Bundle Trust Board (Open Session) 27 March 2025

Agenda attachments

ITEM 00 Open Trust Board Agenda 27 March 2025-en-cy-C
ITEM 00 Open Trust Board Agenda 27 March 2025

0 09:30 - OPENING ITEMS

1 Chair's Welcome, Apologies and Quorum

2 Declarations of Interest
ITEM 02 Board Member Register of Interests 08 January 2025

3 Minutes of the Last Meeting: 30 January 2025
ITEM 03 2025-01-30 Trust Board Minutes DRAFT

4 Action Log & Matters Arising
ITEM 04 Action Log Open Trust Board - March 2025

5 09:35 - Chair and Vice Chair's Report
ITEM 05 Chairs and Vice-Chair's Report to Board - March 2025

6 09:40 - Chief Executive's Report
ITEM 06 CEO REPORT TO TRUST BOARD March 2025

7 10:00 - Questions from Members of the Public

8 10:10 - Staff/Patient Story
A short film about a staff/patient experience story of the volunteer oncology service (deferred from the previous meeting).

8.1 FOR APPROVAL, ASSURANCE AND DISCUSSION

9 10:30 - Actions to Mitigate Avoidable Patient Harm (Revised Reporting)
ITEM 09 Patient Harm Realtime Mitigations 20250311
ITEM 09.1 Patient Harm MoC 20250310

10 10:50 - Risk Management and Board Assurance Framework
ITEM 10 Risk Management Report Trust Board 270325

11 11:00 - Monthly Integrated Quality and Performance Report (MIQPR)
ITEM 11 MIQPR SBAR TB Jan25 Feb25
ITEM 11.1 MIQPR TB Jan25 Feb25

12 11:15 - Quality Performance Management Framework - Refresh
ITEM 12. QPMF SBAR Refresh
ITEM 12.1 QPMF V2 ELT Approved 20250305 (1)

12.1 11:25 - COMFORT BREAK

13.1 11:40 - Integrated Medium-Term Plan (IMTP) 2025-28
ITEM 13.1 Executive Summary - IMTP 2025-28 270325 TB
ITEM 13.1.2 Appendix 2 WAST IMTP 2025-2028 Narrative draft v0.5 Trust Board
ITEM 13.1.3 Appendix 3 - Challenges and opportunities v0.1
ITEM 13.1.4 Appendix 4 EQIA IMTP 25-28 v2 7.3.25
ITEM 13.1.5 Appendix 5 - Financial plan 2025-26 v6
ITEM 13.1.6a Appendix 6 MINISTERIAL TEMPLATE 25-28 - WAST Timely Access
ITEM 13.1.6b Appendix 6b MINISTERIAL TEMPLATE 25-28 - WAST Prevention
ITEM 13.1.6c Appendix 6c MINISTERIAL TEMPLATE 25-28 - WAST Community Capacity
ITEM 13.1.6d Appendix 6d MINISTERIAL TEMPLATE 25-28 - WAST Mental Health

13.2 11:50 - Wellbeing Objectives
ITEM 13.2 Trust Board Wellbeing Objectives March 2025
ITEM 13.2a Our Wellbeing Objectives - WAST - February 2025
ITEM 13.2b Ein Hamcanion Llesiant - WAST - Chwefror 2025

13.3 11:55 - Initial 2025/26 Revenue Budget
ITEM 13.3 WAST Initial Revenue Budget 2025-26

14 12:05 - Integrated Medium-Term Plan (IMTP) 2024/25 Progress Report
ITEM 14 IMTP Delivery & Assurance Report 270325

15 12:15 - Finance Update Month 11
ITEM 15 Finance Report Month 11 24-25 Final

ITEM 15.1 Finance Letter

16 12:25 - Speaking Up Safely Update (6 monthly)
ITEM 16 Speaking Up Safely Report - Trust Board 270325
ITEM 16.1 Appendix 1 - Speaking Up Safely 6 Monthly Report (July - Dec 2024)

17 12:35 - 2024 NHS Wales Staff Survey
ITEM 17 NHS Staff Survey Update - March 2025
ITEM 17.1 Appendix 2 - TB - SS24 High Level Results
ITEM 17.2 Appendix 3 - 2024 Staff Survey Results Infographic

18 12:45 - Audit Wales - Annual Report 2024/25
ITEM 18 WAST Audit Wales Annual Audit Report 2024

18.1 13:00 - LUNCH

19 13:40 - HEIW Education Commissioning
ITEM 19 HEIW Education Commissioning 2026-2027
ITEM 19.1 Annex 1 Annual Education Commissioning Return 2026_27

20 13:50 - Governance Report
19.1 Revised Model Standing Orders and SoRD / Non-Compliance w/Standing Orders
ITEM 20 Governance Report - March 2025
ITEM 20.1 SBAR to Trust Board March 2025 Standing Order Amendments
ITEM 20.1a WAST Standing Orders - Schedule 1 Scheme of Reservation and Delegation of Powers v.9 for Trust Board Approval 27032025

21 14:00 - Board Committee Reports
21.1 - 4 February 2025 - Quality, Patient Experience and Safety Committee
21.2 - 18 February 2025 - People and Culture Committee
21.3 - 8 March 2025 - Audit, Risk and Assurance Committee
21.4 - 13 March 2025 - Remuneration Committee
21.5 - 18 March 2025 - Finance and Performance Committee
ITEM 21.1 Quest Committee Highlight Report 04 February 2025
ITEM 21.1a Quality Governance Follow Up Report FINAL
ITEM 21.2 People and Culture Committee Highlight Report 18February 2025
ITEM 21.3 Audit Committee AAA Report 06 March 2025
ITEM 21.4 Remuneration Committee AAA Report 13 March 2025
ITEM 21.5 Finance and Performance Committee Highlight Report March 2025

21.1 CONSENT ITEMS

22 Minutes of Board Committee
5 November 2024 - Quality, Patient Experience and Safety Committee
14 November 2024 - People and Culture Committee
21 November 2024 - Audit, Risk and Assurance Committee
16 January 2025 Finance and Performance Committee
ITEM 22.1 2024-11-05 QUEST OPEN Minutes
ITEM 22.2 2024-11-14 PCC OPEN Minutes
ITEM 22.3 2024-11-21 ARAC OPEN Minutes

23 SSPC Assurance Report Dated 21 November 2024
ITEM 23 SSPC Assurance Report 21 November 2024

24 Highlight Report from the Joint Commissioning Committee (JCC) - 21 January 2025
ITEM 24 Highlight Report - JCC 21 January 2025 Final

24.1 14:30 - CLOSING ITEMS

25 Reflections and Summary of Decisions/Actions

26 Any Other Business

27 Exclusion of the press and members of the publi

28 Date & Time of the Next Meeting: 29 May 2025

29 Acronyms
ITEM 29 Acronyms 2024

Hyd y cyfarfod:	04:25	Statws yr agenda:	BWRDD ADORED YR YMDDIRIEDOLAETH - 27 MAWRTH 2025					Dyddiad cau ar gyfer papurau: 18 Mawrth 2025	
Amser	**Munudau a neilltuwyd**	**Agendum**	**Teitl**	**Eitem ar gyfer**	**Cais am eitem gan**	**Fformat**	**Papur a baratowyd gan**	**Eitem wedi'i chyflwyno gan**	**Cydweithwyr i'w cynnwys**
			EITEMAU AGORIADOL						
		1	Croeso gan y Cadeirydd, Ymddiheuriadau a Chworwm	Gwybodaeth	Sefydlog	Ar lafar	Ddim yn berthnasol	Cadeirydd	
		2	Datganiadau o Fuddiant	I ddatgan gwrthdaro	Sefydlog	Ar lafar	Ddim yn berthnasol	Cadeirydd	
09:30	00:05	3	Cofnodion y Cyfarfod Diwethaf: 3.1 Bwrdd yr Ymddiriedolaeth 30 Ionawr 2025	Cymeradwyaeth	Sefydlog	Papur	Ddim yn berthnasol	Cadeirydd	
		4	Cofnodion Gweithredu a Materion sy'n Codi	Trafodaeth	Sefydlog	Papur	Ddim yn berthnasol	Cadeirydd	
09:35	00:05	5	Adroddiad y Cadeirydd a'r Is-gadeirydd	Gwybodaeth	Sefydlog	Papur	CorGov	Cadeirydd, Is-gadeirydd	Alex Payne
09:40	00:20	6	Adroddiad y Prif Swyddog Gweithredol Cam gweithredu 04/25: Gofynnodd y Cadeirydd am ddiweddariad ar y cynllun peilot Chwe mis Diwedd Oes, Gofal Lliniarol a sut yr oedd y cynllun yn dod yn ei flaen. Gofynnwyd a oedd y cynllun yn cael ei ymestyn a chytunwyd y byddai Andy Swinburn yn rhoi diweddariad maes o law. Rhoddwyd diweddariad i'r Cadeirydd gan Andy Swinburn - cam gweithredu wedi'i gwblhau	Gwybodaeth	Sefydlog	Papur	Swyddfa'r Prif Swyddog Gweithredol	Prif Swyddog Gweithredol	Keith Ellingham
10:00	00:10	7	Cwestiynau gan Aelodau'r Cyhoedd	Gwybodaeth	Sefydlog	Ar lafar	Partneriaethau	Estelle Hitchon	
10:10	00:20	8	Stori staff/claf Ffilm fer am stori profiad staff/claf o'r gwasanaeth oncoleg gwirfoddol. (Gohiriwyd o'r cyfarfod blaenorol).	Trafodaeth	Sefydlog	Cyflwyniad	Ddim yn berthnasol	Lee Brooks	Leanne Hawker
			EITEMAU AT GYFER CYMERADWYAETH, SICRWYDD A THRAFODAETH						
10:30	00:20	9	Cynnydd ar Gamau i Liniaru Niwed Cleifion y Gellir ei Osgoi (Adrodd diwygiedig) Cam gweithredu 0725 - Darparu dadansoddiad bwrdd iechyd i Llais o'r data cyfarwyddiadau rhyddhau ar unwaith. Ymatebwyd i'r cais hwn mewn cyfarfod gan Lee Brooks ac fe'i dilynwyd i fyny, yn unol â'r maes sylwadau. Cam gweithredu wedi'i gwblhau. Cam Gweithredu 07/25a - Cafwyd trafodaeth am allu'r dangosfwrdd i roi nifer y digwyddiadau ymatebodd coch ac oren 1 mewn cyd-destun a gofynnodd Ceri Jackson a oedd yn bosibl. Soniodd Rachel Marsh fod rhywfaint o'r data hwn ar gael yn yr MIQPR a chytunodd i ystyried dangosfwrdd a oedd yn ddigon bach i dynnu sylw at y materion allweddol o'r MIQPR ac un a fyddai'n rhoi ymdeimlad gwirioneddol o'r cyd-destun. (RM)	Sicrwydd	Sefydlog	Papur	SPP	Jason Killens	Rachel Marsh, Hugh Bennett
10:50	00:10	10	Rheoli Risg a Fframwaith Sicrwydd y Bwrdd	Sicrwydd	Sefydlog	Papur	CorGov	Trish Mills	Julie Boalch
11:00	00:15	11	Adroddiad Ansawdd a Pherfformiad Integredig Misol (MIQPR)	Sicrwydd	Sefydlog	Papur	SPP	Rachel Marsh	Hugh Bennett, Mark Thomas, Melanie O'Connor
11:15	00:10	12	Fframwaith Rheoli Perfformiad Ansawdd - Adnewyddu	Cymeradwyaeth	Blaengynllun	Papur	SPP	Rachel Marsh	Hugh Bennett
11:25	00:15		EGWYL						
11:40	00:15	13.1	Cynllun Tymor Canolig Integredig 2025-28	Cymeradwyaeth	CoB	Papur	SPP	Rachel Marsh	Alex Crawford
		13.2	Amcanion Llesiant	Cymeradwyaeth	Ad hoc	Papur	SPP	Estelle Hitchon	Alex Crawford
11:55	00:10	13.3	Cyllideb Refeniw gychwynnol 2025/26	Cymeradwyaeth	CoB	Papur	FinCor	Chris Turley	Edward Roberts
12:05	00:10	14	Adroddiad Cynnydd Cynllun Tymor Canolig Integredig 2024/25	Sicrwydd	CoB	Papur	SPP	Rachel Marsh	Alex Crawford
12:15	00:10	15	Diweddariad Cyllid Mis 11	Sicrwydd	Sefydlog	Papur	FinCor	Chris Turley	Edward Roberts
12:25	00:10	16	Diweddariad Codi Llais heb Ofn (bob 6 mis)	Sicrwydd	CoB	Papur	Pobl	Lizzie O'Shea, Angie Lewis	Sarah Davies, Lizzie O'Shea
12:35	00:10	17	Diweddariad ar arolwg staff y GIG	Sicrwydd	Ad hoc	Papur	Pobl	Angie Lewis	Sarah Davies
12:45	00:15	18	Adroddiad Blynyddol - Archwilio Cymru 2024/25	Sicrwydd	CoB	Papur	Archwilio Cymru	Fflur Jones, Archwilio Cymru	Cc Trish Mills
13:00	00:10	19	Comisiynu Addysgol AaGIC	Cymeradwyaeth	Blaengynllun	Papur	Pobl	Carl Kneeshaw	Sarah Davies

13:10	00:10	20	Adroddiad Llywodraethu 20.Diwygiadau i'r Rheolau Sefydlog a'r SoRD	Cymeradwyaeth	Yn ôl y gofyn.	Papur	CorGov	Trish Mills	Alex Payne
		21	Adroddiadau Pwyllgorau'r Bwrdd:	Sicrwydd	Sefydlog	Papur	CorGov		
		21.1	4 Chwefror 2025 - Y Pwyllgor Ansawdd, Profiad Cleifion a Diogelwch	Sicrwydd	Sefydlog	Papur	CorGov	Bethan Evans	
13:20	00:30	21.2	18 Chwefror 2025 - Y Pwyllgor Pobl a Diwylliant	Sicrwydd	Sefydlog	Papur	CorGov	Ceri Jackson	
		21.3	8 Mawrth 2025 - Y Pwyllgor Archwilio, Risg a Sicrwydd	Sicrwydd	Sefydlog	Papur	CorGov	Peter Curran	
		21.4	13 Mawrth 2025 - Y Pwyllgor Tâl Cydnabyddiaeth	Sicrwydd	Sefydlog	Papur	CorGov	Cadeirydd	
		21.5	18 Tachwedd 2025 - Y Pwyllgor Cyllid a Pherfformiad	Sicrwydd	Sefydlog	Papur	CorGov	Jayne Beeslee	
			EITEMAU CYDSYNIAD Mae'r eitemau sy'n dilyn er gwybodaeth yn unig. Os bydd aelod yn dymuno trafod unrhyw rai o'r eitemau hyn gofynnir iddo hysbysu'r Cadeirydd fel y gellir neilltuo amser i wneud hynny.						
13:50	00:00	22	Cofnodion Pwyllgorau'r Bwrdd: 5 Tachwedd 2024 - Y Pwyllgor Ansawdd, Profiad Cleifion a Diogelwch 14 Tachwedd 2024 - Y Pwyllgor Pobl a Diwylliant 21 Tachwedd 2024 - Y Pwyllgor Archwilio, Risg a Sicrwydd 16 Ionawr 2025 - Y Pwyllgor Cyllid a Pherfformiad	Gwybodaeth	Sefydlog	Papur	CorGov	Cadeirydd	
		23	Adroddiad Sicrwydd SSPC Dyddiedig 21 Tachwedd 2024	Gwybodaeth	Sefydlog	Papur	CorGov	Cadeirydd	
			EITEMAU CAU						
		24	Myfyrdodau a Chrynodeb o Benderfyniadau/Camau Gweithredu	Trafodaeth	Sefydlog	Ar lafar	Ddim yn berthnasol	Cadeirydd	
		25	Unrhyw Fater Arall	Trafodaeth	Sefydlog	Ar lafar	Ddim yn berthnasol	Cadeirydd	
13:50	00:05	26	Gwahardd y wasg ac aelodau'r cyhoedd. Gwahodd y wasg a'r cyhoedd i adael y cyfarfod oherwydd natur gyfrinachol y busnes sydd ar fin cael ei drafod (yn unol ag Adran 1(2) o Ddeddf Cyrff Cyhoeddus (Mynediad i Gyfarfodydd) 1960).	Cymeradwyaeth	Sefydlog	Ar lafar	Ddim yn berthnasol	Cadeirydd	
		27	Dyddiad ac Amser y Cyfarfod Nesaf: 29 Mai 2025	Gwybodaeth	Sefydlog	Ar lafar	Ddim yn berthnasol	Cadeirydd	
		28	Acronymau	Gwybodaeth	Sefydlog	Papur	Ddim yn berthnasol	Cadeirydd	
13:55	**04:25**		**DIWEDD Y CYFARFOD**						

PRIF GYFLWYNWYR

Enw	Swydd
Jayne Beeslee	Cyfarwyddwr Anweithredol; Cadeirydd y Pwyllgor Cyllid a Pherfformiad
Peter Curran	Cyfarwyddwr Anweithredol, Is-gadeirydd a Chadeirydd ARAC
Colin Dennis	Cadeirydd Bwrdd yr Ymddiriedolaeth
Bethan Evans	Cyfarwyddwr Anweithredol, Cadeirydd QuEST
Estelle Hitchon	Cyfarwyddwr Partneriaethau
Ceri Jackson	Cyfarwyddwr Anweithredol, Is-gadeirydd y Bwrdd a Chadeirydd PCC
Jason Killens	Prif Swyddog Gweithredol
Carl Kneeshaw	Cyfarwyddwr Pobl
Angie Lewis	Cyfarwyddwr Newid Diwylliant
Rachel Marsh	Cyfarwyddwr Gweithredol Strategaeth, Cynllunio a Pherfformiad
Trish Mills	Cyfarwyddwr Llywodraethu Corfforaethol/Ysgrifennydd y Bwrdd
Chris Turley	Cyfarwyddwr Gweithredol Cyllid ac Adnoddau Corfforaethol

