Health Circular WHC / 2018 / 12

<https://gov.wales/sites/default/files/publications/2019-07/never-events-list-2018-and-assurance-review-process.pdf> which did not include immediate release of ambulances). It was agreed that the protocol needed to emphasise the requirement to improve and enhance the escalation process; all were keen not to over complicate the process and there was agreement that WAST would amend the language used and circulate a further version. Once received, Members recognised that each organisation would be responsible for taking the revised protocol through their local governance processes.

Members **RESOLVED** to:

- **NOTE** the WAST Provider Report
- **NOTE** the actions required for the immediate red release protocol.

CHIEF AMBULANCE SERVICES COMMISSIONER'S (CASC) REPORT

Stephen Harrhy presented the report and highlighted the following:

- Emergency Medical Retrieval and Transfer Service (EMRTS Cymru) and the Wales Air Ambulance Charity had undertaken a strategic review of the service and confirmed that the existing model of four aircraft would be retained for the population of Wales. Members noted that a strategic review of air bases was also being considered in order to maximise coverage. It was noted that this could impact on the location of the existing bases in North Wales. Jason Killens suggested that there could be opportunities to explore efficiencies in co-locating services for EMRTS and WAST and agreed to make contact to discuss potential options
- Temporary funding (£3m non-recurrent funding) for additional ambulance capacity had been secured from Welsh Government to fund additional front-line staff (approximately 100 additional staff members) to support WAST services during these unprecedented system wide pressures. The progress of recruitment, utilisation and impact would be reported via the EASC Management Group and an update on progress provided at the next Committee meeting.

Members **RESOLVED** to: **NOTE** the report.

EMERGENCY AMBULANCE SERVICES COMMISSIONING FRAMEWORK

Members noted that the approach taken in the development of the Framework had been adapted to provide clarity on the commissioning of core services alongside services considered to be 'transformational,' but optional, within the commissioning arrangements.

Members received a draft of the Framework as an appendix to the report and it included the high-level expectations of the ambulance service and proposed the opportunity to develop local Integrated Commissioning Action Plans (ICAPs). The process would involve more joint working with WAST and health boards to develop plans at a local level. Members noted the process would also provide the foundation for development of the Commissioning Intentions for emergency ambulance services.

In addition to recognising opportunities for national transformation, the local ICAPs would capture the local transformation programmes and their implications for ambulance services, identifying opportunities and developing and tracking resource requirements for delivery. The key principles and content of the draft Framework were endorsed, it was confirmed that the existing Framework would remain extant until the final version was presented and approved.

Following discussion Members **RESOLVED** to:

- **NOTE** the progress made in developing the new Emergency Ambulance Services Commissioning Framework
- **ENDORSE** the content of the Framework and the ongoing plans for development.

EASC COMMISSIONING UPDATE

Members noted that formal confirmation was awaited from Welsh Government regarding the status of the EASC Integrated Medium Term Plan and that a quarterly update with regard progress made against the IMTP would be provided at the next meeting. An update against the Commissioning Intentions (Emergency Ambulance Services, Non-Emergency Patient Transport Services and Emergency Medical Retrieval and Transfer Services) would be provided to EASC Management Group at the August meeting.

FINANCE REPORT

The EASC Finance Report was received and the purpose of the report was to set out the estimated financial position for EASC for the 2nd month of 2022/23 together with any corrective action required. No corrective action was required.

EASC SUB GROUPS

The confirmed minutes from the following EASC sub-groups were **APPROVED**:

- Chair's Summary EASC Management Group – 16 June 2022
- EASC Management Group – 21 April 2022
- NEPTS Delivery Assurance Group – 3 May 2022
- EMRTS Delivery Assurance Group – 29 March 2022.

EASC GOVERNANCE INCLUDING THE RISK REGISTER

The report on EASC Governance was received. Governance documentation is available at <https://easc.nhs.wales/the-committee/governance/>

Members **RESOLVED** to:

- **ENDORSE** the risk register
- **NOTE** the progress with the actions to complete the requirements of the EASC Standing Orders
- **APPROVE** the EMRTS DAG Annual Report 2021-2022
- **APPROVE** the EASC Communications and Engagement Plan
- **APPROVE** the EASC Assurance Framework

- **APPROVE** the completion of the Internal Audit on EASC Governance
- **NOTE** the information within the EASC Key Organisational Contacts.

Key risks and issues/matters of concern and any mitigating actions

- Red and amber performance
- Handover delays (and the development of handover improvement plans in HBs with trajectories)
- Community care capacity

Matters requiring Board level consideration

- Consider and oversee the implications of the commitment made at the meeting with Judith Paget by Chairs and Chief Executives improve immediate release requests on 8 June 2022.
- To acknowledge the significant risks for patients in relation to handover delays and the need for health boards to implement the local handover improvement plan and identified trajectories) for every emergency department against the 25% reduction on the minutes lost per arrival and no handover delays over 4 hours
- Note that a live PowerBI dashboard for Immediate Release Directions (previously red release requests) would be available to all NHS Wales colleagues from week commencing 25 July 2022 as a screen in the current WAST health board view of the Operational Delivery Unit PowerBI data set
- Note the roll out of roster reviews for each area before the end of November 2022
- From the Performance Report
 - Red performance remains extremely challenging (at approximately 50%)
 - Increasing median response times (approximately 7minutes 50seconds) and the implications in terms of the response for patients and outcomes
 - Median response times for Amber 1 patients (over 2 hours)
 - Increasing lost hours (baseline last October of approximately 74 minutes with current average handovers of approximately 2 hours)
 - 4 hour waits for patients continue to be significant with in excess of 100 x10 hour plus waiting times.

Forward Work Programme

Considered and agreed by the Committee.

Committee minutes submitted	Yes	✓	No	
Date of next meeting	6 September 2022			

ASSURANCE REPORT

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	Shared Service Partnership Committee
Chaired by	Tracy Myhill, NWSSP Chair
Lead Executive	Neil Frow, Managing Director, NWSSP
Author and contact details.	Peter Stephenson, Head of Finance and Business Development
Date of meeting	19 May 2022
Summary of key matters including achievements and progress considered by the Committee and any related decisions made.	
<u>Matters Arising – Recruitment Update</u>	
<p>Gareth Hardacre, Director of People & OD gave an update on the progress being made on the Recruitment Modernisation Action Plan following the deep dive on this topic in the March Committee.</p> <p>All organisations are now live on the latest version (3) of NHS Jobs. Progress has been made in letting the IT contract for the Pre-Employment Checks, but this has been slightly delayed as clarification is needed by the Home Office surrounding the cyber security requirements in the product specification. However, the deadline of September 2022, where either face-to-face checks are re-introduced or the IT solution is in place, should still be met.</p> <p>The Action Plan for revising specific recruitment processes is due to go to Workforce Directors on May 20th and includes the proposal to establish a senior Programme Board to oversee delivery of the Plan. Performance against Recruitment Key Performance Indicators is improving, despite there being no drop in the level of activity across NHS Wales.</p> <p>It has been agreed that a deep dive on Recruitment will be undertaken with the BCUHB Executive Board and the offer was made to do something similar with other NHS Wales organisations.</p> <p>The Committee NOTED the update.</p>	
<u>Medical Examiner Service</u>	
<p>Andrew Evans, Director of Primary Care Services and Ruth Alcolado, Medical Director jointly presented to the Committee on progress with the development of the Medical Examiner Service. The service is currently examining around 1000 deaths a month, with a target of 2500 by the time the service is launched on a statutory footing, which is now likely to be April 2023 at the earliest. To date, the</p>	

service has been able to identify potential learning for Health Boards and Trusts in approximately 25% of cases reviewed, and it is considered that 10% of cases would benefit from a Stage 2 Mortality Review – these figures are consistent with what is being reported in England. There are however differences in the way that the service is operated in the two countries, and the nature of the set-up in Wales allows greater identification of local, regional, and national issues.