Length of Meeting:	05:05	Agenda Status:	OPEN TRUST BOARD - 27 MARCH 2025					Deadline for papers: 18 March 2025	
Time	**Mins allotted**	**Agendum**	**Title**	**Item for**	**Item requested by**	**Format**	**Paper prepared by**	**Item presented by**	**Colleagues to cc**
			OPENING ITEMS						
09:30	00:05	1	Chair's Welcome, Apologies and Quorum	Information	Standing	Verbal	n/a	Chair	
		2	Declarations of Interest	To State Conflicts	Standing	Verbal	n/a	Chair	
		3	Minutes of the Last Meeting: 3.1 Trust Board 30 January 2025	Approval	Standing	Paper	n/a	Chair	
		4	Action Log & Matters Arising	Discussion	Standing	Paper	n/a	Chair	
09:35	00:05	5	Chair and Vice Chair's Report	Information	Standing	Paper	CorGov	Chair, Vice Chair	Alex Payne
09:40	00:20	6	Chief Executive's Report	Information	Standing	Paper	CEO Office	CEO	Keith Ellingham
10:00	00:10	7	Questions from Members of the Public	Information	Standing	Verbal	Partnerships	Estelle Hitchon	
10:10	00:20	8	Staff/Patient Story A short film about a staff/patient experience story of the volunteer oncology service. (Deferred from the previous meeting).	Discussion	Standing	Presentation	n/a	Lee Brooks	Leanne Hawker
			FOR APPROVAL, ASSURANCE AND DISCUSSION						
10:30	00:20	9	Actions to Mitigate Avoidable Patient Harm (Revised Reporting)	Assurance	Standing	Paper	SPP	Jason Killens	Rachel Marsh, Hugh Bennett
10:50	00:10	10	Risk Management and Board Assurance Framework	Assurance	Standing	Paper	CorGov	Trish Mills	Julie Boalch
11:00	00:15	11	Monthly Integrated Quality and Performance Report (MIQPR)	Assurance	Standing	Paper	SPP	Rachel Marsh	Hugh Bennett, Mark Thomas, Melanie O'Connor
11:15	00:10	12	Quality Performance Management Framework - Refresh	Approval	Forward Planner	Paper	SPP	Rachel Marsh	Hugh Bennett
11:25	00:15		COMFORT BREAK						
11:40	00:15	13.1	Integrated Medium-Term Plan (IMTP) 2025-28	Approval	CoB	Paper	SPP	Rachel Marsh	Alex Crawford
		13.2	Wellbeing Objectives	Approval	Ad hoc	Paper	SPP	Estelle Hitchon	Alex Crawford
11:55	00:10	13.3	Initial 2025/26 Revenue Budget	Approval	CoB	Paper	FinCor	Chris Turley	Edward Roberts
12:05	00:10	14	Integrated Medium-Term Plan (IMTP) 2024/25 Progress Report	Assurance	CoB	Paper	SPP	Rachel Marsh	Alex Crawford
12:15	00:10	15	Finance Update Month 11	Assurance	Standing	Paper	FinCor	Chris Turley	Edward Roberts
12:25	00:10	16	Speaking Up Safely Update (6 monthly)	Assurance	CoB	Paper	People	Lizzie O'Shea, Angie Lewis	Sarah Davies, Lizzie O'Shea
12:35	00:10	17	Update on NHS staff survey	Assurance	Ad hoc	Paper	People	Angie Lewis	Sarah Davies
12:45	00:15	18	Audit Wales - Annual Report 2024/25	Assurance	CoB	Paper	Audit Wales	Fflur Jones, Audit Wales	Cc Trish Mills
13:00	00:40		LUNCH						
13:40	00:10	19	HEIW Education Commissioning	Approval	Forward Planner	Paper	People	Carl Kneeshaw	Sarah Davies
13:50	00:10	20	Governance Report 20.Amendments to Standing Orders and SoRD	Approval	As required.	Paper	CorGov	Trish Mills	Alex Payne
14:00	00:30	21	Board Committee Reports:	Assurance	Standing	Paper	CorGov		
		21.1	4 February 2025 - Quality, Patient Experience and Safety Committee	Assurance	Standing	Paper	CorGov	Bethan Evans	
		21.2	18 February 2025 - People and Culture Committee	Assurance	Standing	Paper	CorGov	Ceri Jackson	
		21.3	6 March 2025 - Audit, Risk and Assurance Committee	Assurance	Standing	Paper	CorGov	Peter Curran	
		21.4	13 March 2025 - Remuneration Committee	Assurance	Standing	Paper	CorGov	Chair	
		21.5	18 March 2025 - Finance and Performance Committee	Assurance	Standing	Paper	CorGov	Jayne Beeslee	
			CONSENT ITEMS The items that follow are for information only. Should a member wish to discuss any of these items they are requested to notify the Chair so that time may be allocated to do so.						

14:30	00:00	22	Minutes of Board Committees: 5 November 2024 - Quality, Patient Experience and Safety Committee 14 November 2024 - People and Culture Committee 21 November 2024 - Audit, Risk and Assurance Committee 16 January 2025 Finance and Performance Committee	Information	Standing	Paper	CorGov	Chair
		23	SSPC Assurance report Dated 21 November 2024	Information	Standing	Paper	CorGov	Chair
		24	Highlight Report from the Joint Commissioning Committee (JCC) - 21 January 2025	Information	Standing	Paper	CorGov	Chair
			CLOSING ITEMS					
		25	Reflections and Summary of Decisions/Actions	Discussion	Standing	Verbal	n/a	Chair
		26	Any Other Business	Discussion	Standing	Verbal	n/a	Chair
14:30	00:05	27	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).	Approval	Standing	Verbal	n/a	Chair
		28	Date & Time of the Next Meeting: 29 May 2025	Information	Standing	Verbal	n/a	Chair
		29	Acronyms	Information	Standing	Paper	n/a	Chair
14:35	**05:05**		**CLOSE**					

LEAD PRESENTERS

Name	Position
Jayne Beeslee	Non-Executive Director, Chair of Finance and Performance Committee
Peter Curran	Non - Executive Director, Vice Chair and Chair of ARAC
Colin Dennis	Chair of the Trust Board
Bethan Evans	Non-Executive Director, Chair of QuEST
Estelle Hitchon	Director of Partnerships
Ceri Jackson	Non - Executive Director, Vice Chair and Chair of PCC
Jason Killens	Chief Executive Officer
Carl Kneeshaw	Director of People
Angie Lewis	Director of Culture Change
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Trish Mills	Director of Corporate Governance/Board Secretary
Chris Turley	Executive Director of Finance and Corporate Resources

Name	Position	Declaration	Interest Type	Date Interest Started	Date Interest Ended	Left Trust
BEAUMONT-WOOD, Rhiannon	**Non-Executive Director** * Member of the Remuneration Committee * Member of the the Audit, Risk and Assurance Committee * Member of the Quality, Patient Experience and Safety Committee	Dorset Integrated Care Board (NHS Dorset), Non-Executive Director	Financial Interest	May 2023		
		Nursing and Midwifery Council (NMC), Designated Council Member for Wales	Financial Interest	June 2024		
		RBW Executive and Professional Coaching Ltd, Company Director (Company No 14938585) and Shareholder	Financial Interest	June 2023		
		Currently on coaching framework with Health Education and Improvement Wales	Financial Interest	June 2024		
		Registered Nurse (NMC)	Non-Financial Professional	January 1995		
		Registered Specialist Community Public Health Nurse	Non-Financial Professional	September 1996		
		Member of the Royal College of Nursing	Non-Financial Professional	2007		
BEESLEE, Jayne	**Non-Executive Director** * Chair of the Finance and Performance Committee * Member of the Remuneration Committee * Member of the Academic Partnership Committee	Employment for interim assignments via Public Sector Resourcing (an agency) regarding the review of major UK government programmes (remunerated net of tax via an Umbrella Company – Danbro Employment Umbrella Ltd)	Financial Interest	01 October 2023		
		Member Representative on the UK Civil Service Pension Board	Non-Financial Personal	01 October 2019		
		Governor on the Finance & General Purposes Committee of Cardiff and Vale Further Education College	Non-Financial Personal	01 February 2024		
		Fellow Chartered Institute of Personnel & Development	Non-Financial Personal	01 April 2006		
BROOKS, Lee	**Executive Director of Operations**	Partner employed by Welsh Ambulance Services NHS Trust	Any Other Interest	July 2019		
		Member of the Order of St John	Any Other Interest	01 March 2023		
		Volunteer – St John's Ambulance Cymru	Any Other Interest	06 April 2023		
		Council Member – St John's Ambulance Cymru Gwent Council	Any Other Interest	06 April 2023		
CURRAN, Peter	**Non-Executive Director** * Chair of the Audit, Risk and Assurance Committee * Chair of the Charity Committee * Member of the Finance and Performance Committee * Member of the Remuneration Committee	Trustee of Action for Children [1097940]	Position in Charity or Voluntary Organisation	01 February 2021		
		Company Director – Action for Children [04764232]	Directorships	01 February 2021		
		Company Director – Action for Children (Wales) Ltd [10011497]	Directorships	05 April 2022		
		Trustee of National Youth Arts Wales [1170643]	Position in Charity or Voluntary Organisation	06 May 2021		
		Company Director – National Youth Arts Wales [10449512]	Directorships	06 May 2021		
		Non-Executive Director for Taff Housing	Position in Charity or Voluntary Organisation	01 May 2022		
		Company Director – Team Police Ltd [12518812]	Directorships	01 January 2022	31 October 2024	
		Independent Board Member of the Project Board – National Contemporary Art Gallery for Wales	Any Other Interest	01 January 2024		
		Interim Finance Director for Torfaen Leisure Trust	Directorships	01 September 2023	29 February 2024	
		Interim Independent Member – Kaplan International Colleges UK Ltd [05268303	Directorships	01 March 2024		
		Independent Member – Kaplan Open Learning (inc member of the Audit & Risk Committee)	Directorships	21 March 2024		
DENNIS, Colin	**Chair of Trust Board and Non-Executive Director** * Chair of Remuneration Committee	Chair – Citizen Housing [Charity] (previously WM Housing Group)	Position in Charity or Voluntary Organisation	01 January 2015		
		Company Director – Citizen Treasury PLC (previously WM Housing Treasury Ltd)	Directorships	29 August 2017		
		Company Director – Citizen Treasury Vehicle Ltd	Directorships	04 September 2017		
		Chair – North Devon Homes	Position in Charity or Voluntary Organisation	01 October 2021		
		Company Director – North Devon Homes	Directorships	01 April 2022		
		Chair – Green Square Accord (Housing Association)	Position in Charity or Voluntary Organisation	26 March 2024		
		Company Director – LowCarbonLiving Homes Ltd [04207671]	Directorships	26 March 2024		
		Company Director – Green Square Estates Ltd [8719365]	Directorships	26 March 2024		
EVANS, Bethan	**Non-Executive Director** * Chair of Quality, Patient Experience & Safety Committee * Member of Finance & Performance Committee * Member of People & Culture Committee * Member of Remuneration Committee	Managing Director (Employed) at My Choice Healthcare Limited.	Any Other Interest	01 June 2019		
		Non-Executive Board Member at RHA (Social Housing Organisation – Community Benefit Society)	Position in Charity or Voluntary Organisation	01 November 2019		
		Company Director – My Choice Healthcare South Wales Limited	Directorships	11 March 2020		
		Company Director – Moorlands Rehabilitation (Staffordshire) Limited.	Directorships	20 December 2019		
		Company Director – Springfield (Barqoed) Limited.	Directorships	12 March 2020		
		Company Director – Homes of Excellence Limited	Directorships	19 March 2021		
		Company Director – Victoria House Care Property Limited	Directorships	05 March 2020		
		Company Director – My Choice Healthcare (Four) Limited	Directorships	27 April 2022		
		Company Director – Luk Ros Property Limited	Directorships	12 March 2020		
		[Previously called Homes of Excellence Healthcare Limited, Company name changed 12.08.2022 - #12513139]	*Directorships*	*12 March 2020*		
		Company Director – Hawthorn Court Property Limited	Directorships	27 April 2022		
		[Previously called My Choice Healthcare (Three) Limited, Company name changed 12.08.2022 - #13371375]	*Directorships*	*27 April 2022*		
		Company Director – Ocean Living Property Limited	Directorships	22 July 2022		
		Company Director – Hawthorn Court Care Limited	Directorships	22 July 2022		
		Company Director – Glyncornel Property Limited	Directorships	01 July 2022		
		Company Director – My Choice Healthcare (Two) Limited	Directorships	01 July 2022		
		Company Director – Carmarthen Care Limited	Directorships	02 January 2024		
		Company Director – Towy Castle Property Limited	Directorships	01 September 2023		
HUTCHINGS, Hayley	**Non-Executive Director** * Member of the Remuneration Committee * Member of the Academic Partnership Committee * Member of the People and Culture Committee	Employed at Swansea University, Professor of Health Services Research	Financial Interest	17 June 1995		
HITCHON, Estelle	**Director of Partnerships and Engagement**	Member of Academi Wales Expert Panel	Position in Charity or Voluntary Organisation	15 July 2024		

Name	Position	Declaration	Interest Type	Date Interest Started	Date Interest Ended	Left Trust
JACKSON, Ceri	**Non-Executive Director & Vice Chair of the Trust Board** * Chair of the People and Culture Committee * Member of the Charity Committee * Member of Audit Committee * Member of Quality, Patient Experience & Safety Committee * Member of Remuneration Committee	Management Consultant primarily working in third sector	Interest in Companies and Securities	01 May 2019		
		Associate Director of SamKat Consulting Ltd in my capacity as self-employed management consultant	Directorships	01 June 2021		
		Charity Trustee - Stroke Association Trustee, Chair Wales Advisory Group.	Position in Charity or Voluntary Organisation	08 October 2020		
		Charitable Company - Stroke Association - Company Director	Directorships	08 October 2020		
KILLENS, Jason	**Chief Executive**	Honorary Professor - Swansea University	Personal or Departmental Sponsorship	2019		
		Chairperson – Association of Ambulance Chief Executives (AACE)	Non-Financial Professional	September 2024		
		Company Director of the Association of Ambulance Chief Executives (AACE), Co No. (07761209)	Directorships	September 2024		
		Officer of the Order of St John	Any Other Interest	January 2024		
		Member of the Order of St John	Any Other Interest	2009	2024	
KNEESHAW, Carl	**Director of People**	Chartered Fellow of Chartered Institute of Personnel and Development	Personal or Departmental Sponsorship	April 2020		
		Fellow of Institute of Leadership	Personal or Departmental Sponsorship	October 2020		
		Safeguarding Lead for local outreach charity, Brunstad Christian Church – Huntworth, Bridgwater, Somerset	Position in Charity or Voluntary Organisation	September 2018		
LEWIS, Angela	**Director of Culture Change**	Nil Declaration				
MARSH, Rachel	**Executive Director of Strategy, Planning and Performance**	Nil Declaration				
MILLS, Patricia (Trish)	**Director of Corporate Governance/ Board Secretary**	Nil Declaration				
PARRY, Hugh	**Trade Union Partner**	Nil Declaration				
ROWAN, Hannah	**Non-Executive Director** * Chair of Academic Partnership Committee * Member of Charity Committee * Member of People & Culture Committee * Member of Remuneration Committee	Director, St Martin's Associates (Business consulting and coaching)	Directorships	04 April 2022		
		Non -Executive Director Qualifications Wales (regulator for all non degree qualifications in Wales)	Any Other Interest	01 April 2021		
		Trustee MAE Cymru (Christian charity which champions gender equality in church of Wales)	Position in Charity or Voluntary Organisation	13 November 2021	November 2023	
		Elected member, The governing body of the church in Wales (Parliament of church in Wales - voting member)	Any Other Interest	01 April 2021		
		Relative (Parent) is a Non-Executive Director for Social Care Wales	Any Other Interest	01 April 2017		
SAMMUT, Jonathan (Jonny)	**Director of Digital Services [appointed 26.09.2023]**	Fellow of the British Computer Society – FBCS	Any Other Interest	04 March 2024		
		Panel Member of the UK CIO Advisory Panel – Digital Health	Any Other Interest	05 July 2023		
		Federation of Informatics Professionals - Leading Practitioner	Any Other Interest	25 April 2024		
SWINBURN, Andrew (Andy)	**Executive Director of Paramedicine**	Strategic Advisor to College of Paramedics	Any Other Interest	01 January 2020		
TURLEY, Christopher	**Executive Director of Finance and Corporate Resources**	Treasurer of Royal Gwent Hospital League of Friends.	Position in Charity or Voluntary Organisation	01 February 2022	05 November 2024	
TURNER, Damon	**Trade Union Partner**	Nil Declaration				
WILLIAMS, Liam	**Executive Director of Quality and Nursing [from 01 August 2022]**	Chair/Director - Thornbury Carnival Community Interest Company Voluntary	Position in Charity or Voluntary Organisation	01 August 2019		
		Member Royal College Nursing	Any Other Interest	01 August 2022		
		Committee member Royal College Nursing, Nurses in Management and Leadership Forum Steering Committee	Position in Charity or Voluntary Organisation	01 August 2022		

MINUTES OF THE OPEN MEETING OF THE WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST BOARD, HELD on THURSDAY 30 JANUARY 2025 MEETING HELD IN THE CARDIFF MAKE READY DEPOT AND VIA ZOOM

Meeting started at 10:00

PRESENT:

Colin Dennis	Non-Executive Director and Chair of the Board
Jason Killens	Chief Executive
Rhiannon Beaumont-Wood	Non-Executive Director
Jayne Beeslee	Non-Executive Director
Lee Brooks	Executive Director of Operations
Peter Curran	Non-Executive Director
Bethan Evans	Non-Executive Director
Carl Kneeshaw	Director of People
Professor Hayley Hutchings	Non-Executive Director
Estelle Hitchon	Director of Partnerships and Engagement
Ceri Jackson	Vice Chair and Non-Executive Director
Carl Kneeshaw	Director of People
Angela Lewis	Director of Culture Change
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Trish Mills	Director of Corporate Governance/Board Secretary
Hugh Parry	Trade Union Partner
Jonny Sammut	Director of Digital Services
Andy Swinburn	Executive Director of Paramedicine (Virtual)
Chris Turley	Executive Director of Finance and Corporate Resources
Liam Williams	Executive Director of Quality and Nursing

ATTENDEES:

Angela Mutlow	Director of Operations, Llais (Voice) Wales
Steve Owen	Corporate Governance Officer (Virtual)
Alex Payne	Corporate Governance Manager

BSL INTERPRETERS:

Anthony Evans
Njal Sion Curlett

APOLOGIES:

Hannah Rowan	Non-Executive Director
Damon Turner	Trade Union Partner

DRAFT

01/25 WELCOME AND APOLOGIES FOR ABSENCE

Welcome and Apologies:
The Chair welcomed all to the meeting, apologies were received from Hannah Rowan and Damon Turner.

Declarations of Interest:
The Board noted that all declarations of interest were formally recorded on the Trust's Register of Interests.

RESOLVED: That

(1) The declarations of interest on the Trust's Register of Interests were formally recorded.
(2) The apologies of Hannah Rowan and Damon Turner were noted.

02/25 PROCEDURAL MATTERS

The Chair reiterated that the Board meeting was part of the overall scrutiny and assurance process with much of the detailed work undertaken in the Committees, that met prior to the Trust Board, and that Committee AAA highlight reports, which featured later in the agenda, together with committee minutes, all added to the overall assurance and scrutiny process. He added that all Committee meetings had been quorate and well attended.

Minutes: The Minutes of the Board meeting held on 29 November 2024 were presented and confirmed as a correct record subject to annotating the apology of Angela Mutlow.

RESOLVED: That the Minutes of the Board meeting held on 29 November 2024 were confirmed as a correct record subject to the minor amendment as described.