One of the key benefits of the service thus far is to give each family the opportunity to speak with a Medical Examiner Officer. This has been very well received and in many cases the families have expressed their gratitude for the care received by their family member from Health Boards and Trusts at the end of their life.

To further successfully develop the service Health Boards and Trusts need to ensure timely notification of death, availability of clinical notes, and access to the relevant doctor to discuss the cause of death. The commitment from the service to Health Boards includes that all deaths will be scrutinised by the autumn of this year; that there is effective communication on themes and trends; and that there should be effective monitoring of performance.

In summary it was noted that the service is already making a positive contribution to patient safety, and that consultation is underway and/or planned with clinical colleagues to address any issues and to maximise the benefits.

The Committee **NOTED** the presentation.

Chair's Report

The Chair updated the Committee on the activities that she had been involved with since the March meeting. These have included:

- Meeting with the Minister as part of the all-Wales Chairs' Group. It was helpful that the Minister had recently visited IP5 and consequently gained a good understanding of what NWSSP does and had been left with a positive impression of the organisation;
- Attending her first NWSSP Audit Committee which again had been very positive;
- Continuing to meet with senior NWSSP management, and in particular recently from Specialist Estates and the Temporary Medicines Unit, to gain a better understanding of what they do;
- Attending the DHCW Board Development session in April where NWSSP received positive feedback;
- Chairing the Welsh Risk Pool Committee; and
- Arranging to attend the Velindre Trust Board at the end of June as part of their Board Development session.

Looking further forward the Chair is keen to hold a development session with the Committee, ideally in person for a half-day in the autumn and including other members of the NWSSP Senior Leadership Group. This could include a stock-take

session on what works well and what doesn't work so well for the Committee; allow the Committee to better understand what NWSSP does, ensuring that it is aligned to NHS Wales's organisation priorities and also those of the Welsh Government; looking to the future in terms of which services it should provide; and assessing the current structure of the Committee and whether it needs wider (e.g. clinical) representation. A plan for how the session might work will be brought back to the July Committee.

Managing Director Update

The Managing Director presented his report, which included the following updates on key issues:

- Senior NWSSP management participated in the meeting with Welsh Government in early May to review the IMTP. The meeting was very positive, and the IMTP has been well-received with the Outcome Letter expected in June;
- Work has been undertaken with colleagues from Welsh Government and Public Health Wales regarding the future plans for the recently vacated Lighthouse Laboratory at the IP5 facility. Within IP5, the Surgical Materials Testing Laboratory have had a new laboratory completed which will enable them to perform additional tests and to develop new testing regimes for medical devices, which they were unable to do at the existing Bridgend site;
- Progress continues to be made in terms of the overarching Transforming Access to Medicine Outline Business Case, with a number of workshops held to consider site selection. There is on-going discussion with workforce colleagues and Chief Pharmacists regarding the Organisational Change Programme; and
- The recent cyber security assessment, conducted as part of the NHS Wales Cyber Resilience Unit's work to implement the Network Information Security (NIS) Regulation in all health organisations in Wales, demonstrated that generally NWSSP is well protected from cyber-attacks. A formal project has been launched to address the key areas for improvement identified in the report's recommendations. One of the key tasks in the initial phase, a desktop exercise based around a cyber incident, was carried out at the May Informal Senior Leadership Group.

Items Requiring SSPC Approval/Endorsement

Decarbonisation Action Plan

Chris Lewis, Environmental Management Advisor presented the Plan which had been formally submitted to Welsh Government on 31st March. The Committee had previously had the opportunity to review the plan in detail at its November 2021 meeting. Clarity was provided in terms of explaining that this was the inward-facing NWSSP plan and that NWSSP were substantially involved in the production of the national plan which embraces the role that NWSSP plays in supporting NHS Wales organisations to achieve their own decarbonisation targets. Key actions in the internal facing plan include reducing the impact of our buildings, fleet, and

new laundry service, as well as working with staff to help raise the profile of decarbonisation across the organisation.

The Committee **ENDORSED** the Action Plan.

Laundry Detergent Contract

Anthony Hayward, Assistant Director of Laundry Services, attended the Committee to present a paper for endorsement and approval by the Committee. Following the transfer of laundry services to NWSSP from April 2021, there is now the opportunity to tender for laundry detergent on an all-Wales basis. This should provide opportunities for economies of scale compared to the current fragmented arrangements. However, the Laundry Service are also keen to include the provision of dosing pumps and a management information system into the contract which is anticipated to total £2m over a five-year period.

The Committee **ENDORSED** the paper.

Draft Annual Governance Statement 2021/22

The Committee reviewed the draft Annual Governance Statement which will be taken to the NWSSP Audit Committee in July for formal approval. The statement is substantially complete, but the formal Head of Internal Audit Opinion is still to be received and the final energy consumption figures for the year are still being calculated. The Statement is a positive reflection on the past year and there are no significant matters of control weaknesses that need to be included. The final version of the Statement will be brought back to the July Partnership Committee for information.

The Committee **ENDORSED** the Statement **IN PRINCIPLE** recognising that it was still draft, and that formal approval would be sought at the Audit Committee.

Service Level Agreements 2022/23

The Committee received the Service Level Agreements for the core service provided by NWSSP to NHS Wales for formal annual approval. The papers included the overarching Service Level Agreement and a cover paper detailing any amendments to the supporting schedules, none of which were significant. (The schedules were provided separately to Committee members for information). It was however noted that the Procurement SLA element would need to be brought back to the July Committee as it is to be further amended to reflect changes resulting from the implementation of the new Operating Model.

The Committee **APPROVED** the SLAs for 2022/23 noting that the Procurement SLA is due to be further amended and resubmitted for approval.