03/25 CHAIR AND VICE CHAIR'S REPORT

The report of the Chair and Vice Chair was presented as read and the Chair drew attention to the following areas:

He thanked Non-Executive colleagues for their support in visiting staff over Wales during the Christmas and New Year period.

Liam Williams updated the Board that Cardiff University were currently consulting on the withdrawal of the provision of training which would have an effect on the Trust.

RESOLVED: The update was noted.

04/25 CHIEF EXECUTIVE'S UPDATE

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

1. Following a successful trial, the availability of the Mental Health Response Vehicle (MHRV) has been expanded across 3 Southeast Health Boards, 7 days a week between the hours of 1300-0100. A Senior Trust Mental Health Practitioner and Emergency Medical Technician will work together on the vehicle to assess and treat patients in the community for a timelier response and to reduce avoidable hospital admissions. Recent recruitment has increased the number of Mental health practitioners (MHP) from 8 to 10, with the 2 additional remaining in training until 17th January 2025. The MHRV has responded to 144 patients where 40.2% of those patients were treated at scene. The average time on scene for the MHPs has been 41:08 minutes.

2. On Monday 30 December 2024, the Trust experienced high activity following the Christmas break, compounded by significant lost capacity due to handover delays, which severely hampered its ability to respond effectively. As the day progressed, the number of waiting incidents escalated, leading to increased community wait times. He asked for a note of thanks to be recorded for all those staff involved during this extremely challenging time for their hard work and efforts.

3. Planning has begun for the Long Service Awards 2025 which will see an increase in the number of colleagues invited because of changes to the eligibility criteria and the introduction of the 30 and 40-year clasp.

4. Aligned with the Trust's commitment to amplify colleague voices and enhancing the workplace experience for all, the new 'Moving on Conversation' process launches in January. Awareness sessions will be delivered to support the new process, enabling leavers to complete the questionnaire independently, with their manager or with a People Services colleague. This supports the Trust's aim to reduce turnover, improve retention and enhance attraction by identifying and addressing themes and trends that impact culture at a local level.

5. The Education and Development team has received international recognition (the Silver Award for Best Use of Blended Learning in the Public Sector at the Learning Technology Awards) for its innovative blended learning programmes which enhance emergency birth management skills and improve newborn survival rates.

6. In terms of additional mitigation measures to improve staff and patient experience when exposed to diesel fumes while awaiting the transfer from an emergency ambulance to the hospital; Aneurin Bevan University Health Board was the first Health Board to secure the additional shorelines that have enabled the Trust to deploy Dyson Sahara fans in vehicles waiting under canopies.

DRAFT

7. Race Equality Week – 3 to 7 February 2025. This will involve a different theme every day and all were encouraged to attend at some point. In addition, on 23 February 2025 the Trust will hold an Expo in Cardiff to reach out to diverse communities to showcase opportunities in the Trust. Also, on 4 March 2025 an event will be held at Beacon House to break the fast for Muslim colleagues.

Following a query on digital innovation and the opportunities with the NHS App and whether this was factored into the Trust's ambition, Jonny Sammut updated the Board that work was underway with other Health Board colleagues about the opportunities to shape the digital future of the NHS. Members welcomed the improvements in the Welsh Language 111 service in handling Welsh language calls.

In terms of the Mental Health Response Vehicle (MHRV), it was asked if there was information on how this initiative was progressing and the impact of it. Liam Williams highlighted there were some positive outcomes from an evaluation at Aneurin Bevan University Health Board. He mentioned that the Trust was working with an external organisation to improve its value-based healthcare assessments of the innovations it has implemented.

The Chair asked for an update on the Six month End of Life, Palliative Care pilot scheme and how the plan was progressing. It was asked whether the plan was being extended and it was agreed that Andy Swinburn would provide an update to the Chair.

RESOLVED: That the update was noted.

05/25 QUESTIONS FROM MEMBERS OF THE PUBLIC

Estelle Hitchon confirmed there was one question from Catherine Fookes MP who asked how the Trust intended to reduce ambulance waiting times at the Grange Hospital.

Lee Brooks addressed the broader challenges from a national perspective as it was not an issue unique to Aneurin Bevan. It was noted that the Trust was taking several strategic and tactical steps, particularly focusing on reducing pressure on emergency departments and improving patient care in the community, these included:

1. Reducing Hospital Admissions: Efforts to safely reduce the need to take patients to hospitals, aiming to alleviate pressure on emergency departments.

2. Advanced Paramedic Practitioners: Increasing the workforce by 32 to enhance clinical decision-making in the community.

3. Remote Clinical Workforce: Significant growth in the remote clinical workforce to improve patient care through services like clinical support desks and 111.

4. Mental Health response Vehicle (MHRV): Initiatives to avoid taking mental health patients to emergency departments, providing more appropriate care settings.

5. Connected Cymru Project: Progress in remote monitoring and community welfare responder roles to manage patients outside of hospitals.

6. Safety Plan for Winter: Strategies to navigate patients to appropriate care options, reducing emergency department visits.

7. Engagement with Government and Health Boards: There were ongoing efforts to improve handover times and overall patient experience.

RESOLVED: The Board received and responded to the question presented.

06/25 STAFF/PATIENT STORY

There were technical issues in showing the video and it was agreed to circulate the video to Members and defer the video to the next meeting of the Trust Board in March 2025

The Chair applauded the dedication and involvement of the volunteers in the various activities across the Trust, Their sense of belonging and pride in wearing the uniform was a testament to the positive impact they have on the community and the Trust. He apologised to Howard Wiltshire, Michael Samuels, and Nicola Lloyd for not being able to show the staff story video at this meeting.

The update on the previous staff story was given by Carl Kneeshaw. At the last meeting the Board heard the story from Sian Jones. Since then, it has been a challenging time for her, she has been going through a very tough time with her dad's cancer diagnosis. It has been heartening to hear that she has the support of her colleagues during this difficult period. Despite these personal challenges, her dedication to her role and her willingness to take on new responsibilities, like the administrative lead for the Trust bursary scheme, was truly commendable. Her commitment to engaging with Jo Kelso's work and her plans to return when the time was right shows her resilience and passion. It was clear that Sian's contributions have a significant impact on the team.

RESOLVED: The Staff/Patient story was deferred to the next meeting.

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07/25 ACTIONS TO MITIGATE AVOIDABLE PATIENT HARM

Jason Killens drew the Board's attention to the following areas within the report:

1. It was estimated that 585 patients had come to severe harm outside Emergency Departments in December 2024 (higher than the two-year average) due to extended handover times.

2. There were 10,528 patients who cancelled their call, or the Trust could not send a resource to them in December 2024, with an estimated half of these patients turning up elsewhere in the unscheduled care system e.g. "walk ins".

3. In December 2024 3,185 red (immediately life threatening) incidents were reached in 8 minutes, materially above the two-year average of 2,307 incidents.

4. The Trust produced 98% of its EMS rosters (unit hours production), exceeding the 95% benchmark However, it lost 26% of its conveying production to hospital handover lost hours, a level of loss that cannot be offset through its own improvement actions.

5. The number of patient handover delays more than 1 hour in December were nearly 600 more than the previous December average.

Following a query from Angela Mutlow (Llais) seeking a breakdown of Immediate Release data by each Health Board, Lee Brooks agreed to share this data along with a copy of the Immediate Release Protocol after the meeting.

Ceri Jackson, asked whether, including Red patients were there now more calls categorised as red which previously would have been amber. Lee Brooks explained there had not been any recent change to the coding, the driver underneath this was breathing problems.

The challenges and importance of accurately triaging breathing problems using the Medical Priority Dispatch System (MPDS) was to ensure that patients received the appropriate level of care as both under-triaging and over-triaging can have significant consequences. Under-triaging can lead to delays in critical care for patients who need immediate attention, while over-triaging can strain emergency resources and potentially delay care for others in need. It was a delicate balance, and continuous monitoring and assessment are essential to improve the accuracy of the system. He added that Demographic factors can significantly influence the presentation of breathing problems. For instance, socioeconomic status, age, and even geographic location can affect how symptoms manifest and were reported.

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There was a discussion about the dashboard's ability to contextualise the volume of Red and Amber 1 responded incidents and Ceri Jackson asked if it was possible to include some analysis of this in the reporting. Rachel Marsh advised that some of this data was available in the Monthly Integrated Quality Performance Report (MIQPR), however agreed to consider adjustments to the dashboard to provide a better sense of context within the MIQPR.

Bethan Evans highlighted the Trust's progress in implementing the Clinical Transformation Model, particularly with the introduction of Rapid Clinical Screening and sought feedback on the effectiveness of this, thus far.

Rachel Marsh provided some important insights into the current state of the Clinical Model Transformation. The focus on Rapid Clinical Screening for Green and Amber 2 calls was a significant step, but the larger impact was anticipated once this was extended to amber 1 and red calls. Given the extreme pressure on the system, the Trust would be tracking improvements and developing a separate dashboard to monitor the impacts going forward.

Liam Williams emphasised the importance of separating operational targets and highlighted that the assumptions in the report were based on a study led by senior colleagues in Emergency Care. He noted that while the Putting Things Right (PTR) Report often showed balanced numbers, there can be delays in reporting the level of harm. He referred to the ongoing work with Digital Health and Care Wales which aimed to overlay data to better understand and monitor harm within the system. This will help in defining and mitigating harm more effectively. Furthermore, Liam Williams assured the Board that staff caring for patients in ambulances take every fundamental step to minimise and avoid harm.

RESOLVED: The Board

(1) NOTED the continued level of avoidable patient harm in the 999-emergency care pathway.

(2) NOTED the strategic imperative of delivering the Clinical Model Transformation programme.

08/25 MONTHLY INTEGRATED QUALITY PERFORMANCE REPORT

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

1. The Trust produced 124,279 Ambulance Response unit hours in December 2024 and delivered an emergency ambulance unit hours production (UHP) of 95%, achieving the 95% target.

2. 111 call handling performance has stabilised post-delivery of the new 111 Clinical Assessment Software (CAS). The service did not achieve the 5% abandonment rate in December 2024, although performance was just outside the upper control level (13%) at 14.5%. Planned production for December was boosted, based on demand forecasts, and as part of the Trust's winter planning, but was affected by high sickness reflecting wider sickness in the population.

3. Trust sickness absence: the Trust's overall sickness percentage was 8.69% in December 2024, a slight increase on the 8.06% recorded in November 2024. Actions within the Integrated Medium Term Plan (IMTP) concentrated on staff well-being with an aim to continue to reduce this level supported by the ten-point plan. The 8% was above the 2023/24 IMTP ambition of 6%.

4. Clinical outcomes: The percentage of suspected stroke patients who were documented as receiving an appropriate stroke care bundle was 88.7% in December 2024, remaining below the 95% performance target. The Return to Spontaneous Circulation (ROSC) compliance rate increased to 22.3% in December 2024 compared to 19.1% in November 2024.

Rhiannon Beaumont-Wood raised an important question about the analysis of underrepresented groups in disciplinary figures. Carl Kneeshaw explained that the Trust was actively investigating whether the issue lied within the process system or if it stemmed from not adequately hearing the voices of these groups. Angela Lewis added that the Trust has met with the Welsh Government to address concerns about the disproportionate number of colleagues from ethnic groups within these figures. Despite the small number of colleagues from these groups, it has become a key priority to understand and address the underlying issues.

The Chair commented that, despite the shift overruns, staff turnover seemed to be relatively modest and staff morale appeared to be good. Carl Kneeshaw added that people were committed to their roles and understood the challenges they faced. The collaboration with Trade Union Partners and other initiatives was seen as a valuable approach to improving the work experience.

RESOLVED: The Trust Board received the Monthly Integrated Quality and Performance Report for December 2024 and were content it provided sufficient assurance.

09/25 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK

Trish Mills explained that due to the Trust's Board and Committee meeting cycle, the third quarterly Risk and Board Assurance report was sitting slightly outside of normal reporting cycles for the principal risks. This meant that the risks presented have not

changed or differ to those presented to Board in November 2024, other than a new risk related to the Manchester Arena Inquiry (MAI).

This new MAI Risk 641 relates to the Trust's inability to implement the learning from all relevant MAI recommendations impacting its response to a major incident/mass casualty incident.

The Board took assurance that each of the principal risks have been and were being reviewed in line with the agreed reporting schedule throughout the latter part of December 2024 and early January 2025 and were navigating Trust governance processes in readiness for the next reporting cycle in March 2025.

Additionally, the Audit, Risk and Assurance Committee (ARAC) scrutinised each of the Trust's principal risks at its last meeting in November 2024, and the Finance and Performance Committee (FPC) scrutinised their related risks in January, including the new MAI risk.

RESOLVED: Members considered and discussed the contents of the report and:

(1) Noted the ongoing repositioning of Risks 223 and 224.
(2) Noted the reduction in score for Risk 163 from 16 (4x4) 12 (3x4) and Risk 594 from 20 (4x5) to 15 (3x5). Both risks will remain on the Corporate Risk Registers for ongoing management.
(3) Received assurance on the review and attention to the principal risks, their review at ELT and at relevant Committees.
(4) Noted the ratings and mitigating actions for each principal risk.

10/25 FINANCIAL PERFORMANCE MONTH 9. 2024/25

Chris Turley presented the update and drew the Board's attention to the following points: The cumulative revenue financial position reported was a small underspend against budget of £0.042m, based on some key assumptions consistent with those within the IMTP financial plan and the Board approved budget for 2024/25. The underlying year-end forecast for 2024/25 was currently a balanced position.

The risk in relation to costs associated with revised Emergency Medical Technician (EMT) level posts has been reduced in month to zero. However, it was key that the Board note that whilst this was no longer a risk for 2024/25, it was certainly a risk for 2025/26 and beyond and will be noted as a key element in the financial plan within the 2025-28 IMTP.

The Chair noted that the Finance Team were facing challenges and have managed to achieve, with the help of all Directorates, significant cost savings over the past year. There was concern about the increasing difficulty and the pressures that come with each passing year. The mention of the Band five increase and other cost pressures certainly

added to the complexity. He added it was important to stay realistic about the challenges ahead and not set false expectations.

RESOLVED:

(1) Noted and gained assurance in relation to the Month 9 revenue financial position and performance of the Trust as of 31 December 2024.
(2) Noted the delivery of the 2024/25 savings plan, and the context of this within the overall financial position of the Trust.
(3) Noted the capital programme update for 2024/25, and
(4) Noted the Month 9 Welsh Government (WG) monitoring returns submission included within *Appendices 1 – 2* (as required by WG).

11/25 INTEGRATED MEDIUM-TERM PLAN (IMTP) 2024-2027 – UPDATE

Rachel Marsh explained that the purpose of this paper was to provide the Board with an update on IMTP delivery and assurance following approval of revised arrangements for 2024-27.

The Board noted that the Finance and Performance Committee has reviewed the assurance reports that are available at Appendix 1 and 2 and was assured by overall progress, roll over into 2025/26 for some Directorate led deliverables and ongoing work to link outcomes to delivery, will feature in the next iteration of the IMTP in 2025/26.

This Report also set out in detail how the Clinical Model Transformation Programme has been established to deliver the Trust's commitment to refreshing the current Clinical Model and how the wider IMTP was being delivered through a Directorate led approach.

Ceri Jackson raised a crucial point about ensuring the NHS 111 website was accessible to all users, including those with sensory loss and older adults. Given the importance of this issue, it was essential to consider accessibility in its broadest sense.

Jonny Sammut noted that a short-term project was currently underway to reshape and redesign the NHS 111 website's navigation tools and aesthetics, aligning with NHS England's accessibility standards. This included improving the look and feel of the website to make it more user-friendly and accessible. The longer-term goal was to ensure that the NHS 111 website effectively served as a front-end platform, incorporating feedback from patient voice representatives. This approach aimed to ensure that the patient experience was central to the website's design and functionality. The improvements were expected to be launched before the end of March.

RESOLVED: The Board:

(1) Noted the Clinical Model Transformation programme progress update

(2) Noted the confirmed Directorate-led IMTP end of Q2 position

(3) Noted the update against the Cabinet Secretary's priorities set out in the 2024-27 planning framework.

12/25 INTEGRATED MEDIUM TERM PLAN DELIVERY 2025-2028

Rachel Marsh presented the report which provided an update on the current planning cycle to produce the next iteration of the IMTP for 2025-2028.

Welsh Government has issued its Planning Guidance in letters from the Minister to Chairs and followed by more detail from the Director General to Health Board and Trust Chief Executives on 20 December 2024. Furthermore, following the 2025/26 draft budget for Welsh Government released on 10 December 2024, Health Boards have received their allocation letters for the 2025/26 financial year (also) on 20 December 2024. Whilst this does not directly confirm funding for the Trust, it does provide insight as to the level of funding our Commissioners will receive and what can be assumed within the Plan.

The main headlines within the Health Boards (HB) allocations were as follows:

1. An additional £435m being allocated to HBs for 2025/26, on top of that recurrently provided part way through the 2024/25 financial year.
2. On top of this the recurrent costs of the 2024/25 pay award, plus that to be agreed for 2025/26, plus the changes to the minimum and real living wage (RLW) values will be separately and fully funded to all NHS Wales organisations.
3. This all resulted in a residual general uplift for inflationary and other cost pressures for 2025/26 of 1.77%.
4. Additional Capital funding of £175m, of which £115m was routine capital and £60m for IFRS 16.
5. An expected minimum of 2% cost avoidance / containment and savings plan across all NHS Wales organisations**.**

Chris Turley highlighted that the Trust's ambition to transform the service will incur unavoidable costs, which will impact the current financial year. Despite this, the Trust must demonstrate a minimum of 2% savings. Fortunately, the current level of savings exceeded this minimum requirement. There were meetings scheduled with Welsh Government colleagues and the Joint Commissioning Committee to discuss financial planning and quantify these cost impacts.

Ceri Jackson noted that the standing down of Integrated Commissioning and Planning (ICAP) meetings with Health Boards this year was a risk and sought clarity if this decision appeared to be linked to the establishment of a new commissioning body.

Rachel Marsh explained that the standing down of meetings with the Emergency Ambulance Services Commissioner and Health Boards was due to changes in the commissioning arrangements. Currently, no alternative meetings have been established. However, there were considerations to potentially hold regional meetings instead of specific Health Board meetings, which could be beneficial. Local discussions with Health Boards would continue through their six goals infrastructure. This change was being monitored as a risk on the risk register by the Executive Leadership Team (ELT) to ensure any potential issues were addressed promptly.

Following a query on the exploration of innovation and technology, Trish Mills highlighted some important points during the ongoing 2024/25 Committee effectiveness reviews. Discussions will focus on the future direction, particularly in relation to health and care quality standards, learning, research, and improvement. There was also a strategic objective to be at the forefront of innovation and technology.