Salary Sacrifice – Staff Benefits

The Committee was presented with a paper setting out the arrangements for the Home Electronics and Cycle to Work Staff Benefit Schemes. There are currently different arrangements in place across NHS Wales, with some schemes being operated by NWSSP on behalf of NHS Wales organisations and other schemes

being operated and managed within health organisations. As well as potentially not providing optimal value-for-money, there is a risk that staff could fall below minimum wage rates due to being members of schemes administered by different organisations. The paper asked the Committee to approve a tender for a scheme to be administered by NWSSP that would cover home electronics and cycle to work schemes.

The Committee **ENDORSED** the approach being taken by NWSSP in awarding a contract(s) for Home Electronics and Cycle to Work with an aim of having an All-Wales arrangement in place, centrally administered by NWSSP, which will be made available to all Health Board, Trusts and Special Health Authorities.

Finance, Performance, People, Programme and Governance Updates

Finance – The Director of Finance & Corporate Services reported the outturn position, which is currently subject to external audit, and highlighted that a small surplus of £11k had been generated against total income of £870m. The DEL expenditure for the Welsh Risk Pool was £129.615m and the risk share agreement was invoked at the IMTP value of £16.495m. Additional Welsh Government risk pool funding of £4.861m was agreed above the core allocation and risk share funding to account for the additional cases settled in 2021/22. £17.018m capital funding was received in 2021/22 and fully utilised. £12.348m was spent in March 2022, including the purchase of Matrix House which completed on 30th March. The Committee were complimentary of the new style finance report.

Performance – Most KPIs are on track except for those relating to Recruitment Services, where the situation is improving due to the implementation of the Modernisation Plan, which was covered earlier on the agenda, but where there is still further progress to be made.

Project Management Office Update – Of the 24 schemes being managed by the PMO, there is only one that is currently rated as red. This is the project for the replacement of the Student Awards System which is approaching end-of-life and with no option to extend the support contract arrangements beyond March 2023. The deadline to issue a tender for the procurement of a replacement system is 31st May, but currently there is no guarantee of funding for this from Welsh Government.

People & OD Update – Sickness absence rates remain at very low levels with an absence rate of 2.61% for March. Performance and Development Reviews and Statutory and Mandatory training results continue to improve although there is still room for further improvement. Part of the issue is in areas such as the Medical Examiner Service where staff may be on multiple contracts, but a solution is being sought for this. Headcount is increasing due mainly to the additional staff recruited as part of the Single Lead Employer Scheme.

Corporate Risk Register – there remain two red risks relating to the pressures currently being noted within the Employment Services Directorate, and particularly in Recruitment and Payroll Services, and the energy price increase. A new risk has been added relating to the Student Awards system, which was

highlighted earlier in the Project Management Office Progress Report.	
Papers for Information	
<p>The following items were provided for information only:</p> <ul style="list-style-type: none"> • Transforming Access to Medicine Progress Report • Information Governance Annual Report 2021/22 • Audit Committee Highlight Report • Quality and Safety Assurance Report • Complaints Annual Report 2021/22 • Finance Monitoring Returns (Months 12 and 1) 	
AOB	
N/a	
Matters requiring Board/Committee level consideration and/or approval	
<ul style="list-style-type: none"> • The Board is asked to NOTE the work of the Shared Services Partnership Committee. 	
Matters referred to other Committees	
N/A	
Date of next meeting	21 July 2022

Minutes of the Meeting of the WHSSC Joint Committee Meeting held In Public on Tuesday 10 May 2022 via MS Teams

Members Present:

Kate Eden	(KE)	Chair
Sian Lewis	(SL)	Managing Director, WHSSC
Iolo Doull	(ID)	Medical Director, WHSSC
Carole Bell	(CB)	Director of Nursing & Quality Assurance, WHSSC
Glyn Jones	(GJ)	Interim Chief Executive Officer, Aneurin Bevan UHB
Steve Moore	(SM)	Chief Executive Officer, Hywel Dda UHB
Ceri Phillips	(CP)	Independent Member, Cardiff & Vale UHB
Suzanne Rankin	(SR)	Chief Executive Officer, Cardiff & Vale UHB
Carol Shillabeer	(CS)	Chief Executive Officer, Powys THB
Ian Wells	(IW)	Independent Member, Cwm Taf Morgannwg UHB

Deputies:

Sian Harrop-Griffiths (for Mark Hackett)	(SHG)	Director of Strategy, Swansea Bay UHB
Claire Harding (for Karen Preece)	(CH)	Assistant Director of Planning, WHSSC
James Leaves (for Stuart Davies)	(JL)	Assistant Director of Finance, WHSSC

Apologies:

Karen Preece	(KP)	Director of Planning, WHSSC
Stuart Davies	(SD)	Director of Finance, WHSSC
Mark Hackett	(MH)	Chief Executive Officer, Swansea Bay UHB
Paul Mears	(PM)	Chief Executive Officer, Cwm Taf Morgannwg UHB
Jo Whitehead	(JW)	Chief Executive Officer, Betsi Cadwaladr UHB

In Attendance:

Jacqui Evans	(JE)	Committee Secretary & Head of Corporate Services, WHSSC
Helen Fardy	(HF)	Associate Medical Director, WHSSC
Kimberley Meringolo	(KM)	Planning Manager, WHSSC
Sian Morgan	(SiM)	Head of Laboratory, All Wales Medical Genomics Service, Cardiff & Vale UHB (For presentation only)
Nicholas O'Sullivan	(NO)	Senior Project Manager, Genomics Partnership Wales, Cardiff & Vale UHB (for presentation only)
Ian Phillips	(IP)	Chair, Welsh Renal Clinical Network (WRCN), Powys THB
Helen Tyler	(HT)	Corporate Governance Manager, WHSSC
Nick Wood	(NW)	Deputy Chief Executive NHS Wales, Welsh Government

Emma King (EK) Senior Specialised Services Planning Manager,
WHSSC

Minutes:

Richard Hughes (RJH) PA to Executives, WHSSC

The meeting opened at 09:30hrs

CONFIRMED

Min Ref	Agenda Item
JC22/053	<p>1.1 Welcome and Introductions</p> <p>The Chair welcomed members to the meeting in Welsh and English and reminded everyone that, since the COVID-19 pandemic, meetings will continue to be held virtually via MS Teams.</p> <p>No objections were raised to the meeting being recorded for administrative purposes.</p> <p>It was noted that a quorum had been achieved.</p> <p>The Chair reminded members that the purpose of the Joint Committee (JC) was to act on behalf of the seven Health Boards (HBs) to ensure equitable access to safe, effective and sustainable specialised services for the people of Wales by working collaboratively on the basis of a shared national approach, where each member worked in the wider interest.</p> <p>The Chair welcomed Dr Sian Morgan from the All Wales Genomics Laboratory who was in attendance to deliver a presentation on the Genomics Delivery Plan for Wales.</p>
JC22/054	<p>1.2 Apologies for Absence</p> <p>Apologies for absence were noted as above.</p>
JC22/055	<p>1.3 Declarations of Interest</p> <p>The JC noted the standing declarations and that there were no additional declarations of interest relating to the items for discussion on the agenda.</p>
JC22/056	<p>1.4 Minutes of the meeting held on the 15 March 2022 and Matters Arising</p> <p>The minutes of the JC meeting held on the 15 March 2022 were received and approved as a true and accurate record of the meeting.</p> <p>There were no matters arising.</p>
JC22/057	<p>1.5 Action Log</p> <p>The action log was received and members noted the progress on the actions including:</p> <ul style="list-style-type: none"> JC22/004 – 3.5 Major Trauma Update – Dindi Gill from Major Trauma Network to provide an update in the September 2022 meeting. <p>All other items were confirmed as closed.</p>