RESOLVED: The Board:

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

13/25 GOVERNANCE REPORT

Trish Mills presented the report and drew the Board's attention the following:

Chair's Action

There has been one decision made by Chair's Action since the last meeting of the Board on the 29 November 2024. This decision was sought via Chair's Action to seek authorisation to affix the Common Seal to a lease agreement between the Welsh Ambulance Services University NHS Trust and The Council of the City and County of Swansea, for Thanet House, 10 Phoenix Way, Swansea Enterprise Park, Swansea.

This action was required because the current lease ends on the 30 January 2025, and it was necessary to complete the paperwork prior to the date of the next Board meeting. This request was for authorisation from the Trust Board to apply the Seal only and not for the transaction of the lease agreement. This request by Chair's Action was confirmed on the 10 December 2024 and the Trust Board was asked to ratify this decision by Chair's Action.

Use of the Trust Seal

The Trust Seal was applied to the lease renewal for Thanet House, 10 Phoenix Way, Swansea Enterprise Park, Swansea between the parties between the Welsh Ambulance Services University NHS Trust and The Council of the City and County of Swansea. The Seal was applied to this document on 11 December 2024.

Decisions in Private Session

There have been no decisions made in private session since the meeting of the Trust Board in September which required disclosure.

Other Governance Matters

The Standing Orders require that the Board approves its annual plan of Board business by March each year. The 2025/26 calendar has been presented in Annex 1 for consideration and approval.

RESOLVED: The Board:

(1) Ratified the decision made by Chair's Action on the 10 December 2024.

(2) Approved the schedule of dates for the 2025/26 financial year Board and Committee meetings and noted the adaptations to the cadence of meetings, in line with the documents in Annex 1.

14/25 BOARD COMMITTEE REPORTS

The following Committee highlight reports were received noting that updates had been provided earlier in the agenda.

05 December 2024: Remuneration Committee

There was no further specific update to the report.

16 January 2025: Finance and Performance Committee

Jayne Beeslee, Chair of the Finance and Performance Committee, drew the Board's attention to the following points:

Members discussed the financial allocation for 2025/26, noting an uplift to Health Boards of 1.77%. The allocation letter also prescribed a savings target of at least 2%, which amounted to about £6.5 million for the Trust.

The challenges that this posed for planning as part of the 2025-28 IMTP were stressed, including the fact the allocation does not fully cover EMT band 5 costs, and there was no indication that these will be separately funded this year

Achieving substantial assurance with no recommendations on the 111 digital operations Internal Audit was a remarkable accomplishment. This outcome reflected the dedication and effectiveness of the team involved. It also sets a solid foundation for future improvements and innovations in the service.

23 January 2025: Academic Partnership Committee

Estelle Hitchon presented the report from the Academic Partnership Committee meeting on the 23 January in lieu of the Chair, Hannah Rowan. Estelle advised the Board that it was agreed – following the Committee Annual Effectiveness Review discussion - to have three meetings of the Committee for the 2025/26 year to allow the Trust management sufficient time to progress business related to the Committee before its first meeting in July 2025.

RESOLVED: The Board Received the above Committee Highlight Reports and received assurance that each of the Committees had fulfilled their Terms of Reference, and that matters of concern had been escalated in line with the Alert, Advise, and Assure process.

15/25 MINUTES OF COMMITTEES

The following Committee minutes were received:

1. Academic Partnership Committee - 18 November 2024
2. Finance and Performance Committee - 19 November 2024

RESOLVED: The Committee Minutes were received: Academic Partnership Committee - 18 November 2024 and the Finance and Performance Committee - 19 November 2024.

16/25 EXCLUSION OF THE PRESS AND MEMBERS OF THE PUBLIC – 30 JANUARY 2025

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).

RESOLVED: The Board would meet in private on 30 January 2025.

Date of next Open meeting: 27 March 2025.

Meeting closed at 12:10

DRAFT

ACTION LOG

WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST BOARD

Minute Ref	Date	Agenda Item	Action Note	Responsible	Due Date	Progress/Comment	Status
04/25	30 January 2025	Chief Executive Update	The Chair asked for an update on the Six month End of Life, Palliative Care pilot scheme and how the plan was progressing. It was asked whether the plan was being extended and it was agreed that Andy Swinburn would provide an update in due course.	Andy Swinburn	27 March 2025	27/03/2025 An update has been given to the Chair. Action proposed for closure.	Complete
07/25	30 January 2025	Actions to Mitigate Avoidable Patient Harm (Revised Reporting)	To provide Llais a health board breakdown of the immediate release directions data. *This request was responded to in-meeting by Lee Brooks and followed up, in line with the comment field.*	Lee Brooks	27 March 2025	27/03/2025 Lee Brooks agreed to share details of the Health Board variation data with Angela Mutlow as requested alongside a copy of the Immediate Release Protocol. This was completed by the 31 January and the action is completed; can be closed.	Complete
07/25a	30 January 2025	Actions to Mitigate Avoidable Patient Harm (Revised Reporting)	There was a discussion about the dashboard's ability to contextualise the volume of Red and Amber 1 responded incidents and Ceri Jackson asked if was possible. Rachel Marsh advised that some of this data was available in the Monthly Integrated Quality Performance Report (MIQPR), however agreed to consider adjustments to the dashboard to provide a better sense of context within the MIQPR.	Rachel Marsh	27 March 2025	27/03/2025 Verbal Update	Open

AGENDA ITEM No	**5**
OPEN or CLOSED	**Open**
No of ANNEXES ATTACHED	**0**

CHAIR AND VICE-CHAIR'S REPORT

MEETING	Trust Board
DATE	27 March 2025
EXECUTIVE	Colin Dennis, Chair of the Trust Board Ceri Jackson, Vice Chair of the Trust Board
AUTHOR	Alex Payne, Corporate Governance Manager
CONTACT	Trish.mills@wales.nhs.uk

EXECUTIVE SUMMARY

CHAIR'S REPORT

1. The Board held a Board Development Day on the 20 February 2025 which included sessions on risk management and the development of risk appetite statements, a cyber awareness session and a Welsh language session, where the board were joined by the Trust's Welsh Language Services Manager, Melfyn Hughes.

2. Also, I attended the Ambulance Leadership Forum in Leeds on the 11 and 12 March. The event was attended by over 450 ambulance leaders from across the UK, with WAST making several presentations and receiving a number of awards at the awards dinner.

3. Since our last meeting I have been busy, with the following activity: -
   - Regular meetings and briefings with Jason Killens, Chief Executive, and other Executives;
   - Regular meetings with Ceri Jackson, Vice-Chair;
   - Panel membership of the WAST Live events;
   - Attended a Ministerial advisory group regarding NHS performance and productivity;
   - Attended a WNHSC Management Committee Meeting;
   - Attended the Board Development Day on the 20 February;
   - Attended the NHS Wales Chair Peer Group meeting;
   - Meet with Dave Thomas, Audit Director, Audit Wales;
   - Attended the Ambulance Leadership Forum on the 11/12 March;
   - Chaired a meeting of the Remuneration Committee on the 13 March;

- Attended the meeting of the Finance and Performance Committee on the 18 March;
- Attended a UK-wide event 'How ambulance services can reduce system health inequalities on the 19 March;
- Routine monthly meetings with Non-Executive Director colleagues;
- Routine meetings with Trade Union colleagues.

VICE-CHAIR'S REPORT

4. Since our last meeting I have been busy with the following activity: -
   - Attended the QuEST Committee meeting on the 04 February;
   - Held routine meetings with people and culture colleagues;
   - Visited Barry Ambulance Station on the 11 February;
   - Attended Vice-Chair's Peer Group on the 12 February;
   - Attended Public Health driven Primary and Community Care in 2035; Round Table Event on the 12 February;
   - Chaired the People and Culture Committee on the 18 February;
   - Attended Board Development on the 20 February;
   - Held introductory meetings with non-executive director colleagues;
   - Met Rhian Bowen-Davies, Older People's Commissioner for Wales on 24th February; (6 monthly meetings with Liam Williams)
   - Attended a meeting of the Serious Case Incident Forum on 27 February;
   - Attended the Audit, Risk and Assurance Commtitee on the 06 March;
   - Met with WAST Mental Health Lead on the 10 March;
   - Attended the Vice-Chair's Peer Group meeting on the 12 March.
   - Attended the Remuneration Committee on the 13 March;
   - Routine monthly meetings with non-executive director colleagues.

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	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

AGENDA ITEM No	**6**
OPEN or CLOSED	**Open**
No of ANNEXES ATTACHED	**1**

CHIEF EXECUTIVE REPORT: 2025

MEETING	Trust Board
DATE	27 March 2025
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 the 30TH of January 2025. 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 the Trust Board are aware of the Chief Executive's activities and key service issues.

REPORT APPROVAL ROUTE

The Trust Board meeting held on 27th March 2025.

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

Annex 1

SITUATION

1. This report provides an update to the Trust Board on recent key activities, matters of interest and material issues since my last report dated 30th of January 2025.

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

3. CHIEF EXECUTIVE

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, JCC and senior elected representatives.
- I attended a meeting with the Ministerial Advisory Group on NHS performance and productivity. During this meeting, we discussed various strategies to enhance the efficiency and effectiveness of our services. I shared insights on how WAST has been implementing innovative solutions to improve patient care and reduce response times. The group was particularly interested in our approach to integrating technology into our operations, which has significantly boosted our productivity.
- I had the pleasure of meeting with representatives from the Welsh Canadian Connections and WAST. This meeting aimed to strengthen our international partnerships and explore opportunities for collaboration. We discussed various initiatives that could benefit both organisations and immediately after today's Trust Board meeting Andy Swinburn and I will be presenting to a large group of Canadian EMS colleagues our innovation and transformation journey to date.
- I attended the Joint Emergency Services Group (JESG) meeting. This group brings together leaders from various emergency services to discuss coordination and collaboration. We reviewed recent incidents and shared best practices for improving our response to emergencies.

- I participated in the WAST Senior Leadership Team Joint Development Day. This day was dedicated to strategic planning, team-building activities, and discussions on key priorities for the organisation. I emphasised the importance of collaboration and alignment among the senior leadership team to achieve WAST's objectives.
- I hosted a visit by the Cabinet Secretary for Health and Social Care to showcase elements of our evolving clinical model, including our remote care offer. During the visit, Mr Miles observed our colleagues in the Operational Delivery Unit and Clinical Contact Centre. He also joined paramedics on an emergency ambulance as they responded to calls in the Aneurin Bevan University Health Board area. This visit was an excellent opportunity to demonstrate the innovative approaches we are implementing to enhance patient care and improve our services.
- As the Chair of the Association of Ambulance Chief Executives (AACE), I hosted the ALF Conference 2025. The conference provided a platform for leaders in the ambulance service to discuss the latest advancements, challenges, and strategies in the field. I engaged in insightful discussions and gained valuable insights to drive improvements within WAST and across the wider ambulance service community. WAST delivered a number of workshops at the conference including one main stage event delivered together with our Trade Union partners detailing our approach to successful collaborative partnership working.

OPERATIONS DIRECTORATE

Manchester Arena Inquiry

1. Further to our submission in August 2024 to Commissioners reflecting the Trust's evidence base to address those Inquiry recommendations which require investment, there will now follow a process for scrutiny by Commissioners. A number of scheduled sessions have now commenced which will serve to scrutinise the submission and its evidence base, enabling the Commissioners to provide a response to our submission in line with the Inquiry recommendation.

Clinical Model Transformation

2. On 6 February 2025, we implemented the next phase of our rapid clinical screening model and are now screening in the region of 5,000 calls per week. Initial data shows us that around 65% of incidents screened are appropriate for some form of remote clinical intervention. It is pleasing to see that as we continue to develop regular verified reporting, we have growing confidence in Consult and Close rates exceeding 20% of verified

incidents. This is also supplemented by reducing that unmet demand by removing the 'Can't Send' outcomes from the revised Clinical Safety Plan.

Ambulance Leadership Forum (ALF)

3. This year we were invited to present our volunteering story at ALF. Our National Volunteer Manager Jenny Wilson has presented at the two-day event, highlighting innovation in volunteering in WAST, including our new Community Welfare Responder role which is a part of our integrated clinical services model.

Ambulance Care Two-way SMS texting

4. In February, the NEPTS Service activated 2-way texting allowing patients to respond to texts issued by the service. The first functionality implemented was the ability for patients to cancel their journeys by responding to the journey notification texts, this should help reduce short notice cancellation of journeys and improve the utilisation of our resources. The next functionality to be released will be notification that the crew is enroute to pick up the patient, this will go live in Q1 of the new financial year.

FINANCE AND CORPORATE RESOURCES

Finance

5. The finance team continues to play a key part in the delivery of the 2024/25 financial plan by supporting the delivery of the IMTP objectives and key Clinical Transformation Programmes. The team continues to support the Financial Sustainability Programme (FSP) and the identification of schemes / themes for this and future financial years.

6. Assessment continues to ensure the delivery of a balanced revenue financial plan for 2025/26 that will be incorporated into the IMTP submission on 31st March 2025. This process will take into consideration all the relevant risks known or foreseen at this time.

7. Detail working is commencing with the building up of the Minimal Data Set (MDS) to accompany the submission of the IMTP to WG.

8. Two of the agreed objectives for the finance team for the 2024/25 financial year continues to be rolled out and include:

- developing our digitalisation of WAST financial performance and monitoring for budget holders using dashboards and Qliksense tools; We have replaced any internal WAST related Qliksense tools with Power BI but our finance tools / systems (Oracle etc with the reporting tool being Qliksense) and these are provided across all NHS organisations as a consortium and the tools used in this are Qliksense.
- developing a programme of enhanced finance training for budget holders and non-finance managers, with this also running in parallel to the above where documentation has been shared to all budget holders.

9. The Finance Team continues to participate in the NHS Wales Finance Academy programme (Finance Operating Model) to review all job families to ensure future proofing of services and delivery. First programme that commenced in October 2024 for the job family of 'Finance Business Partnering and Management Accounts' and January 2025 for Financial Accounting both have has now concluded and the next family of DoF and Deputy DoF's is planned to commence in June 2025.

10. Continued monitoring and re-alignment of Capital expenditure plans and forecasting for year-end continues to ensure the Trust achieves its statutory duties.

11. Work continues to progress well with the development of the PLIC system, and local modelling being undertaken with comparison to the NHS England model, work will continue around the development of costing other elements outside the NHS England model including 111 and Ambulance Care.

Capital Development

12. New Dolgellau Ambulance Station – Confirmation has now been received from the landlord chain to approve the proposed works on the site. Therefore, the lease can now be finalised for approval, and the contract award document is ready for approval by the Trust Board. The team continues to liaise with the NWSSP Legal Team regarding timescales for this and are keen to bring this to a conclusion as quickly as possible, so that the contractor can mobilise on site.

13. Llangunnor CCC enhancements – Good progress has been made, and the fit out works will be complete by the end of the financial year.

14. North Wales CCC estate – The full programme of works is anticipated to be complete by end the of the financial year. Plans are in development for the transfer of live operations to the new site during Q1 25/26.

15. Monmouth Ambulance Station – Pre-planning application advice has now been received, and the team is considering the implications of this, alongside other anticipated factors which may impact on the scheme. In the meantime, detailed specifications are in development, in line with the allocated budget, and in anticipation of a tender process.

16. Bangor Fleet Workshop – An alternative solution will now be sought for this scheme, as the previously preferred option could not be delivered within the project budget envelope. The team continues to liaise with NWSSP Specialist Estates Services regarding options.

17. Bridgend Ambulance Care Hub (Bennett St) Phase 2 – This scheme is on track for completion by end of the financial year.

18. Decarbonisation/EFAB – three of the estate projects are complete, alongside a programme of medical gas storage and fire safety improvement. The final estate scheme will be complete by the end of the financial year.

19. Infrastructure for placement of hybrid and full electric vehicles – rapid charging infrastructure will be installed at three sites by the end of the financial year, with a further programme of works in development for the new financial year.

20. Feedback on the recently undertaken all Wales Capital Prioritisation work with Welsh Government has now been received and the Trust will need to consider how it progresses some of the estates and other schemes within this outlook that are unable to be supported at this stage for capital funding. As an initial response to this, WG has confirmed the availability of a Targeted Estates Fund for 2025/6 – 2026/7 and the Trust has submitted six bids. The outcome of this process is anticipated to be confirmed by the end of March 2025.

Estates, Environmental and Facilities

21. The annual Fire Safety Compliance Report was presented to F&PC on 16th January, and also presented to SOT shortly afterwards, it is proposed to present the paper at the next Fire Safety Group meeting and H&S committee.

22. NET2 Paxton System software upgrade project is currently taking place to improve cyber security and a data cleanse underway to improve compliance with GDPR.

Fleet

23. The 2024/25 Trust Board approved Fleet replacement programme and BJC was submitted to Welsh Government on 23/11/2023. It contains an element of catch up from 2023/24. As Trust Board members will be aware, for the second year in succession the actual figure received from WG was £12.8M; a significantly lower sum than required. The Trust has once again had to go through a robust prioritisation process to optimise the utilisation of the funding provided.

24. The results of that prioritisation process are that the Trust will replace 72 vehicles, and orders have been placed for the entire 72:

    - 35 of the replacements are Emergency Ambulances based on the Mercedes Sprinter chassis. Those chassis have been purchased and delivered to the contractor in Poland. Approval has been given in year for 5 additional replacement Emergency Ambulances and that make the total 40. A sign off meeting has been undertaken, and vehicles are rolling off the production line as planned with delivery to our commissioning centre imminent.
    - 30 replacements will be Solo Response Vehicles which are a combination of 20 plug-in petrol/electric hybrids (PHEV) and 10 full battery electric vehicles (BEV). These vehicles will be replacing 30 diesel-powered vehicles, greatly reducing tailpipe carbon emissions. Once converted the vehicles will be capable of fulfilling a variety of different roles; RRV, CHARU, APP and DOM. Having a "one size fits all" approach to solo operator responding vehicles creates efficiency savings and keeps the spare capacity requirement to a minimum. Conversion of the 10 BEV vehicles is well underway with delivery to our commissioning centre planned before the end of the financial year.
    - The 5 Hazardous Area Response Team (HART) primary responder vehicles that were not replaced in 2023/24 because of the reduced funding will be replaced this year. They too are PHEVs and they will be replacing diesel powered vehicles.

25. The 2 replacement support vehicles, which are BEVs are now in service and replace diesel-powered vehicles.

26. Following Trust Board approval at its last meeting in January 2025, members will be aware that a revised Fleet Procurement Strategy for 2025-30 was formally submitted to Welsh Government on 31st January.

CORPORATE GOVERNANCE

27. As part of the Trust's Board Development Day in February, the Welsh Language Services Manager gave a presentation on the importance of the Welsh language in healthcare and on the Trust's Welsh language culture organisational journey.