JC22/058

2.1 Genomics Delivery Plan for Wales

Members received an informative presentation on the All Wales Genomics Laboratory. Dr Sian Morgan (SiM) Head of Laboratory, All Wales Medical Genomics Service, CVUHB gave an update on how the Wales Infants and Children's Genome Service (WINGS) had pushed the boundaries of genomic testing in Wales to an unprecedented scale using whole genome sequencing which has the capacity to sequence the entire DNA structure of the human body in a matter of hours.

Members noted the Watson family's patient story, which shared their first hand experience of using the WINGS, when their baby suffered from breathing difficulties and complications to her nose and airways.

Ian Wells (IW) queried how the service in Wales compared to the rest of the UK. SiM advised that the test directory in Wales was continually being updated as it was important to deliver equity of testing for Welsh patients.

Carole Shillabeer (CS) advised that the service was impressive and demonstrated a positive patient experience for the Welsh population. CS asked what potential genomics had in the field of mental health and neurodiversity. SiM advised that work in this area was progressing as described in the strategy, and that it aligned with Welsh Government (WG) policy. CS advised that it was important to ensure that whatever was being delivered through the genomic strategy was aligned to the mental health strategy. SiM agreed to discuss this further with CS outside of the meeting.

Members noted that that the genomics work was unique to Wales, and that NHS England were planning to undertake a similar pilot.

Suzanne Rankin (SR) thanked Sim for the work undertaken and asked what support was required from the HB's and other important stakeholders to support the delivery of the plan. SiM advised that since 2015, the importance of genomics had spread, and it was recognised that it was not just about diagnosis but also about prevention. There were two key areas that HB's could support relating to education, to enable patients in Wales to access screening as genomics was becoming more mainstream and ensure the right test, at the right time for the right patient; and to address the cancer challenge on dependency on materials, by asking oncology colleagues help the genomics to deliver.

Sian Lewis (SL) encouraged HB's to promote the engagement being undertaken on the Genomics Delivery Plan for Wales and the stakeholder engagement meetings, which will support WG to finalise the final draft in order for it to be publicised.

	<p>The Chair suggested that an update be brought back to the JC after the consultation.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the presentation.
JC22/059	<p>3.1 Chair's Report</p> <p>The Chair's Report was received and the Chair gave an update on relevant matters undertaken as Chair since the previous JC meeting.</p> <p>Members noted:</p> <ul style="list-style-type: none"> • An update on the proposal for an interim Chair of the Individual Patient Funding Request (IPFR) Panel, • Attendance at the Integrated Governance Committee (IGC) meetings on the 30 March 2022 & 19 April 2022; and • Attendance at key meetings. <p>The Joint Committee noted that Professor Vivienne Harpwood had taken the decision to step down from her long serving role as Chair of the IPFR Panel in order to focus on the competing pressures within her HB as she enters the last six months of her tenure as Chair of Powys THB.</p> <p>The Chair expressed her gratitude to Professor Harpwood for the five years' service she had given to the IPFR panel and advised that she would formally write to thank her on behalf of the JC.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report; and • Support that a letter of thanks be sent to Professor Harpwood for her commitment to the IPFR panel on behalf of the Joint Committee.
JC22/060	<p>3.2 Managing Director's Report</p> <p>The Managing Director's Report was received and the Managing Director gave an update on relevant matters undertaken since the previous JC meeting.</p> <p>Members noted updates on:</p> <ul style="list-style-type: none"> • an article published by WHSSC entitled "A Case Study on Reviewing Specialist Services Commissioning in Wales: TAVI for Severe Aortic Stenosis" in the Applied Health Economics and Health Policy Journal, and the success of the collaboration with CEDAR, • The first two NRP (Normothermic Regional Perfusion) organ retrievals undertaken by the Cardiff Transplant Retrieval Service,

	<ul style="list-style-type: none"> • The stakeholder engagement being undertaken on the Genomics Delivery Plan for Wales, • The positive feedback received following the Extension of the FastTrack Process for Military Personnel; and • The findings of a review into Molecular Radiotherapy (MRT) to guide development of an all Wales MRT service. <p>Members resolved to:</p> <ul style="list-style-type: none"> • Note the report; and • Note the consultation and engagement on the three-year Genomics Delivery Plan for Wales and cascade the document within Health Boards (HBs) and provide feedback by the 20 May 2022 deadline.
JC22/061	<p>3.3 Appointment of an Interim Chair for the All Wales IPFR Panel</p> <p>The report proposing that Dr Ruth Alcolado, the Vice Chair of the Individual Patient Funding Request Panel (IPFR), be appointed as Interim Chair of the IPFR Panel for a 3 month period (unremunerated) was received.</p> <p>Jacqui Evans (JE) advised that the proposal for an interim chair would support business continuity and allow sufficient time to prepare for, and undertake, an open and transparent recruitment process to appoint a substantive Chair. This included an update of the Terms of Reference (ToR) regarding the increased time commitment required and remuneration.</p> <p>Steve Moore (SM) advised that this had been identified by the NHS Wales Board Secretaries group, and JE gave an assurance that WHSSC provide regular updates to the group and that a specific briefing session on IPFR governance had been arranged for the Board Secretaries in June 2022.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> • Note the report; and • Approve the proposal to appoint Dr Ruth Alcolado as interim Chair to the Individual Patient Funding Request Panel (IPFR) for a 3 month period to support business continuity and to allow sufficient time to recruit a substantive Chair.
JC22/062	<p>3.4 Neonatal Transport – Update from the Delivery Assurance Group (DAG)</p> <p>The report providing an update from the Neonatal Transport Delivery Assurance Group (DAG) established to provide commissioner assurance on the neonatal transport service was received.</p>

	<p>Claire Harding (CH) presented the report and members noted the progress made against some of the governance risks identified and that feedback received indicated that arrangements to complete the Operational Development Network (ODN) were on track and nearing completion. Members noted that there was requirement to finalise the staffing and TUPE transfer issues through staff consultation.</p> <p>Members noted that the template provided for performance data was a good example of the business intelligence that will be gathered, and that future reports would include real time data.</p> <p>CS queried the level of clinical engagement involved and CH advised that positive contributions had been received.</p> <p>Helen Fardy (HF) and Kimberley Meringolo (KM) both confirmed that that positive progress was being made in both Delivery Assurance Group (DAG) and ODN meetings, and that Gareth Howells, Director of Nursing, SBUHB had met with all of the clinicians involved.</p> <p>The Chair requested that a progress report be brought as a routine item for future meetings.</p> <p>Action: An update report on the Neonatal Transport Operational Delivery Network to be presented to the WHSSC Joint Committee at the next meeting.</p> <p>It was noted that further work will be required once the ODN is established to fully implement the recommendations from the two transport reviews (Puddy and Fox) commissioned by WHSSC.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the information presented within the report; and • Receive assurance that there were robust processes in place to ensure delivery of the neonatal transport services.
JC22/063	<p>3.5 Draft Mental Health Specialised Services Strategy for Wales 2022-2028</p> <p>The draft Mental Health Specialised Services Strategy for Wales 2022-2028 was received.</p> <p>CH presented the report and members noted:</p> <ul style="list-style-type: none"> • work began in June 2021 on the development of the Specialised Services Strategy for Mental Health through a programme management structure, • The programme had received excellent engagement from all HB's, and included key workstreams; and • It was proposed that the draft strategy and questionnaire be circulated through a comprehensive stakeholder list in a bilingual format for comment between 10 May and 6 June 2022.

	<p>The feedback from stakeholder engagement process will be used to inform amendments to the strategy document and the EQIA, and it was anticipated that the final strategy will be published during Winter 2022</p> <p>Members queried if sufficient time had been allowed for the consultation period. CH advised that the consultation period had been considered in the overall timeline, which would be circulated to members.</p> <p>Members requested a list of the stakeholders who had been sent the draft strategy for comment and requested that the timeline be reviewed and that consideration be given to the Mental Health strategy evaluation report which was due to be published by July 2022. CH agreed to discuss this with CS outside of the meeting.</p> <p>ACTION: It was agreed that WHSSC would circulate additional information including a list of stakeholders that had been sent the draft strategy. A timeline on milestones and target dates would also be circulated.</p> <p>IW queried the scope of the capital investment and the availability of funding. SL advised that discussions had commenced with WG regarding capital availability including any capital monies which had been earmarked for Mental Health services.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the draft Mental Health Specialised Services Strategy for Wales 2022-2028, and provided comments on the document; • Note that the draft Mental Health Specialised Services Strategy for Wales 2022- 2028 would be circulated through a comprehensive stakeholder list in a bilingual format for comment and that the suggested date of between 10 May and 6 June 2022, would be reviewed; and • Note that it was anticipated that the final strategy would be published during winter 2022, and would be brought back to the Joint Committee for approval.
JC22/064	<p>3.6 Preparedness for the COVID-19 Inquiry</p> <p>The report on preparedness for the COVID-19 inquiry was received.</p> <p>JE presented the report and members noted that:</p> <ul style="list-style-type: none"> • Since autumn 2021 Kevin Smith (KS), ex WHSSC Committee Secretary has been supporting WHSSC on a project to prepare for the forthcoming public inquiry into the COVID-19 pandemic, • the main activity of the project to date had been the creation of a COVID-19 structured archive, which included a timeline of key decisions taken by WHSSC,

	<ul style="list-style-type: none"> • WHSSC have been working with the legal and risk team at the NHS Wales Shared Services Partnership (NWSP) since summer 2021 and will engage legal representation through them should it be required; • At present it seemed unlikely that WHSSC would be a core participant of the inquiry, however they may be required to provide written evidence; and • The Committee Secretary role had been identified as the SRO for the work and linked in with the Board Secretaries group to discuss national progress. <p>SM advised that he had written to WG requesting clarity regarding legal issues and potential conflicts concerning the inquiry.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report.
JC22/065	<p>3.7 Disestablishment of the Learning Disability Advisory Group (LDAG)</p> <p>The report seeking support to formally disestablish the Learning Disability Advisory Group (LDAG) was received.</p> <p>JE gave an overview of the work of the group and advised that as the group has not met for several years and the work of the group has been incorporated into the Inclusion and Corporate Business Division within Social Services in WG approving the disestablishment ensured effective governance for the JC.</p> <p>CS advised that it was not possible for the National Collaborative Commissioning Unit (NCCU) to provide the commissioning element previously undertaken by the LDAG, and that there was a requirement to establish a mechanism to provide commissioning as well as clarity on reporting arrangements. Members agreed that further consideration was required on the system of oversight of HB commissioned LD placements.</p> <p>Action – SL and CS to consider the system of oversight of HB commissioned LD placements and to provide an update at a future meeting.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the work undertaken by the Joint Committee's sub group the NHS Wales Mental Health and Learning Disability Collaborative Commissioning Group; • Approve the proposal to disestablish the NHS Wales Mental Health and Learning Disability Collaborative Commissioning Group subject to a commissioning mechanism and reporting arrangements; and

	<ul style="list-style-type: none"> • Note that the work of the group has been incorporated into the Inclusion and Corporate Business Division within Social Services in Welsh Government (WG), and that further consideration was required on the system of oversight of Health Board commissioned LD placements.
JC22/066	<p>3.8 Annual Governance Statement (AGS) 2021-2022</p> <p>The Annual Governance Statement (AGS) 2021-2022 was received for retrospective approval.</p> <p>JE presented the report and member noted:</p> <ul style="list-style-type: none"> • As a hosted body under Cwm Taf Morgannwg UHB (CTMUHB), WHSSC is required to produce an Annual Governance Statement (AGS), and is not required to follow the same process for statutory bodies who are required to produce a three part annual report, • The statement brings together, in one place, all disclosures relating to governance, risk and control and is included within the CTMUHB Annual Report and Accounts presented to WG, • The AGS also provides assurance to the Joint Committee and individual HB's on the processes and procedures in place to enable the WHSSC to carry out its functions effectively, • The draft AGS 2021-2022 was considered by the Integrated Governance Committee (IGC) on the 19 April 2022, and the committee put forward some minor amendments to strengthen the document, • The statement was submitted to the governance team CTMUHB by the 29 April deadline; and • The final version of the document will be included in CTMUHB annual report and accounts being submitted to Welsh Government and Audit Wales on the 15 June and will be presented to the CTMUHB Annual General Meeting (AGM) on the 28 July 2022. <p>There Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report, • Note that the Draft Annual Governance Statement (AGS) was endorsed at the Integrated Governance Committee (IGC) on 19 April 2022 and the draft was submitted to CTMUHB in readiness for the 29 April 2022 deadline set, • Approve the WHSSC Annual Governance Statement (AGS) 2021-2022, • Note that the WHSSC Annual Governance Statement (AGS) 2021-2022 will be included in the CTMUHB Annual report being submitted to Welsh Government and Audit Wales by 15 June 2022, recognising that it had been reviewed and agreed by the relevant sub-committees of the Joint Committee; and