28. On 1 March, the Trust celebrated Dydd Gŵyl Dewi (St David's Day) with the development of a series of educational videos to develop our peoples' Welsh Language Courtesy Skills to demonstrate cultural and linguistic courtesy to our Welsh speaking colleagues and service users. These videos which are available on the Welsh Language SharePoint page 'Hwb Iaith/Welsh Language Hub' provide our people with the resources to pronounce peoples' Welsh names and place names correctly together with some Welsh greetings.

29. The Risk Management Transformation Programme continues to progress with a substantial piece of work underway in establishing and setting the Trust's risk appetite against its strategic objectives. This includes the development of a suite of strategic risks that provides clarity about risks that would prevent us from achieving our organisational objectives. The 2024/25 planned Risk Management Internal Audit has now commenced and will conclude in April 2025.

30. The preparation of the Trust's 2024/25 annual report, which includes the performance report and the accountability report, is progressing well. The certification deadline proposed by Audit Wales is the 30 June 2025 meaning that the Audit, Risk and Assurance Committee (ARAC) will receive the Annual Report & Accounts on 24 June 2025 after which this will be approved by the Trust Board at an extraordinary meeting on the 26 June 2025.

31. The Integrated Governance Programme aims to streamline and unify the mechanics and dynamics of governance across the Trust. A set of simplified governance principles that can be applied to the existing, maturing and emerging elements of WAST's governance, accountability, risk and assurance frameworks is central to the programme. This will support openness and transparency, efficiency, and accountability at all levels from 'floor to board'. The mapping of the Trust's governance framework is now complete with standards for its operation and

implementation in development. The next steps for the programme are being scoped and will be delivered over the next two years, with oversight by ARAC.

32. The Internal Audit Plan for 2025/26 has been finalised with NWSSP Internal Audit, employing a risk-based planning approach that aligns with the Trust's systems of assurance. The plan includes 20 internal audits across all areas of the organisation. In parallel, development of the Audit Tracker 3.0 (a SharePoint-based solution) is progressing as planned. Training and implementation are scheduled for Quarter 1 of 2025/26. This enhanced system will present a live overview of audit activities and associated actions, enable more comprehensive reporting through Power BI software, and deliver greater assurance.

33. The percentage of Trust-owned policies within review date compliance has significantly increased, from 16% reported in September 2023, to 47% in January 2025. A clear improvement trajectory is in place, with the target of achieving 95% compliance by the end of March 2026. Efforts to meet this target are underway and being actively progressed. The 2025/26 Policy Work Programme is being developed, and in March 2025, the Assistant Directors Leadership Team reviewed and re-prioritised all outstanding policies, which will inform directorate work plans for the upcoming year. Additionally, a Policy Transformation Programme is planned for Quarter 1 of 2025/26. This programme will review the policy development and review processes, ensure meaningful engagement with our people and Trade Union Partners, and ensure policies are both relevant and impactful.

34. Work is underway to develop a Trust-wide Contracts Register which will provide centralised view of contracts held by the Trust. Once the initial contracts register is established, the intention is to expand this to include service level agreements and memorandums of understanding involving the Trust.

STRATEGY, PLANNING AND TRANSFORMATION

Commissioning & Performance update: -

35. "C&P has continued with its usual run of reports, including February's IQPD with Welsh Government. This meeting was the first time the Trust had formally reported externally on the changes it has made over the winter. The meeting was positive. C&P has been working closely with the IDS function on actively managing the multiple asks for data for the

Clinical Model Transformation programme, but also other asks, for example, switching on 111 reporting for the JCC.

36. March's F&P and TB will see a refresh of the Trust's Quality & Performance Framework 2025-28, which is further supported by a corporate self/assessment, directorate/service self-assessments and a work plan. The Q&PMF sets out the standards for quality and performance management across the Trust.

37. The March run of committees and Trust Board will see a focus on the IMTP. The C&P team actively support this process with data e.g., the state of the nation, the Ministerial Templates and the Minimum Data Set return.

38. Finally, the team continue to support the Trust's ambitions with forecasting and modelling, normally linked to recruitment and/or roster changes, with current areas of work including: modelling for RICS, modelling that is now being used for the NEPTS roster review, modelling to support the EA skills mix discussions, forecasting and modelling as part of a review of 111 rostering practice and forecasting and modelling for Spring and Easter."

39. As part of the planning cycle the planning team have been working closely with Directorates to develop their plans for the next there years; putting forward their key deliverables, considering and assessing priorities, identifying risks and interdependencies to ensure captured into our collaborative discussions as we finalise the Integrated Medium-Term plan (IMTP), ensuring alignment to our strategic objectives and ambitions. The IMTP is on the agenda for approval. The team has collated information from across the organisation from Directorates and the Clinical Transformation Programme to provide an organisational overview of the scale and breadth of the plans, preparing for workshops to further assess the organisational priorities and resource to deliver. The team is also working on digitising the planning process to support the planning cycle and delivery to provide a more efficient process.

40. The Planning and Performance Business Partners continue to engage with national, regional and health board strategic service changes, both planned and unplanned. One of the most significant impacts to the Trust would be the reconfiguration of stroke services; the team continue to work closely with the national and regional stroke programmes to assess and consider implications for developments of Hyper Acute Stroke Units for Wales, preparing to provide intelligence for the nationally developing business case. The team also supported the unplanned temporary service change for stroke in CTMUHB with stroke services being moved from

Prince Charles Hospital and centralised at the Royal Glamorgan Hospital. The team are also working closely with the South East Regional Ophthalmology programme considering transport options to support patients to attend cataract outpatient appointments and surgery. In Mid and West Wales work has been underway to plan for the implications of a new Chemotherapy Unit at Bronglais General Hospital due to open, requiring the realignment of non-emergency patient transport to support and considerable engagement in the Mid Wales groups overseeing regional programmes.

41. The Clinical Model Transformation Programme undertook a series of workshops in January 2025, to reconvene and engage with stakeholders and colleagues from across the Trust who had contributed to the delivery of Phase One priorities in the lead up to Winter 2024.

42. The sessions focussed on key learning, key themes, and key opportunities ahead with colleagues contributing to rich discussion. The workshops delivered a shared understanding of current position, which methodologies proved fruitful, and which approaches need re-thinking as we look ahead to the second phase of the Programme over the next 6-12 months.

43. Alongside programme-wide reflections, workstream-specific exercises were also undertaken which led to the development and agreement of key priorities for the 2025-28 IMTP, revised delivery structures, and improved understanding around how workstreams can collaborate on overlapping deliverables.

44. Looking ahead, the five CMT workstreams have, and will be undertaking a series of planning workshops to turn the narrative collated at the CMT workshops, into tangible, realistic, and achievable project plans for Phase Two of the CMT Programme.

45. What was starkly evident from the outputs of the CMT Workshops, was the shared appreciation from colleagues internally and externally of the potential impact of the CMT Programme on patient-led care. This is not to say the work is done, and all outputs are positive, but rather to reinforce the need to continue with this work to implement a quality-driven, fit-for-purpose, and safe model of care for patients and service users.

46. Aligned to the delivery of the CMT Programme Engagement Plan (PEP), a series of clinical engagement sessions have been undertaken during Q4 with key clinical and system stakeholders. These bespoke engagement sessions have been organised as an opportunity to present our emerging

plans and listening exercises to understand any concerns of queries about the proposals. Engagement sessions have been conducted with Welsh Government Chief Nursing Officers, Medical Directors, Six Goals Clinical Leads (CPAG), National OOHs forum, Associate Medical Directors and Chair of GPC Wales. The engagement sessions have been positively received and have helped to dissipate known concerns and further develop the relationships with key clinical leads, providing a firmer platform for continued collaboration and joint working. In addition to this work a series of condition-based patient scenarios have been developed to support a Welsh Government briefing and this work is being used to further develop a suite of broader patient stories.

47. From a strategic perspective work is commencing to enhance the organisational approach to 'strategic horizon scanning'. Attendance at an external event hosted by Future Generations Wales exploring 'Long Term Thinking' provided some helpful knowledge, tools and frameworks which can be considered as part of developing a WAST approach to 'horizon scanning'. This work will continue into Q1 and is part of next years IMTP work plan.

CLINICAL DIRECTORATE

Senior Advanced Paramedic Practitioners

48. The Senior Advanced Paramedic Practitioners transitioned from the Operations Directorate to the Clinical Directorate in February, under the guidance of the Professional Development Leads Hannah Lowther, Ed Harry and Ed O'Brian. The Senior APPs will be undertaking specialism patient-facing duties, such as Primary Care, Clinical Navigation and Palliative Care shifts, providing mentorship and clinical supervision to the APPs and Trainee APPs, and developing their skills in one of the 'pillars' of clinical supervision as part of their new role. The Directorate extends a big welcome to this team and is excited to progress the development of clinical supervision in this area of the workforce.

Retirement of Kevin Webb, Head of Clinical Intelligence and Assurance

Kevin Webb, Head of Clinical Intelligence and Assurance, has retired from the Trust after 43 years of service. Kevin worked in various roles across the Trust during this time including working in the control rooms and going on to become an EMT, a Paramedic, a Senior Clinical Operations Officer, and from 2008 the Head of Clinical Audit and then the Head of Clinical Intelligence and Assurance in 2022. The Clinical Directorate would like to thank Kevin for his hard work, dedication and support throughout his

service with the Ambulance Service and wish him all the best for his retirement.

DIGITAL SERVICES

Mobile Data Vehicle Solution

49. In January 2025, the MDVS project was formally closed by the MDVS Project Board and OCP Programme Board (Chair's Action) and has transitioned to business as usual under the ICT team. This closure marks the completion of a three-year project, equipping all EMS, NEPTS, and EMRTS vehicles with the latest in-vehicle data solutions in preparation for the Emergency Services Network (ESN) rollout.

50. Development continues, with a successful Ambulance Care pilot of the latest NMA version, enhancing crew visibility of patient runs and improving seatbelt compliance for patient and staff safety. Additionally, significant work has been undertaken to refresh the next iteration of the Outline Business Case (ESN Phase 2), which aims to secure future funding for replacing Airwave devices. This is expected to enter governance in the new financial year.

WAST Hazardous Area Response Team (HART) Situational Awareness Drones

51. In February 2025 the WAST Hazardous Area Team took delivery of two drones which will enhance the Teams ability to gather situational awareness particularly at incidents where access to scene is compromised due to non-permissive environmental or physical factors. A number of HART operatives have been carefully selected to undertake specialist drone flight training, which will commence in March 2025, with the aspiration that the Drone will become fully operational soon afterwards. The project team is ensuring full compliance with relevant legislation before deployment as an operational asset.

ICT

52. Ongoing projects are progressing as planned, with key system upgrades, operational improvements, and infrastructure developments underway. These initiatives are aimed at enhancing various operational capabilities and improving overall service delivery.

53. Several pilot projects across different Health Board regions have successfully gone live, with the goal of identifying a suitable national

system for providing pre-hospital video triage for potential stroke patients. Additional regions are scheduled to follow soon. The programme is progressing smoothly and is expected to significantly enhance pre-hospital stroke triage capabilities in the future.

54. Work is progressing well on replacing the eighty 999 MIS C3 CAD servers that have reached the end of their serviceable life. A number of servers have already been replaced without causing any disruption to operations, ensuring both continuity and improved system performance.

55. A new video conferencing system has been successfully installed at the Cardiff MRD, with further installations planned for other main offices over the coming months. This will facilitate better communication and remote collaboration across the organisation.

56. The ICT team has successfully developed and launched a new PowerApp to streamline the process for staff to request selling, purchasing, and carrying over annual leave. This digital solution replaces previous manual processes, making it more efficient and user-friendly. The app ensures a smoother approval workflow and enhances visibility for both employees and managers.

Insight & Data Services

57. We have been liaising with NHS Executive on the transfer of an Out of Hospital Cardiac Arrest (OHCA) dataset to the Welsh Cardiac Network. A non-identifiable dataset has been designed and shared to allow the Network to analyse trends and verify the contents (and determine what other data types might be needed in future). The OHCA dataset was made available via DHCW's National Data Analytics Platform (NDAP) – the first WAST dataset to pass through the NDAP as part of our collaboration on the National Data Resource (NDR) Programme. A future phase of the project (yet to be scoped in conjunction with the Cardiac Network) will explore the linkage of a patient-level version of this OHCA data set with Emergency Department data to give visibility of patient survival beyond the WAST intervention. In the meantime, we have reinstated a separate flow of the patient-level OHCA dataset with Warwick University to feed into the UK Cardiac Registry.

58. Across IDS, from data engineering, to analytics, and Information Governance, the team continues to support of the Clinical Model Transformation, including version 2 release of the Mental Health Response dashboard, deployment of a Winter Desk dashboard, and updates to the Rapid Clinical Screening live wallboard and telephony reporting.

59. The Digital Directorate arranged two internal engagement sessions to bring together colleagues who may have wanted to learn more, raise concerns, or share ideas regarding the use of AI specifically within WAST now or in the future. This followed publication of internal guidance for Artificial Intelligence (AI) earlier in the year and interest in the topic from colleagues in response to this, alongside various educational and knowledge sharing sessions happening around Wales. The sessions were well attended, with representation from various areas of the organisation, and rich discussions covered topics such as security, ethics, regulation, opportunity and risk for the use of AI WAST. Many attendees expressed support for an internal AI group to continue, and a community / steering group will now be established with more detailed guidance on using Generative-AI in corporate or administrative ways to follow in the coming weeks.

111 Digital Front end

60. A new area on SIREN has been developed focused on Digital Front End which can be found here: **Digital Front End Working Group**

61. We continue to have a dependency on the long-term business case. Conversations are progressing to confirm scope and inform long-term work and a subsequent workshop. This will enable us to evolve our assessment of the current state into the outline business case as well as increase patient voice and engagement to ensure a user-centered design approach. There is aspiration to include symptom checker, NHS APP integration and content management system work as part of outline business case, providing opportunities to enhance the user journey with access to current and accurate clinical content.

62. Our Virtual Assistant (previously referred to as ChatBot) development is underway with contracts signed and testing now in progress. This proof of concept will focus on ensuring accurate clinical and non-clinical responses and discussions are in progress on name, visual design and tone. An API has also been developed for the supplier to use, which will allow them to utilise some search functionality e.g. local service search.

63. We have created an API Management console to administer all the Application Programming Interfaces (APIs) that have been created by the Data Apps Team. APIs are connections between computers or between computer programmes, these allow us to deliver more joined up care and services in line with Digital Health & Care Wales strategy. Other functionality includes generating new API keys, add/remove and manage

the number of API End Points and to manage usage of the APIs by end Users (3rd Parties)

64. Performance of the 'Services near You' search results has been improved with better mapping functionality via Microsoft Bing.

65. A series of Penetration Tests on the 111 website site have been undertaken to support enhanced site security. Each suite of tests included over 14,500 checks on the website. The Team is progressing through a series of improvements based on the results from the tests.

66. Work progresses on developing our 111 Symptom Checkers. We have received a quote to develop a web-based version of the Call Prioritisation Streaming System (CPSS) used in the NHS 111 telephony service. This would allow NHS111.Wales users to independently navigate care pathways, ensuring they access the right care and advice more efficiently. This would also provide consistency between our symptom checkers and those calling into 111 Wales, ensuring a better user experience. This work should also align to and feed into the scoping exercise with Welsh Government mentioned above.

ePCR

67. We continue to make strong progress with our TerraPACE suppliers on the 2025 App Refresh. The focus remains on streamlining the application, removing unused features, simplifying workflows, and improving the overall layout for a more intuitive user experience. WAST has presented the request to Terrafix, and their engineers are now developing a test version to explore what is possible. We expect to receive this test version in March for review and further refinement.

68. The scheduled quarterly App Store update has been slightly delayed. This update, which supports iOS 18, incorporates the latest Corpuls SDK, and introduces new features to enhance the user experience and is now anticipated for early April.

69. Corpuls continues to investigate the issue preventing a stable connection between the Corpuls device and the ePCR system. Further updates will be shared as progress is made.

70. Development on the Individual Clinician Metric Reporting tool is progressing well; we are also working closely with the clinical team to ensure staff movements are accurately tracked and the system is updated accordingly.

Digital Transformation and Innovation Programme / Innovation Labs

71. We are excited to share we are formally scoping our Digital Transformation and Innovation Programme (DTIP) approach alongside our virtual Innovation Lab. We are engaging with both colleagues within digital and the wider organisation to ensure these forums add value, identifying any enablers which will enhance the overall benefits. It is early days, but this may include reigniting the Digital Champions Network or the formal development of design principles.

72. Representatives from WAST attended the 28th "NHS Hack Day" which took place at Cardiff University 1-2 March. The event bought together a wide range of expertise including clinicians, policy experts, developers, designers, citizens and more to rapidly problem solve and develop prototypes. As part of the above we will explore how the hack day concept could be implemented in WAST to support innovation.

PARTNERSHIPS AND ENGAGEMENT

73. The announcement by the Cabinet Secretary for Health and Social Care of a change to the Trust's performance framework was preceded by a significant amount of engagement and preparatory work. The directorate organised a visit by the Cabinet Secretary for Health and Social Care in March to showcase elements of the Trust's evolving clinical model, including its remote care offer. Mr Miles observed colleagues in the Operational Delivery Unit and Clinical Contact Centre, and joined paramedics on an emergency ambulance as they responded to calls in the Aneurin Bevan University Health Board area. The Cabinet Secretary's visit preceded his announcement in the Senedd about a review of the appropriateness of emergency ambulance response time measures and associated targets.

74. Stakeholder engagement on the clinical model continues, and recent engagement sessions with key clinical stakeholders have been positive, with rapid clinical screening particularly well received. Work to tell the story of the evolving clinical model to the public also continues, and a Channel 5 News feature about how Community Welfare Responders are supporting the Trust to deliver the right care or advice, in the right place, every time, generated positive news coverage in that regard.

75. The Trust has recently been invited to join the Gwent Regional Partnership Board, the final RPB of which the Trust was not a member. Arrangements are now being made to agree a representative and we look forward to

playing our full part in the collaboration and integration agenda in the Gwent area.

76. The Trust invited partners, stakeholders, patients and the public to offer their feedback on its draft wellbeing objectives, which are an important step in meeting its duties under the Wellbeing of Future Generations Act. A two-week period of engagement helped to fine-tune the objectives, which are on the agenda for this Board meeting and will be published by March 31, 2025.

77. The Trust's With Us, Not Against Us campaign to reduce assaults on emergency workers was given a further boost when a Swansea man was jailed for eight months for spitting at and verbally abusing paramedic Jonathan Roberts. Jonathan subsequently gave an interview to ITV Wales to amplify the campaign message.

78. The Welsh Ambulance Service Charity continues to consult with staff from across directorates, and at all levels, on the Charity's future strategy. A Theory of Change and a set of Strategic Objectives will be presented for approval at a meeting of Corporate Trustees in May, which will help to better define the purpose of the Charity and will help inform the Charity's strategy and fundraising plans. Work is continuing to develop the Charity's visual identity, which includes the design and production of digital and physical assets. These will first be previewed to staff at the CEO roadshows in April, as part of further engagement and consultation work, with the intention to launch to the general public from May.