	<ul style="list-style-type: none"> • Note that the final WHSSC Annual Governance Statement (AGS) will be included in the Annual Report presented at the CTMUHB Annual General Meeting (AGM) on 28 July 2022.
JC22/067	<p>3.9 Sub-Committee Annual Reports 2021-2022</p> <p>The Sub Committee Annual Report for 2021-2022 were received.</p> <p>JE introduced the report and members noted the reports for the:</p> <ul style="list-style-type: none"> • Integrated Governance Committee (IGC), • Quality & Patient Safety Committee (QPSC), • All Wales Individual Patient Funding Request (IPFR) panel, • Welsh Renal Clinical Network (WRCN); and • Management Group. <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the Sub-Committee Annual Reports for 2021-2022.
JC22/068	<p>3.10 Sub-Committee Terms of Reference</p> <p>The Sub-Committee Terms of Reference (ToR) were for the Integrated Governance Committee (IGC), the Quality & Patient Safety Committee (QPSC) and the Management Group (MG) were received.</p> <p>JE presented the report and members noted that the ToR for the sub-committees of the Joint Committee were reviewed on an annual basis in line with Standing Orders (SO's) and to ensure effective governance. The ToR for the IGC, QPSC and MG been updated to strengthen them in accordance with the list outlined in the SO's, and to achieve consistency in the information included. In future, a detailed schedule of changes will be provided with updated ToR for completeness.</p> <p>Members noted that the ToR for the Welsh Renal Clinical Network (WRCN) were approved by the Joint Committee on 18 January 2022, and discussions were ongoing with Welsh Government concerning updating the ToR for the All Wales IPFR panel.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note that the Terms of Reference were discussed and approved at sub-committee meetings on 30 March 2022 and 28 April 2022; and • Approve the revised Terms of Reference (ToR) for the Integrated Governance Committee (IGC), the Quality & Patient Safety Committee (QPSC) and the Management Group (MG).
JC22/069	<p>4.1 COVID – 19 Period Activity Report Month 11 2021-2022</p> <p>The COVID-19 activity report for month 11 was received and members noted the scale of the decrease in specialist activity delivered for the Welsh population by providers in England, together with the two major supra-regional providers in South Wales.</p>

	<p>Members noted:</p> <ul style="list-style-type: none"> the decrease during the peak COVID-19 periods, which informed the level of potential harms to specialised services patients, the loss of financial value from the necessary national block contracting arrangements introduced to provide overall system stability; and recovery rates, access comparisons across HB's and waiting lists. <p>Members discussed the challenges in obtaining recovery trajectories from HB's and the importance of receiving this information in order to plan specialised services. James Leaves (JL) advised that the information was being sought from NHS Wales providers with an option to make a formal request through alternative methods. It was noted the trajectories received from North West England NHS had been fairly robust.</p> <p>CS suggested that flexible options be considered through moving patients to alternative service providers which could provide a suitable service with lower waiting times.</p> <p>The Chair suggested that the recovery trajectories should be discussed further and proposed extending July's Joint Committee meeting in order to review the trajectories from NHS Wales providers.</p> <p>ACTION: the July JC meeting to include a workshop on recovery.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> Note the report.
JC22/070	<p>4.2 Financial Performance Report Month 12 2021-2022</p> <p>The financial performance reports setting out the financial position for WHSSC for month 12 of 2021-2022 was received.</p> <p>Members noted that the financial position was reported against the 2021-2022 baselines following approval of the 2021-2022 WHSSC Integrated Commissioning Plan (ICP) by the Joint Committee in January 2021.</p> <p>The financial position reported at Month 12 for WHSSC was a year-end outturn under spend of £13,112k. The under spend predominantly relates to slippage in new planned developments, underperformance against Welsh Service Level Agreement (SLA) baselines, unrealised growth provisions against 2021-2022 forecast requirement and releasable reserves from 2020-2021 provisions.</p> <p>The Joint Committee resolved to:</p>

	<ul style="list-style-type: none"> • Note the report.
JC22/071	<p>4.3 Corporate Governance Matters Report</p> <p>The Corporate Governance Matters report was received and members noted the update on corporate governance matters that had arisen since the last meeting.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report.
JC22/072	<p>4.4 Reports from the Joint Sub-Committees</p> <p>The Joint Committee Sub-Committee reports were received as follows:</p> <p>i. Audit and Risk Committee (ARC) Assurance Report</p> <p>The Joint Committee noted the assurance report from the CTMUHB Audit and Risk Committee meeting held on the 28 April 2022.</p> <p>IW paid tribute to the continuing development work on the Corporate Risk Assurance Framework (CRAF), which provided a clear sight on risks. IW also expressed a real concern regarding the position of handover times for Ambulances and noted this as a major risk for the Emergency Ambulance Services Committee (EASC).</p> <p>ii. Management Group Briefings</p> <p>The Joint Committee noted the core briefing documents from the meetings held on the 24 February 2022, 24 March 2022 and the 28 April 2022.</p> <p>iii. Quality & Patient Safety Committee (QPSC)</p> <p>The Joint Committee noted the Chair's report from the meeting held on the 30 March 2022.</p> <p>iv. Integrated Governance Committee (IGC)</p> <p>The Joint Committee noted the Chair's report from the meeting held on the 30 March 2022 and 19 April 2022.</p> <p>v. Individual Patient Funding Request (IPFR) Panel</p> <p>The Joint Committee noted the Chair's report from the meeting held on the 22 April 2022.</p> <p>It was noted the meetings scheduled for 7 April and 21 April 2022 had to be stood down due to the lack of quoracy.</p> <p>vi. Welsh Renal Clinical Network (WRCN)</p> <p>The Joint Committee noted the Chair's report from the meeting held on the 8 April 2022.</p>

	<p>IP highlighted the proposed name change of WRCN to the “Welsh Kidney Service” and members noted that a formal proposal would be brought to the next meeting for consideration and approval.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the reports.
JC22/073	<p>5.1 Any Other Business</p> <p>No other items of urgent business were received.</p>
JC22/074	<p>5.2 Date and Time of Next Scheduled Meeting</p> <p>The JC noted that the next scheduled meeting would be on the 12 July 2022.</p> <p>There being no other business other than the above the meeting was closed at 10:40 hrs.</p>
JC22/075	<p>5.3 In Committee Resolution</p> <p>The Joint Committee resolved:</p> <p>“That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest” (Section 1 (2) Public Bodies (Admission to Meetings) Act 1960)”.</p>

Chair’s Signature:

Date:

WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) JOINT COMMITTEE MEETING BRIEFING – 12 JULY 2022

The Welsh Health Specialised Services Committee held its latest public meeting on the 12 July 2022. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening within the Welsh Health Specialised Services.

The papers for the meeting can be accessed at:

<https://whssc.nhs.wales/joint-committee/committee-meetings-and-papers/2021-2022-meeting-papers/>

1. Minutes of Previous Meetings

The minutes of the meeting held on the 10 May 2022 were **approved** as a true and accurate record of the meeting.

2. Action log & matters arising

Members **noted** the progress on the actions outlined on the action log.