79. Plans for the Long Service Awards and WAST Awards 2025 are well underway, with dates and venues confirmed. With the expanded criteria for the King's Long Service and Good Conduct Medal, we look forward to welcoming more colleagues from our Clinical Contact Centres to this year's Long Service ceremonies. In collaboration with the Digital Directorate, we are working to enhance internal communication with both our colleagues and volunteers. This initiative aims to improve accessibility to essential documents.

QUALITY SAFETY AND PATIENT EXPERIENCE DIRECTORATE

Putting Things Right

80. As an example of investing in our staff to benefit the Trust, last year Sadie Horton, Legal Services Coordinator, won £1000 Continuous Professional

Development money after attending a CEO Roadshow. Sadie chose to share this among the Legal Team so everyone could benefit:

- The team organised bespoke training on Road Traffic Collision claims, an area of limited attention/training in the NHS, so a really good choice
- The team have identified proposals and ideas to take forward that are likely to improve Trust performance and support
- The training offered a positive experience in bringing people together and cementing external relationships

Maternity

81. A further example of the Trust developing clinical expertise and supporting the wider NHS Wales community has seen Bethan Jones, the Locality Safety Champion for Midwifery in the Trust, complete training to become a registered Out of Hospital Newborn Life Support Instructor with the Resuscitation Council UK. Bethan has now led two courses in Wales which comprise, a 2-day event with multi-professional clinicians from across pre-hospital care, community midwifery, paramedicine, doctors, and critical care.

Education/Professional Nursing

82. I would like to acknowledge Robyn Turner, an Education, Professional and Clinical Practice Training Assistant who played a key role in the development of a two-day training package to support the implementation of the Remote Integrated Care Service Winter Desk trial. The Winter Desk (now Seasonal Desk) trial was launched on 17 December 2024 and enabled 111Wales Call Handlers to work across 111Wales and 999 systems, to select and proactively call patients on the Clinical Support Desk (CSD) queue. Robyn created a bespoke training package and delivered this training to the first 10 Call Handlers who engaged in the Pilot. The success of the initial trial saw a further 14 Call Handlers trained in February 2025 and Robyn is now cascading the training to the wider Education Team. Recognising the role that Robyn plays in the organisation and her ability to create supportive, fit for purpose training materials and deliver with confidence and accuracy within a very short timescale has been exceptional.

83. Royal College of Nursing (RCN) Prince of Wales Nursing Cadet Placement: In December 2024/January 2025, the Trust hosted the first Prince of Wales Nursing Cadet. The observational placement took place on one day a week over several weeks and included time with 111Wales, Clinical Support Desk, Non-Emergency Patient Transport and Emergency Medical

Service Coordination (EMSC) colleagues and a visit to an ambulance station. The student aspires to become a Paramedic and provided us with positive feedback about his experience: I would just like to say a massive thank you to you all. My placement has been amazing, and I am really pleased and thankful you have taken me on. As being the first PLEASE continue to run this fantastic placement! Hopefully see you in 3 and a half years as a newly qualified Paramedic and officially part of the team.

Mental Health

84. Right Care right person (RCRP): Police forces in Wales continue with the implementation of RCRP. Phases 1 and 2 have been implemented for several months and have gone reasonably smoothly. South Wales Police went live with phase 3 & 4 on 10 March 2025 and Gwent Police on 1 April 2025. The Trust continues to work closely with colleagues in the police forces and Welsh Government to ensure that this policy is implemented as safely and effectively as possible using our remote Mental Health Practitioners and the evolving mental health response vehicle model in the South East.

85. I am pleased to share that Justine Cosby, Consultant Practitioner Mental Health has successfully gained a place on Health Education and Improvement Wales's National Advanced Clinical Leadership Programme. Places have been awarded to Senior Clinicians working across the NHS in Wales demonstrating high potential for impact.

Patient Experience & Community Involvement (PECI)

86. The 'Additional Needs Dashboard' for Learning Disability is now live following a period of verification. For the first time the Trust have data relating to the needs, experiences and outcomes of patients with a learning disability. The Dashboard allows data to be broken down into demographic, including gender, age, locality, as well as information such as reason for closure, past medical history, response category and type.

87. PECI worked in partnership with the NHS Executive Learning Disability Quality Improvement Team (then Improvement Cymru) to secure funding for a change to the Trust's Electronic Patient Care Record (EPCR), to introduce a new Needs Tab to allow better recording of learning disability, neurodiversity and autism and improve uptake of reasonable adjustments by responders.

Remote Clinical Care Leadership Team

88. A member of the Remote Clinical Care Leadership Team presented at the Ambulance Leadership Forum (ALF) 2025, providing an opportunity to showcase the work the Welsh Ambulance Services University NHS Trust (WAST) is doing on a national stage. Ela Lewis, Clinical Project Manager for Connected Support Cymru) presented the most recent data from WASTs Small Business Research Initiative trial, supported by Welsh Government, of remote monitoring of patients calling 999 and the implications this has for future work. A presentation was also delivered by industry colleagues on WASTs recent implementation of the Call Prioritisation Streaming System and importantly the recently completed clinical validation research, evidencing high levels of appropriate outcomes.

Infection Prevention and Control (IPC)

89. The Trust has been working with an Interim IPC Lead for the last six months to review and secure assurance on the approaches being taken to ensure effective risk mitigation to Healthcare Acquired Infections. In addition to supporting the roll-out of new respiratory protective equipment to our Emergency Medical Service colleagues and moving a large amount of IPC training onto LM365, the IPC Team have designed a refreshed Clinical Audit Programme to monitor compliance with IPC Standards across the Trust. The IPC Team subsequently commenced the roll out of the Welsh Ambulance Services University NHS Trust IPC Audit Programme, which includes conducting, analysing and reporting hand hygiene and vehicle cleanliness audits, in partnership with operational colleagues.

People and Culture Directorate

90. Culture Champion Open Days: Creating Safe Spaces for Change
Our Culture Champions are leading the way in enabling open conversations about workplace culture through Culture Champion Open Days, currently being held at ambulance stations, with the plan to expand into control centres. Facilitated by the champions themselves, these informal sessions provide a safe space for colleagues to share their experiences, raise concerns, and suggest ways to improve our working environment. Colleagues from the organisational development team are invited to join, offering support, sharing information about staff networks, development opportunities, and the *Speaking Up Safely* initiative. These conversations are already making an impact by helping to break down barriers, strengthen peer support, and encouraging new champions to step forward.

People Networks

91. Our People Networks continue to grow with an increase in members and more engagement and attendance at meetings and events. Our newly established BEAM (Black, Ethnic, Asian and Minority) Network has already successfully attended the Big Halal Expo in Cardiff, where network members and staff spoke to some of the 3000 attendees from the Muslim community to promote our services and recruitment opportunities within the Trust. The Network has been raising awareness of Ramadan and hosted its first internal event at VPH where colleagues were invited to learn more about Eid and Iftar (breaking of the fast), meet the network members and enjoy some traditional food and culture.

Staff Survey

92. Aligned with our commitment to amplifying colleague voice, we've now received the 2024 Staff Survey results and have begun analysing the data to understand key themes and opportunities for improvement. We've already shared a high-level summary of the organisational-level data, focusing on the seven questions associated with the Staff Engagement Index, providing an initial snapshot of how our people feel about working at WAST. ELT and Trade Union Partner engagement in this work is strong and two workshops during March are scheduled to take a deeper dive into the results, exploring the data in more detail and shaping our next steps.

93. Following receipt of free text responses, thematic analysis work has now commenced, enabling identification of key messages and areas for action. Alongside this, we're compiling directorate-level reports so that Directors can work with their Directorate Leads to engage colleagues in meaningful conversations around their results and co-develop local action plans to address specific issues and opportunities.

Social Partnership

94. We are sharing our story of WAST's approach to partnership working at the upcoming ALF Conference, providing insight into our journey and presenting with our TU partners. Arrangements for our first Social Partnership Conference on 31st March are also well developed. The Minister for Culture, Skills and SP, Jack Sargent, will be opening the event with the closing keynote being delivered by Shav Taj, General Secretary of TUC Cymru. Derek Walker, Future Generations Commissioner, will also be visiting at lunchtime. We are expecting around 170 colleagues to attend the event.

Speaking Up Safely

95. Our focus on creating the right conditions for colleagues to feel safe enough to speak up is having a real impact and our people are continuing to speak up. We have created a 'lessons Learned Forum' which allows for key ideas for improvements from cases to be embedded into the organisation.

Flexible Working

96. Flexible Working coaching sessions have commenced across the Operations Directorate. The focus of the sessions is to articulate the commitment of the Trust to embrace flexible working opportunities and the benefits this brings to all employees. All applications are submitted and approved using ESR which is helping to produce live up to date data.

Improving Attendance at Work

97. Sickness absence levels increased to 8.68% in December 2024 with a decrease in January 2025 to 8.45%, and a further indicative decrease in February 2025 to 7.88%. The trend in absence over December, January and February mirrors the same period last year but remains lower by an average of 0.71%. The team continue to work with managers to support and improve staff wellbeing, in line with our People and Culture Plan: focusing on cultivating a heathier and more resilient workforce.

98. Occupational Health has been assisting People Services colleagues with the Managing Attendance at Work training for managers. Provision for Occupational Health Physician appointments has been sought through Insight Health, and we have received reassurances that those who were waiting for appointments following the disbanding of Caer Health have now been processed.

Skills Mix Task and Finish Group

99. There have been 3 meetings of the skills mix T&F group to date. The most recent meeting worked through the data on the call type and who could respond. Meetings are scheduled every two weeks through March and April. Recommendations will be presented back to ELT for consideration. Progress on workforce planning will be made when an outcome is secured. Currently the status quo is being maintained.

Health and Wellbeing

100. In line with the Health and Wellbeing Plan 2025-2029 we are currently working on improving the Trauma Risk Management (TRiM) workshop and team focused support we offer. Our people will continue to be contacted following a potentially traumatic event and will be given more choice in the nature and timing of this support. This will highlight to staff the range of support available, increase the understanding of trauma in the organisation and improve the connections between staff in caring for each other. Our objective is to identify and signpost more members of staff/volunteers to appropriate support at an earlier stage (i.e., to prevent prolonged sickness). Our workshop offer will be expanded to include support for sleep problems, which has been linked to sickness and longer-term health problems. Finally, we are increasing our availability of team-focused workshops which offer a chance to build connections, highlight shared purpose and offer brief psychologically informed tools to support and weather the challenges of our sector.

Retention

101. We've been working to improve our corporate onboarding and induction processes to address key challenges and ensure a seamless experience for new starters. While the Warm WAST Welcome programme is well attended and valued, it currently relies on a single individual to deliver it. To resolve these issues, we have committed to building a digital onboarding platform within LMS365, which will provide a structured, interactive, and standardised induction process. This approach ensures that every new starter receives the same core information, addressing compliance requirements and organisational expectations consistently and making benefits available. The system will also allow us to track induction completion, making it easier to monitor compliance and engagement. Additionally, we will be integrating the three-month check-in process into the system. This will create a structured follow up point, ensuring that new hires receive timely support and feedback during their transition into the organisation. By linking the three-month check-in with onboarding data, we will gain valuable insights into early tenure experiences, helping us identify and address retention risks at an early stage. We are now entering the second phase of development, where we will begin building the full induction programme within LMS365.

Our WAST Way

102. Exciting progress is underway with *Our WAST Way*, setting the foundation for a positive leadership culture across WAST. The core leadership principles (*Care, Valuing Everyone, and Connect)* have been finalised, reinforcing a shared approach to leadership at all levels. An interactive

digital brochure is in development to bring these to life, alongside *Management Essentials* which will equip leaders with core people skills like onboarding, performance management and handling difficult conversations. The first phase launches in Q1/Q2 2025, introducing the interactive brochure, *Management Essentials*, and initial learning opportunities. As we move into 2025/26, the focus will shift to embedding *Our WAST Way* into PADRs, recruitment, and onboarding, with structured leadership programmes offering potential accreditation. Looking ahead, plans for succession planning and talent management processes will further strengthen leadership development.

Sexual Safety

103. Plans are progressing to deliver a multi-level training programme for staff and managers to help them promote sexual safety and manage individual cases. From April 2025, the following training roll-out will begin:
    - Monthly Sexual Safety Lunch and Learn Session open to all staff.
    - Legal & Risk to deliver training session to People Services Team, TUs and other key staff who are regularly involved in investigating sexual harassment concerns in April 2025.
    - Legal & Risk to deliver training sessions to managers in Summer and Autumn 2025.
    - Training session on inappropriate behaviours and professional boundaries to be delivered as part of the Trust's Management Essentials Programme.
    - Staff will be asked to complete NHS England e-learning module as a pre-requisite to all the training above.
    - People Professionals Training sessions will continue with Trauma Informed sessions planned for April.

Education and Development

104. Applications for the Work Based Learning route to Paramedic registration via the part time study BSc programme in Swansea University are being sought providing development and promotion opportunities to all EAP and EMT2 staff.

105. Education commission requests have formally been lodged with HEIW following this year's round of analysis of the future needs of our registrant workforce. This request will be ratified by Trust Board on 27th March 2025.

106. Mandatory In-Service Training (MIST) sessions conclude at the end of March with 2025/26 sessions scheduled to commence in May. Performance figures are yet to be finalised but are expected to fall below

the 92% compliance realised last year. Sufficient provision has been planned in for all those requiring MIST to have accessed it within 17 weeks of it starting – Operations leadership voice support for the efficient delivery of this contractual obligation with an aim to improve overall compliance. Further benefit has been leveraged from Learn365 with increasing numbers of mandatory training courses hosted in the easy to access and use tool contributing to an improved digital experience across the Trust.

Change Management

107. As part of our commitment to strengthening change capability across WAST, we're preparing to launch our Change Management SharePoint site: a central hub designed to support colleagues leading, managing and experiencing change. The site provides easy access to practical tools, guidance and resources, including an internally developed toolkit and a space for colleagues to ask questions and seek support from our Change Community, ensuring change is led in a collaborative and supportive way. Alongside this, we've been working to embed change management principles within Our WAST Way leadership development framework, recognising that the skills needed to manage change effectively are core leadership skills. Our aim is to ensure that managers feel confident and equipped not only to lead large-scale change projects but also to support the day-to-day, individual changes their teams experience.

Coaching and Mentoring Guides

108. Work has been underway to create a structured and consistent approach to coaching and mentoring across WAST, ensuring alignment with organisational objectives and best practice. To enhance clarity and effectiveness, separate Coaching and Mentoring guidebooks have been developed, each tailored to their distinct purposes. This separation reduces overlap and provides clear, role-specific guidance.

109. A comprehensive framework has been established, based on the ILM Level 5 model, to bring consistency across coaching and mentoring models. Ensuring a structured approach that supports knowledge transfer and professional and personal development.

110. Given the distinct nature of coaching and mentoring, separate Coaching and Mentoring Guidebooks ensure clearer focus, easier navigation, and improved implementation. The Coaching Guide provides a structured framework aligned with recognised coaching models, setting clear expectations for both coaches and coaches. The Mentoring Guide

complements this by providing an experience driven approach to professional mentoring, offering practical tools to enhance mentoring relationships. Both guides have been reviewed and refined to improve clarity, accessibility, and practical application. They are now at the final review and editing stage before wider circulation for feedback and incorporation into the ILM level 5 programme.

Allyship and Active Bystander Training

111. Linked to our EDI ambitions, we continue to roll out the Allyship and Active Bystander Training to staff to promote inclusivity and raise awareness of the challenges facing our staff and service users with a protected characteristic. Positive feedback continues to be received from attendees who note the importance of the training. Feedback tells us that the training is rated an average of 4.67 out of 5 starts, 90% of attendees learned a great deal or a lot, and 92% of attendees will use what they have learnt in the workplace every day or often. 100% of attendees said that the training met their expectations and 100% would recommend the training to others. Challenges remain about how to roll out the 2 x half day training courses to all staff across the Trust given time constraints and current workload demands. We are exploring options to host the training on Learn365 and create a modular approach to make it easier for more staff to complete the training.

RECOMMENDATION: The Trust Board are invited to discuss and note the contents of this report.

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

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

MEETING	Trust Board
DATE	27 March 2025
EXECUTIVE	Jason Killens, Chief Executive
AUTHOR	Rachel Marsh, Executive Director Strategy, Planning & Performance Hugh Bennett, Assistant Director Commissioning & Performance
CONTACT	Jason.Killens@wales.nhs.uk

EXECUTIVE SUMMARY

1. At its July 2022 meeting Trust Board received and discussed a report relating to avoidable patient harm. The original report was accompanied by a supporting action plan designed to mitigate patient harm. Updates have been provided at every subsequent Board meeting.
2. At its September 2024 meeting Trust Board received a closure report for the patient mitigations action plan and agreed to receive just the patient harm scorecard going forward.
3. The Trust continues to take many actions to mitigate patient harm, at a strategic, tactical and operational level, which are reported through to committees and Trust Board in a variety of reports e.g. IMTP Assurance Report, Monthly Integrated Quality & Performance Report, QuEST committee agendas etc.
4. The Trust submitted a comprehensive Winter Plan to Welsh Government on 29 November 2024 and met shortly afterwards with the Deputy CEO NHS Wales and his team to go through the plan. There is a Winter Summit with the Cabinet Secretary on the 31 March 2025 to look at lessons from this winter and plans for next winter.
5. *Appendix 1* contains the patient harm mitigations one page scorecard. This is the first scorecard that contains the impact of clinical model transformation changes switched on through winter 2024/25.
6. Key headline patient harm mitigation metrics for January/February 2025 include:-
    - The Trust is responding to more Red 8 minute incidents as a result of its all

resource unit hours production (UHP) being above the 95 target, with CHARU at 94% in January 2025, the highest the Trust has recorded (benchmark 95%);

- The Trust knows that this is insufficient to mitigate the system pressures it is operating in (achieving them remains important though);
- Red demand, patient cancellations and hospital handover lost hours remain particular areas of concern. The Trust lost 28% of its conveying capacity in January 2025;
- There are early signs that the clinical model transformation is having a positive impact on key metrics in the scorecard;
- The levels of avoidable patient harm remain unacceptably high in the 999-emergency ambulance care pathway, making further clinical model transformation a strategic imperative, supported by early tactical planning for winter 2025/26. There is a Winter Summit with the Cabinet Secretary on the 31 March 2025 to look at lessons from this winter and plans for next winter.

RECOMMENDATIONS: Trust Board is asked to:

- **NOTE that the Trust's clinical model transformation is beginning to take effect.**
- **NOTE the continued level of avoidable patient harm in the 999-emergency care pathway.**
- **NOTE the strategic imperative to continue delivering the clinical model transformation programme at pace, supported by early tactical planning for winter 2025/26.**

KEY ISSUES/IMPLICATIONS

As outlined in the Executive Summary above.

REPORT APPROVAL ROUTE

Date	Meeting
11 Mar-25	**Executive Director Strategy, Planning & Performance**
27 Mar-25	**Trust Board**

REPORT APPENDICES

Appendix 1 – Patient Harm Mitigations 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

SITUATION

1. Sustained and extreme pressure across the Welsh NHS urgent and emergency care system is negatively impacting on patient flow leading to avoidable patient harm and death.

2. This report provides Trust Board with a patient harm mitigations dashboard.

BACKGROUND

3. The 28 July 2022 Trust Board received the first iteration of a report and actions to mitigate real time avoidable patient harm which has then been updated for every Board meeting.

4. At its September 2024 meeting Trust Board received a closure report for the patient mitigations action plan and agreed to receive just the patient harm scorecard going forward.

5. The Trust continues to take many actions to mitigate patient harm, at a strategic, tactical and operational level, which are reported through to committees and Trust Board in a variety of reports e.g. IMTP Assurance Report, Monthly Integrated Quality & Performance Report, QuEST committee agendas etc.

6. The Trust submitted a comprehensive Winter Plan to Welsh Government on 29 November 2024 and met shortly afterwards with the Deputy CEO NHS Wales and his team to go through the plan. The plan was supported by tactical forecasting and modelling. There is a Winter Summit with the Cabinet Secretary on the 31 March 2025 to look at lessons from this winter and plans for next winter.

ASSESSMENT

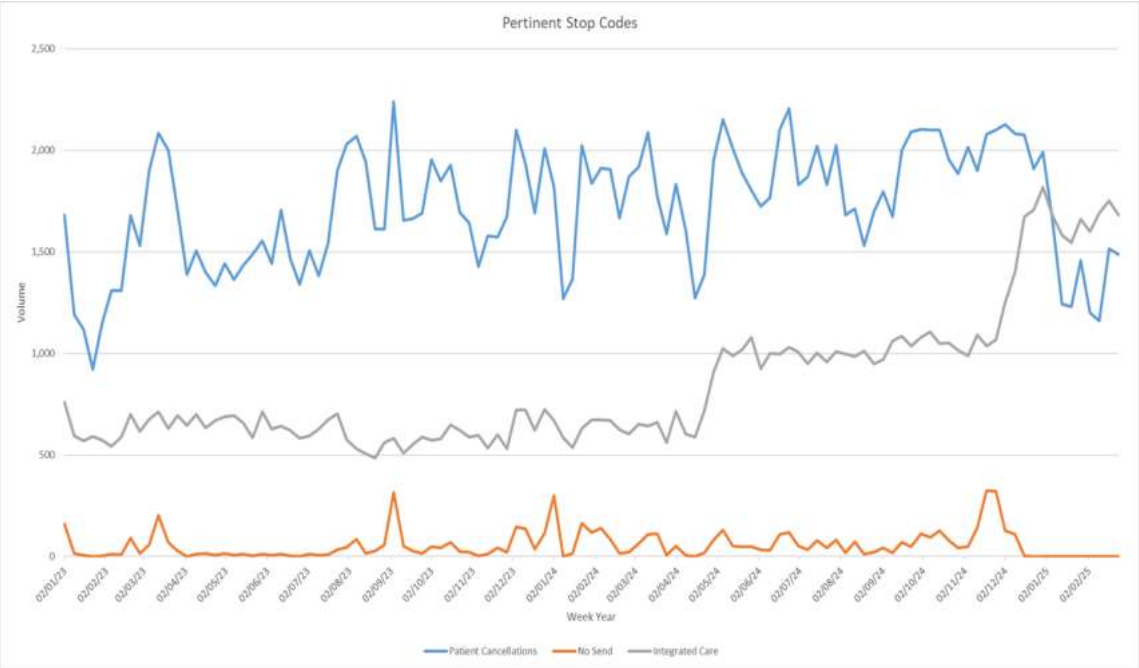
Patient Harm Metrics

7. *Appendix 1* contains a simplified patient harm mitigations dashboard. These metrics indicate continuing levels of unacceptable patient harm:

    - 597 and 469 patients were estimated to have come to severe harm outside EDs in January 2025 and February 2025 respectively due to extended handover times;
    - However, 5,815 patients cancelled their call in February 2025, compared to 7,448 in February 2024. Potentially this material reduction is due to the switching on of rapid clinical screening (RCS) by the Trust over the winter period, but a longer run of data and formal evaluation is required. Anecdotal evidence from health boards suggests a reduction in "walk ins" i.e. 999 patients cancelling their call and making their own way to ED or other locations in the health care system.

6. The switching on of rapid clinical screening (RCS) for Green, Amber 2 and Amber 1 demand was accompanied by a change in the Clinical Safety Plan (CSP), to reflect the new RCS process. "Can't sends" used to be automatically switched on at higher levels of the CSP. In the revised CSP they are a last resort and the

decision of the strategic commander. The following graph indicates how RCS and CSP are affecting patient cancellations and "can't sends"



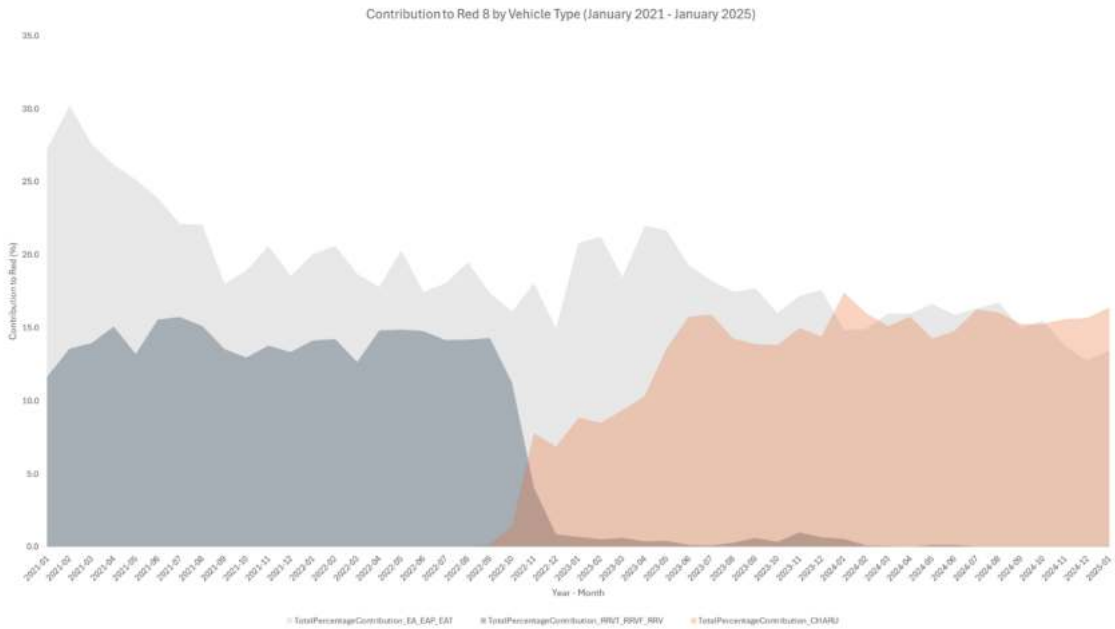
Patient Harm Mitigation Metrics

7. The dashboard also contains a range of patient harm mitigation metrics. These metrics indicate that the Trust is delivering its targets in some key areas, but that the levels of red demand and hospital handover levels are offsetting these improvements:-

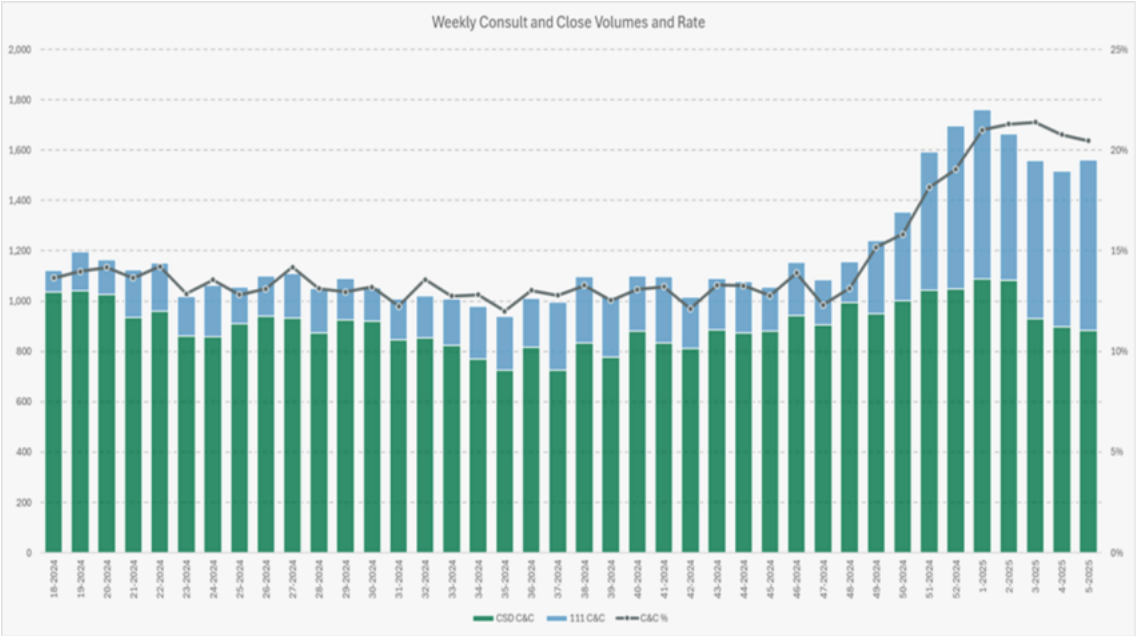
    - In the three months to February 2025 the Trust reached 8,651 red incidents in 8 minutes, compared to 7,285 incidents in the same period last year;
    - For the same period the Trust delivered an all EMS resources UHP of 98%, 101% and 95%, exceeding the 95% benchmark;
    - But in the same period the Trust lost 26%, 28% and 21% of its conveying production to hospital handover lost hours.

8. The Trust declared a critical incident on 30 December 2024 with the main causes being red demand and very high hospital handover lost hours (over 1,000 hours per day, equating to 40% of EA production).

9. The graphs below shows how the EA contribution to red performance has declined as handover lost hours has increased.



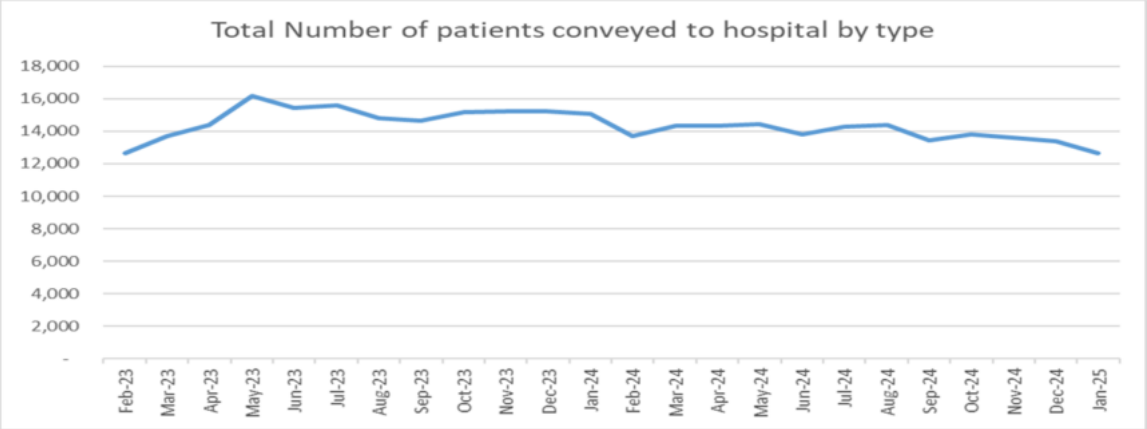
10. The switching on of RCS has driven more patient flow into Integrated Care i.e. remote telephony triage. Early data suggests that 75% of Amber 2 and Green demand is Integrated Care suitable and 66% of Amber 1 demand (these two numbers are currently being used in modelling the required capacity for Integrated Care). More patient flow into Integrated Care is leading to a higher consult & close rate, as illustrated the following graph:-



11. This one-off graph, assured by Insight & Data Services (IDS), indicates a consult & close rate in excess of 20%, at least five percentage points higher than the highest rate the Trust has previously achieved, and consistent with the 2023 EMS Demand & Capacity Review modelled benchmark. IDS are just finalising a revised definition of a single 111/EMS consult & close metric, which is a key metric for the clinical model transformation programme. Executives and commissioners will need to agree the new definition before the Trust can start formally reporting it. The switching on of RCS and the increased patient flow into Integrated Care

marks a "cultural shift" for the Trust away from traditional dispatch to remote care and community care.

12. The changes do appear to be having an impact on conveyance to EDs with conveyance in January 2025 at 11,310 compared to 13,216 in January 2024; however, a longer run of data and more formal internal and external evaluation is required before firmer conclusions can be drawn:-



13. Further to the Cabinet Secretaries announcement, the Trust will expand the use of RCS into some elements of current red demand (those calls which are not Purple Arrest or Red Emergency which will dictate an auto-dispatch). This will allow further review of many of our breathing difficulty calls to better determine the most suitable response.

14. The continuing high levels of Red demand, hospital handover lost hours and avoidable patient harm make it an imperative to continue at pace with the Clinical Model Transformation Programme

15. Clinical Model Transformation Programme priorities in advance of next winter include:-

    - Implementing the new performance framework by the 1st July which will include introduction of Purple Arrest, Red Emergency and RCS0 categories;
    - Further internal integration between 111 and 999, in particular, the establishment (phase 1) of the Remote Integrated Care Service (RICS); and
    - Further integration of patient flow and shift left activities between the Trust and health boards including introduction of more palliative care paramedics.

16. A key lesson identified from the changes put in during winter 2024/25 is to put the changes in earlier and lock down any further changes, enabling clinicians to familiarise themselves with these change in advance of winter demand pressures.

17. The Trust is continuing to build the supporting architecture around the Clinical Model Transformation Programme, in particular, further metric reporting, benefits maps and a collaborative & independent evaluation. The programme is supported by a CMT Metrics Plan with a planned increase in the capacity of the

IDS function and the Trust is currently out to open tender for a third party to undertake the independent evaluation. The Joint Commissioning Committee's Director of 111 & Ambulance Commissioning is the senior responsible owner for the evaluation, to ensure it is independent of the Trust.

18. Finally, whilst the Trust hit its targets on a number of key performance targets including excellent roster fill through the winter and turned on important parts of its clinical model transformation, hospital handover lost hours were higher in January 2025 compared to January 20224, despite the lower conveyance levels i.e. the average handover time went up. February's data is more promising, but again it is too earlier to draw any firm conclusions. Hospital handover reduction by health boards remains a critical aspect of the required transformation to mitigate avoidable patient harm.

RECOMMENDATIONS: Trust Board is asked to: -

(1) NOTE that the Trust's clinical model transformation is beginning to take effect.

(2) NOTE the continued level of avoidable patient harm in the 999-emergency care pathway.

NOTE the strategic imperative to continue delivering the clinical model transformation programme at pace, supported by early tactical planning for winter 2025/26.

Patient Harm Mitigation Indicators Dashboard

Top Monthly Indicators	Target 2024/25	Dec-24	Jan-25	Feb-25	2 Year Average	RAG
Our Patients						
Volume of Red Responded Incidents in 8 Minutes	↑	3,165	2,900	2,586	2,376	G
Volume of Amber 1 Responded Incidents	↑	10,503	9,741	8,911	11,264	R
Can't Send & Cancelled by Patient Volumes	↓	10,528	6,935	5,815	8,791	R
Our People						
Sickness Absence *(all staff)*	6.0%	8.69%	8.46%	N/A	8.24%	R
Number of Shift Overruns	↓	4,190	4,156	3,599	3,880	A
Total EMS Resource (all types) UHP	95%	98%	101%	95%	96.46%	G
Value						
% of Conveying Production Lost Due to Handover Lost Hours	7.81%	25.5%	27.6%	21.1%	23.0%	R
% of 111 Demand Referred to ED	↓	15.51%	17.43%	15.83%	14.16%	R
% of EMS Demand Conveyed to ED	↓	31.06%	33.43%	N/A	36.23%	G
Average Jobs per Shift (All Vehicles)	↑	2.29	2.46	2.17	2.32	R

Top Monthly Indicators	Target 2024/25	Dec-24	Jan-25	Feb-25	2 Year Average	RAG
Partnerships / System Contribution						
Successful Consult & Close Outcome	17.0%	N/A	N/A	N/A	13.28%	
% of EMS Verified Demand Accessing SDECs	↑	N/A	N/A	N/A	0.16%	
Number of Handover Lost Hours	7,500	25,195	27,212	18,811	22,148	R
Number of Patient Handovers > 1 hour	0	6,506	6,629	5,144	6,002	R
Number of Patient Handovers > 4 hour	0	2,214	2,407	1,601	1,916	R
Immediate Released (Red) Declined	0	14	12	1	7	R
Immediate Released (Amber 1) Declined	0	551	652	370	332	R
Patients Estimated to be coming to Severe Harm (from long ED wait)	0	585	597	463	541	R
Joint Investigation Framework Incidents Referred to Health Boards	0	10	25	N/A	13	R

In-Month RAG Indicates =

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

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

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

TBD: Status cannot be calculated (To Be Determined)

AGENDA ITEM No	
OPEN or CLOSED	**Open**
No of ANNEXES ATTACHED	**4**

RISK MANAGEMENT & BOARD ASSURANCE FRAMEWORK REPORT

MEETING	Trust Board
DATE	27 March 2025
EXECUTIVE	Trish Mills, Director of Corporate Governance / Board Secretary
AUTHOR	Julie Boalch, Assistant Director of Corporate Governance & Risk
CONTACT	Julie.Boalch@wales.nhs.uk

EXECUTIVE SUMMARY

1. The purpose of the report is to provide assurance in respect of the management of the Trust's principal risks.

2. A summary of these risks is set out in Annex 1 with a detailed description contained within the Board Assurance Framework (BAF) in Annex 4 is included in the report.

3. The more detailed description contained within the BAF provides the Board with an opportunity to review the controls in place against each principal risk and the assurance provided against those controls where applicable. This will assist Members in evaluating current risk ratings supported by the scoring matrix in Annex 2.

4. The Board can take assurance that each of the principal risks have been reviewed in line with the agreed schedule detailed at Annex 3 and are updated as at 19 February 2025. Focus has continued to be given to the risk ratings, controls, assurances, gaps and mitigating actions identified and taken to support risks to achieve their target score. All updates are highlighted in blue on the BAF.

5. This executive summary continues to outline the broader discussions across the senior leadership teams and the Committees on the higher rated risks and signposts the Board accordingly. The Risk Owners have an opportunity to further add to this narrative and detail of any assurances or escalations during the meeting and Committee Chairs will also contribute to this as appropriate, drawing from the Alert, Advise, Assure reports (AAA).