3. Recovery Trajectories across NHS Wales

Members received informative presentations on the recovery trajectories across Wales from the NHS Wales Delivery Unit, Betsi Cadwaladr UHB (BCUHB), Swansea Bay UHB (SBUHB) and Cardiff & Vale (CVUHB).

Members **noted** the presentations and requested that an update on the trajectories for paediatric recovery be brought to the next meeting.

4. Chair's Report

Members received the Chair's Report and **noted**:

- No Chair's actions had been taken since the last meeting,
- An update on the letter issued to NHS Chairs requesting support in appointing an interim HB chair for the All Wales Individual Patient Funding Request (IPFR) Panel for a 6 month period from amongst their Independent Members (IMs) to ensure business continuity,
- An update on plans for the recruitment process to fill the WHSSC IM vacancy,
- Attendance at the Integrated Governance Committee (IGC) meeting on the 7 June 2022; and
- Attendance at key meetings.

Members **noted** the report.

5. Managing Director's Report

Members received the Managing Director's Report and **noted** the following updates on:

- Discussions with Welsh Government (WG) concerning the All Wales IPFR Panel and the authority of the Joint Committee to update and approve the panel's Terms Of Reference (ToR), the governance process for updating the All Wales IPFR policy, the briefings given to the Board Secretaries on the 10 June 2022, and to the All Wales Medical Directors Group (AWMDG) on the 1 July 2022 and that a letter confirming next steps was awaited from WG,
- The revised timeline for the draft Mental Health Specialised Services Strategy 2022-2028 engagement process,
- The funding for Cell Path Labs to meet the growing demand for commissioned WHSCC cancer genomic testing; and
- The designation of SBUHB as a provider of Stereotactic Ablative Radiotherapy (SABR).

Members **noted** the report.

6. Neonatal Transport – Update from the Delivery Assurance Group (DAG)

Members received a report providing an update from the Neonatal Transport Delivery Assurance Group (DAG) meeting held on 21 June 2022.

Members (1) **Noted** the report, (2) **Received** assurance that Neonatal Transport was being scrutinised by the Delivery Assurance Group (DAG), (3) **Noted** that further work was being undertaken by the transport service on the reporting to strengthen the assurance; and (4) **Noted** the update on the implementation of the Neonatal Transport Operational Delivery Network (ODN).

7. Draft Specialised Paediatric Services 5 year Commissioning Strategy

Members received a report presenting the Draft Specialised Paediatric Services 5 year Commissioning Strategy for information and which sought support to share the strategy through a 6 week engagement process to obtain stakeholder feedback.

Members (1) **Noted** the contents of the draft Specialised Paediatric Services 5 year Commissioning Strategy; and (2) **Supported** that the Strategy be issued for a 6 week engagement process to obtain stakeholder feedback, prior to the final version being presented to the Joint for Committee for approval in September 2022.

8. South Wales Cochlear Implant and BAHA Hearing Implant Device Service

Members received a report presenting the process and outcome of a

recent review of tertiary auditory services and the planned next steps for the South Wales Cochlear Implant and BAHA Hearing Implant Device Service.

Members discussed the preferred commissioning option and agreed that the report be updated with more detail on the process undertaken to agree the preferred option for engagement, and that the report be presented the next Management Group meeting for review prior to being brought back to the Joint Committee either virtually or at an extraordinary committee meeting.

Members (1) **Noted** the report, (2) **Noted** and **received assurance** on the assessment process inclusive of a) clinical options appraisal, b) external review against standards and c) financial option appraisal, (3) **Noted** the outcome of the clinical options appraisal for the south Wales centres, the external hearing implant centre and the financial appraisal, (4) **Noted** the preferred commissioning option as the basis of engagement/consultation; and **agreed** a review of the process at the Management Group meeting on the 28 July 2022 and for reconsideration of the proposals either virtually or at a future extra-ordinary meeting of the JC; and (5) **Agreed** to receive the required engagement/consultation documentation and process at the September meeting of the Joint Committee.

9. Hepato-Pancreato-Biliary (HPB) Services for Wales

Members received a report providing a summary on the Hepato-Pancreato-Biliary (HPB) surgery project for South and West Wales, and which sought support for the proposed arrangements to provide assurance to the WHSSC Joint Committee as the future commissioners for the service.

Members (1) **Noted** the report, (2) **Supported** the Hepato-Pancreato-Biliary (HPB) surgery Project Initiation Document (PID) and Action Plan Tracker; and (3) **Supported** the proposals to receive assurance that the outputs of the Hepato- Pancreato-Biliary (HPB) project align with the WHSSC strategic objectives and commissioning intentions.

10. Policy for Policies & EQIA Policy

Members received a report presenting feedback from the stakeholder consultation on the revised WHSSC 'Policy for Policies' Policy and the new Equality Impact Assessment (EQIA) policy, and which sought approval for publishing both documents.

Members (1) **Noted** the report, (2) **Supported** the rationale and process that had been applied when updating the WHSSC 'Policy for Policies' Policy and developing the new EQIA policy; and (3) **Approved** the request to publish the WHSSC 'Policy for Policies' Policy and EQIA Policy following stakeholder consultation.

11. Policy Position for the Commissioning of Drugs and Treatments for Patients aged between 16 and 18 years of age

Members received a report seeking support from the Joint Committee on the preferred policy position for the commissioning of drugs and treatments for patients aged between 16 and 18 years of age.

Members (1) **Noted** the report; and (2) **Supported** the preferred option identified within the report.

12. Supporting Ukrainian Refugees with Complex Health Needs

Members received a report setting out a proposal for managing the complex health needs of Ukrainian refugees arriving in Wales and seeking approval to manage the excess costs (>£20k per annum) within the current funding baselines in year, offsetting against non-recurrent slippage and reserves.

Members (1) **Noted** the report; and (2) **Approved** the proposal to manage the excess costs within the current funding baselines in year, offsetting against non-recurrent slippage and reserves.

13. Name Change Welsh Renal Clinical Network (WRCN)

Members received a report informing the Joint Committee of the outcome of the engagement process to consider a change of the name of the Welsh Renal Clinical Network (WRCN) and to ratify the decision of the WRCN Board to change the name to the Welsh Kidney Network.

Members (1) **Noted** the outcome of the engagement process to seek views to change the name of the Welsh Renal Clinical Network (WRCN); and (2) **Ratified** the decision of the WRCN Board to change the name of the WRCN to the "Welsh Kidney Network".

14. Results of the Annual Committee Effectiveness Self-Assessment 2021 -2022 & Joint Committee Development Plan

Members received a report presenting an update on the actions from the annual Committee Effectiveness Self-Assessment undertaken in 2020-2021 and to present the results of the annual committee effectiveness self-assessment 2021-2022.

Members (1) **Noted** the completed actions made against the Annual Committee Effectiveness Survey 2020-2021 action plan, (2) **Noted** the results from the Annual Committee Effectiveness Survey for 2021-2022, (3) **Noted** that the findings were considered by the Integrated Governance Committee (IGC) on the 7 June 2022, (4) **Noted** that the feedback will contribute to the development of a Joint Committee Development plan to map out a forward plan of development activities for the Joint Committee and its sub committees for 2022-2023; and (5) **Noted** the additional sources of assurance considered to obtain a broad view of the Committee's effectiveness.

15. Corporate Risk Assurance Framework (CRAF)

Members received a report presenting the updated Corporate Risk Assurance Framework (CRAF) and outlining the risks scoring 15 or above on the commissioning teams and directorate risk registers.

Members (1) **Noted** the updated Corporate Risk Assurance Framework (CRAF) as at 31 May 2022, (2) **Approved** the Corporate Risk Assurance Framework (CRAF); and (3) **Noted** that a follow up risk management workshop was planned for the 20 September 2022 to review how the Risk management process is working, and to consider risk appetite and tolerance levels across the organisation.

16. All Wales IPFR Panel Sub-Committee Annual Report 2021-2022

Members received a report presenting the All Wales IPFR Panel Annual Report 2021-2022.

Members **noted** the All Wales IPFR Panel Annual Report 2021-2022.

17. COVID-19 Period Activity Report for Month 1 2022-2023 COVID-19 Period

Members received a report that highlighted the scale of the decrease in activity levels during the peak COVID-19 period and whether there were any signs of recovery in specialised services activity.

Members **noted** the report.

18. Financial Performance Report – Month 2 2022-2023

Members received the financial performance report setting out the financial position for WHSSC for month 2 2022-2023. The financial position was reported against the 2022-2023 baselines following approval of the 202-2023 WHSSC Integrated Commissioning Plan (ICP) by the Joint Committee in February 2022.

The financial position reported at Month 2 for WHSSC was a year-end outturn forecast under spend of £515k.

Members **noted** the report.

19. Corporate Governance Matters

Members received a report providing an update on corporate governance matters that had arisen since the previous meeting.

Members **noted** the report.

20. Other reports

Members also **noted** update reports from the following joint Sub-committees and Advisory Groups:

- Audit & Risk Committee (ARC),

- Management Group (MG),
- Quality & Patient Safety Committee (QPSC),
- Integrated Governance Committee (IGC),
- All Wales Individual Patient Funding Request (IPFR) Panel; and
- Welsh Renal Clinical Network (WRCN).

21. AOB

- **WHSSC Specialised Services Strategy** – Members noted that work had commenced to plan the engagement process for developing the WHSSC Specialised Services Strategy and that a workshop would be held at the Joint Committee on the 6 September 2022.



GIG
CYMRU
NHS
WALES

Tim Gwasanaethau Iechyd
Arbenigol Cymru
Welsh Health Specialised
Services Team



PARCH
-
RESPECT



PARTNERIAETH
-
PARTNERSHIP



GWELLA AC
ARLOESI
-
IMPROVEMENT
& INNOVATION



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

Acronyms (WAST: Welsh Ambulance Services NHS Trust)

Abbreviation	Term
AMPDS	Advanced Medical Priority Dispatch System
APP	Advanced Paramedic Practitioner
A4C	Agenda For Change
ACS	Ambulance Car Service
ACA	Ambulance Care Assistant
AQIs	Ambulance Quality Indicators
ADLT	Assistant Directors Leadership Team
ADO	Assistant Director of Operations
AACE	Association of Ambulance Chief Executive
AVL	Automatic Vehicle Location
BAF	Board Assurance Framework
BCRT	Business Continuity and Recovery Team
BJC	Business Justification Case
CMP	Capacity Management Plan
CAS	Clinical Assessment Software
CEO	Chief Executive (of the Trust)
CAD	Computer Aided Dispatch
CCC	Clinical Contact Centre
CMO	Chief Medical Officer
CNO	Chief Nursing Officer
COO	Chief Operating Officer
CSP	Clinical Safety Plan
CSD	Clinical Support Desk
CFR	Community First Responder
C&C	Consult and Close
CPD	Continuing Professional Development
CPAS	Clinical Prioritisation Assessment Software Group
CHARU	Cymru High Acuity Response Unit
D&C	Demand and Capacity
DOM	Duty Operations Manager
EA	Emergency Ambulance
EASC	Emergency Ambulance Services Committee
ECNS	Emergency Communication Nurse System
ECP	Emergency Care Practitioner
ED	Emergency Department
EMD	Emergency Medical Dispatcher
EMS	Emergency Medical Service
EPRR	Emergency Preparedness, Resilience and Response
EMT	Executive Management Team
EPCR	Electronic Patient Clinical Record



Abbreviation	Term
EPT	Executive Pandemic Team
ESMCP	Emergency Services Mobile Communications Programme
HCPC	Health and Care Professions Council
ICT	Information and Communications Technology
HART	Hazardous Area Response Team
HoS	Head of Service
HCS	Health Courier Services
IMTP	Integrated Medium Term Plan
JESG	Joint Emergency Services Group
JRCALC	Joint Royal Colleges Ambulance Liaison Committee
KPI	Key Performance Indicator
LHB	Local Health Board
LM	Locality Manager
MRD	Make Ready Depot
MTS	Manchester Triage System
MDT	Mobile Data Terminal
MDT	Multi Disciplinary Team
MTU	Mobile Testing Unit
NEPTS	Non Emergency Patient Transfer Service
NICE	National Institute for Clinical Excellence
NSF	National Service Framework
NQP	Newly qualified paramedic
NWAS	North West Ambulance Service
NWSSP	NHS Wales Shared Service Partnership
NEDs	Non Executive Directors
ODU	Operational Delivery Unit
OTL	Operations Team Leader
OOH	Out of Hours
PDP	Personal Development Plan
PECI	Patient Experience and Community Involvement
PPLH	Post Production Lost Hours
PRINCE2	Projects in a Controlled Environment (methodology)
PTaS	Physician Triage and Streaming
REAP	Resource Escalation Action Plan
ROLE	Recognition of life extinct
ROSC	Return of spontaneous circulation
RRV	Rapid Response Vehicle
RIDDOR	Reporting of Injuries, diseases and dangerous Occurrences Regulations 2013
SP	Senior Paramedic
SPT	Senior Pandemic Team
SLT	Senior Leadership Team (Operations)
SOT	Senior Operations Team
SAIs	Serious Adverse Incidents
SCIF	Serious Case Incident Forum



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

Abbreviation	Term
SDEC	Same Day Emergency Care
SPCT	Specialist Palliative Care Team
SOC	Strategic Outline Case
SOP	Strategic Outline Programme
TU	Trade Union
UCS	Urgent Care Service
UHP	Unit Hour Production
USC	Unscheduled Care
VPH	Vantage Point House
VCS	Volunteer Car Service
WG	Welsh Government
WHC	Welsh Health Circular
WTE	Whole Time Equivalent