6. The Executive Leadership Team (ELT) approved the principal risk activity described in this paper and considered the full review of each risk undertaken throughout December and January 2025 by Risk Owners and the Assistant Director Leadership Team (ADLT).

7. The Audit, Risk and Assurance Committee scrutinised each of the Trust's principal risks at its last meeting on 6 March 2025 as well as the progress against the risk management transformation programme and the brief for the planned 2024/25 Internal Audit Management Review.

8. The BAF reflects the significant work undertaken, to keep under review, the Trust's principal risks and as a result there have been several movements on the Corporate Risk Register (CRR) and BAF. The Committee AAAs refer to the changes in risks under their remit; however, this activity is detailed below for convenience.

9. **Risks 223** (*the Trust's inability to reach patients in the community causing patient harm and death*) and **Risk 224** (*Significant handover of care delays outside accident and emergency departments impacts on access to definitive care being delayed and affects the Trust's ability to provide a safe & effective service for patients*) remain at the highest score of 25. The score is not based on the volume of cases of catastrophic harm, it is based on any one individual that experiences avoidable harm. The quality dimension of each of these risks will always be a challenging one to reduce whilst patients and the Trust are experiencing delays in the way in which they currently are.

10. These two risks continue to be dynamically reviewed, and the scores remain unchanged despite several updates to the controls. The number of lost hours due to handover delays remained significant reported at 25,199 in December 2024.
    - 10.1. Handover delays continue to present patient safety risks and extended waits in the community with a deteriorating Red performance being outside of what is acceptable to deliver a safe emergency service.
    - 10.2. The Trust Board continues to focus on the actions to mitigate these two risks that are within its control, and these are highlighted in the avoidable harm action plan which is presented at each Board meeting. Further mitigations and transformative actions are described in the Integrated Medium Term Plan (IMTP) to address these risks.
    - 10.3. There are a range of efficiencies described in the report that the Trust has undertaken in mitigation of these two risks. Three key ones being that a new Clinical Safety Plan was released in December 2024 to enable the Trust to manage risk more effectively at a system level, ensuring that patients are not unnecessarily directed to Emergency Departments (EDs) when they can be safely managed through other pathways.
    - 10.4. Additionally, the Trust is on track to reach the Advanced Paramedic Practitioner (APP) recruitment target for this financial year; the evidence of utilising APPs illustrates a dramatic impact on ED avoidance with more patients being managed safely within the community.
    - 10.5. A third example is the activation of the Care Planning and Winter Desk initiatives provide additional oversight and pre-emptive measures to address seasonal demand surges. These efforts are crucial to sustaining system resilience and minimising patient harm.

10.6. Most of the Trust's actions in the action plan have been completed and a several efficiencies and improvements implemented that have stabilised performance; however, the Trust is unable to mitigate the scale of handover lost hours due to the environment which it is operating in or make improvements in performance because of the continued challenges in the urgent and emergency care system.

10.7. To support the continued, detailed review and mitigation of these risks, a second workshop took place on the 13 February 2025 with the Risk Owners and teams to consider a different approach to managing and monitoring those areas that are within the Trust's control and those that are not.

10.8. Given the Avoidable Harm action plan reported at each Board and the comprehensive review of both risks at the Quality, Patient Experience and Safety Committee (QUEST) and the overarching review of all risks and the framework at the Audit, Risk and Assurance Committee, it has been decided not to continue reporting these to the Finance & Performance Committee (FPC) and the People & Culture Committee (PCC) as has previously been the case. This will reduce volume and focus those committees on risks in their remit.

11. **Risk 160** (*high absence rates impacting on patient safety, staff wellbeing and the Trust's ability to provide a safe and effective service*) is rated 20.

    11.1. Whilst there has been a significant reduction in absence levels, the score of 20 (5x4) remains static during this quarter; however, the Health and Wellbeing Plan 2025-2029 and People and Culture Plan 2023-2026 provide strategic direction for relevant initiatives to support the mitigation of this risk.

12. **Risk 201** (*A loss of stakeholder confidence that damages the Trust's reputation*) remains static at 20.

    12.1. The current risk score remains at 20 given that many of the mitigations are outside the Trust's control.

    12.2. Whilst the risk remains static, it is inextricably linked to several of the metrics measured and discussed at the People & Culture Committee.

    12.3. Significant winter pressures including the recent declaration of a critical incident mean that the risk to Trust reputation remains significant.

13. **Risk 260** *A significant and sustained cyber-attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems* has increased in score from 15 (3x5) to 20 (4x5).

    13.1. This is due to the escalated world conflicts and recent increase in targeted cyber-attacks against NHS organisations. This risk and rationale for the increase was reviewed by FPC on 18 March.

14. **Risk 641** *The Trust's inability to implement the learning from all relevant Manchester Arena Inquiry (MAI) recommendations impacting its response to a major incident/mass casualty incident* remains static at a score of 20 (4x5).

15. Whilst there have been no further material changes made during this period, the BAF includes a commentary for each risk for the Risk Owner to describe the rationale for each of the risk ratings which is particularly important where ratings have remained static or increased.

16. Detailed reviews, discussion and challenge continue to take place with the Executive Leadership Team (ELT) and Assistant Director Leadership Team (ADLT) on each of the risks monthly in support of achieving this activity and movement on the CRR and BAF.

RECOMMENDATION:

17. Members are asked to consider and discuss the contents of the report and:
    a) Note the ongoing repositioning of Risks 223 and 224.
    b) Note the increase in score for Risk 260 from 15 (3x5) 20 (4x5). The detail will be discussed in Closed Session of Finance & Performance Committee.
    c) Receive assurance on the review and attention to the principal risks, their review at ELT and at relevant Committees.
    d) Note the ratings and mitigating actions for each principal risk.

KEY ISSUES/IMPLICATIONS
The key issues and implications are set out in the Executive Summary above.
REPORT APPROVAL ROUTE
Each of the Principal Risks have been or will be considered by the following Committees, as relevant to their remit, during the forthcoming reporting period: • Assistant Directors Leadership Team (03 February 2025) • Executive Leadership Team (19 February 2025) • Audit, Risk and Assurance Committee (06 March 2025) • Finance & Performance Committee (18 March 2025) • Trust Board (27 March 2025) • Quality, Safety & Patient Experience (09 May 2025) • People & Culture Committee (15 May 2025)

REPORT ANNEXES
Annex 1 - Summary table describing the Trust's Principal Risks. Annex 2 – Scoring Matrix Annex 3 – Frequency of Risk review Annex 4 - Board Assurance Framework

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

RISK MANAGEMENT & BOARD ASSURANCE FRAMEWORK REPORT

SITUATION

1. The purpose of the report is to provide a progress report in respect of the management of the Trust's principal risks.

BACKGROUND

2. The Risk Management Transformation Programme is reported and monitored through the Corporate Governance Directorate's Local Directorate Plan and through to the Strategic Transformation Board and the Audit, Risk & Assurance Committee for oversight.

3. Principal risks are allocated to appropriate Directors to drive the reviews and actions to mitigate the Trust's principal risks. In addition to directorate reviews there are formal risk review discussions with the Assistant Directors Leadership Team (ADLT) and the Executive Leadership Team (ELT) in relation to risk escalation, changes in ratings, and any new risks for inclusion on the CRR.

4. This report highlights the focus that is maintained on management of these risks, not only because of risk discussions in the various forums but also because of broader attention to planned mitigations across the system.

ASSESSMENT

5. The ELT approved the principal risk activity described in this paper and considered the full review of each risk undertaken throughout December and January 2025 by Risk Owners and the ADLT.

<u>Principal Risks</u>

6. Each of the risks have been reviewed during this reporting period in line with the agreed schedule detailed at Annex 3 with continual and dynamic focus on the highest rated risks scoring 15-25. Attention has been given to the risk ratings of each principal risk and the mitigating actions identified and taken to ensure that risks achieve their target score. This is in addition to the standard and regular review of all controls, assurances, and any gaps.

7. The Trust's highest rated **Risks 223** *the Trust's inability to reach patients in the community causing patient harm and death* and **Risk 224** *significant handover delays outside A&E departments impacts on access to definitive care being delayed and affects the trust's ability to provide a safe and effective service*, remain static at the highest score of 25. The score is not based on the volume of cases of catastrophic harm, it is based

on any one individual that experiences avoidable harm. The quality dimension of each of these risks will always be a challenging one to reduce whilst patients and the Trust are experiencing delays in the way in which they currently are.

8. The sustained and extreme pressure continues across the Welsh NHS urgent and emergency care system which is negatively impacting on patient flow and leading to avoidable patient harm and death.

9. The number of lost hours due to handover delays remained significant reported at 25,199 in December 2024.

10. Handover delays continue to present patient safety risks and extended waits in the community with a deteriorating Red performance being outside of what is acceptable to deliver a safe emergency service.

11. The risks continue to be reported to the Trust Board, with a focus on the actions to mitigate these two risks that are within its control, and these are highlighted in the avoidable harm action plan which is presented at each Board meeting. Further mitigations and transformative actions are described in the Integrated Medium Term Plan (IMTP) to address these risks.

12. There are a range of efficiencies described in the report that the Trust has undertaken in mitigation of these two risks. Three key ones being that a new Clinical Safety Plan was released in December 2024 to enable the Trust to manage risk more effectively at a system level, ensuring that patients are not unnecessarily directed to Emergency Departments (EDs) when they can be safely managed through other pathways.

13. Additionally, the Trust is on track to reach the Advanced Paramedic Practitioner (APP) recruitment target for this financial year; the evidence of utilising APPs illustrates a dramatic impact on ED avoidance with more patients being managed safely within the community.

14. A third example is the activation of the Care Planning and Winter Desk initiatives provide additional oversight and pre-emptive measures to address seasonal demand surges. These efforts are crucial to sustaining system resilience and minimising patient harm.

15. Most of the Trust's actions in the action plan have been completed and a several efficiencies and improvements implemented that have stabilised performance; however, the Trust is unable to mitigate the scale of handover lost hours due to the environment which it is operating in or make improvements in performance because of the continued challenges in the urgent and emergency care system.

Repositioning of Risks 223 and 224

16. To support the continued, detailed review and mitigation of these highest scoring risks, a second workshop took place on 13 February 2025 with members of the Risk Owner's senior teams to contribute to the design and development of a different approach to managing and monitoring those areas that are within the Trust's control and those that are not.

17. The proposed approach involves separating internal and external controls, assurances and gaps into those that the Trust manages and those that it monitors. Additionally, the group will test separate risk scores for internal and external mitigations, clearly demonstrating the impact of actions taken. This will not affect the overall score of 25 (5x5) which reflects the severity of patient harm and death. The group will meet fortnightly to progress this work over the next quarter.

18. The Quality, Patient Experience and Safety Committee (QuEST) reviewed both risks at its meeting in February 2025 with the Agenda items reflecting the controls and mitigations discussed at this meeting. These risks continue to be escalated to the Board via the meeting's Alert, Assure and Advise (AAA) report.

19. The Committee Secretary & Associate Director of Corporate Services and the Assurance & Risk Officer from the Joint Commissioning Committee (JCC) attended the QuEST meeting in February 2025 to consider the Trust's approach to these risks, how the committee meeting agendas are structured and how the reports it receives demonstrates the mitigations against these risks. The Trust's risk team will continue to meet with colleagues from the JCC to explore approaches to mitigating these risks from a system perspective given these remain the highest scoring risks on the JCC's new risk register as well.

20. Both risks were presented to the Finance & Performance Committee (FPC) and the People & Culture Committee (PCC) meetings in January and February 2025 respectively to continue to ensure that all perspectives and elements of the risks are considered and reviewed.

21. **Risk 160** *High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service*, whilst there has been a significant reduction in absence levels, the score of 20 (5x4) remains static during this quarter; however, the Health and Wellbeing Plan 2025-2029 and People and Culture Plan 2023-2026 provide strategic direction for relevant initiatives to support the mitigation of this risk.

22. **Risk 201** *A loss of stakeholder confidence that damages the Trust's reputation*, remains static at a score of 20 (4x5) given that many of the mitigations are outside the Trust's control. Whilst the risk remains static, it is inextricably linked to several of the metrics measured and discussed at the People & Culture Committee. Significant winter

pressures including the recent declaration of a critical incident mean that the risk to Trust reputation remains significant.

23. **Risk 260** *A significant and sustained cyber-attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems* has increased in score from 15 (3x5) to 20 (4x5) due to the escalated world conflicts and recent increase in targeted cyber-attacks against NHS organisations. This risk will be reported to the closed session of the FPC in the next round to provide committee with information on the planned mitigations to target score given the sensitive and security based nature of these mitigations.

24. **Risk 641** *The Trust's inability to implement the learning from all relevant Manchester Arena Inquiry (MAI) recommendations impacting its response to a major incident/mass casualty incident* remains static at a score of 20 (4x5). This risk is taken in open session of the Board in full transparency. However, members will note that the actions to address individual recommendations are not included in detail in the BAF extract. This is for reasons of sensitivity and security.

25. **Risk 542** *Failure to deliver the Welsh Government NHS Wales Decarbonisation Strategic Delivery Action Plan* remains static at a score of 16 (4x4).

26. **Risk 558** *Deterioration of staff health and wellbeing as a consequence of both internal and external system pressures,* **Risk 594** *The Trust's inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death* and **Risk 623** *Failure to comply with Data Protection Legislation* all remain unchanged this period and static at a score of 15 (3x5).

27. **Risk 100** *Failure to persuade JCC/Health Boards about WAST's ambitions and reach agreement on actions to deliver appropriate levels of patient safety and experience* and **Risk 163** *Maintaining Effective & Strong Trade Union Partnerships* remain unchanged at a score of 12 (3x4).

28. **Risk 139** *Failure to Deliver our Statutory Financial Duties*. This is due to the reasonable revenue position for 2024/25; however, separate risks may be considered in the future relating to capital funding and vehicle/fleet.

RECOMMENDED

29. Members are asked to consider and discuss the contents of the report and:
    a) Note the ongoing repositioning of Risks 223 and 224.
    b) Note the increase in score for Risk 260 from 15 (3x5) 20 (4x5). The detail will be discussed in Closed Session of Finance & Performance Committee.
    c) Receive assurance on the review and attention to the principal risks, including their review at ADLT, ELT and at relevant Committees.
    d) Note the ratings and mitigating actions for each principal risk.

Annex 1 – Corporate Risk Register Summary

CORPORATE RISK REGISTER				
RISK ID	**NEW RISK TITLE**	**NEW SUMMARY DESCRIPTION**	**EXECUTIVE OWNER**	**RISK SCORE**
223 QuEST	The Trust's inability to reach patients in the community causing patient harm and death.	**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	Executive Director of Operations	**25 (5x5)** →
224 QuEST	Significant handover delays outside A&E departments impacts on access to definitive care being delayed and affects the trust's ability to provide a safe and effective service.	**IF** patients are significantly delayed in ambulances outside A&E departments **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 **RESULTING IN** patients potentially coming to harm and a poor patient experience	Executive Director of Quality & Nursing	**25 (5x5)** →
160 PCC	High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service.	**IF** there are high levels of absence **THEN** there is a risk that there is a reduced resource capacity **RESULTING IN** an inability to deliver services which adversely impacts on quality, safety and patient/staff experience	Director of People & Culture	**20 (5x4)** →
201 PCC	A loss of stakeholder confidence that damages the Trust's reputation.	**IF** there is an inability of the Trust to deliver its core services because of system or organisational pressures **THEN** there will be a loss of stakeholder confidence in the Trust **RESULTING IN** a lack of stakeholder support for the Trust's long term	Director of Partnerships & Engagement	**20 (4x5)** →

CORPORATE RISK REGISTER				
RISK ID	**NEW RISK TITLE**	**NEW SUMMARY DESCRIPTION**	**EXECUTIVE OWNER**	**RISK SCORE**
		strategic vision, a failure to deliver its strategic ambition, damage to reputation and increased external scrutiny		
260 FPC	A significant and sustained cyber-attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems.	**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	Director of Digital Services	**20 (4x5)** ↑ **15 (3x5)**
641 FPC	The Trust's inability to implement the learning from all relevant Manchester Arena Inquiry (MAI) recommendations impacting its response to a major incident/mass casualty incident	**IF** the Trust has not fully implemented the MAI recommendations AND a major incident or mass casualty incident is declared **THEN** there is a RISK that the Trust's Incident Response will be suboptimal **RESULTING IN** avoidable patient harm and/or death, detriment to staff wellbeing, reputational damage and potentially expose the Trust to legal liability	Executive Director of Operations	**20 (4x4)** →
542 FPC	Failure to deliver the Welsh Government NHS Wales Decarbonisation Strategic Delivery Action Plan	**IF** there is a lack of resources and available technology and infrastructure **THEN** there will be a failure to deliver the commitments outlined in	Executive Director of Finance & Corporate Resources	**16 (4x4)** →

CORPORATE RISK REGISTER				
RISK ID	**NEW RISK TITLE**	**NEW SUMMARY DESCRIPTION**	**EXECUTIVE OWNER**	**RISK SCORE**
		the action plan and within the Welsh Government timelines **RESULTING IN** negative environmental and social impacts causing and reputational damage		
558 PCC	Deterioration of staff health and wellbeing in as a consequence of both internal and external system pressures	**IF** significant internal and external system pressures continue **THEN** there is a risk of a significant deterioration in staff health and wellbeing within WAST **RESULTING IN** increased sickness levels, staff burnout, poor staff and patient experience and patient harm	Director of People & Culture	**15 (3x5)** →
594 FPC	The Trust's inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death.	**IF** a major incident or mass casualty incident is declared **THEN** there is a risk that the Trust cannot provide its pre-determined attendance as set out in the Incident Response Plan and provide an effective, timely or safe response to patients **RESULTING IN** catastrophic harm (death) and a breach of the Trust's legal obligation as a Category 1 responder under the Civil Contingency Act 2004.	Executive Director of Operations	**15 (3x5)** →
623 FPC	Failure to comply with Data Protection Legislation	**IF** the Trust fails to comply with and demonstrate it is meeting the accountability requirements under the Data Protection Act, the UK General Data Protection Regulation (GDPR) and the Common Law Duty of Confidentiality **THEN** the Trust will breach its legal obligations and potentially cause	Director of Digital Services	**15 (3x5)** →

CORPORATE RISK REGISTER				
RISK ID	**NEW RISK TITLE**	**NEW SUMMARY DESCRIPTION**	**EXECUTIVE OWNER**	**RISK SCORE**
		the personal or sensitive data to be compromised, lost, or inappropriately used **RESULTING IN** unauthorised data breaches/loss, financial or compensatory penalties, an increased regulatory scrutiny or enforcement as well as stakeholder mistrust and reputational damage.		
100 FPC	Failure to persuade JCC/Health Boards about WAST's ambitions and reach agreement on actions to deliver appropriate levels of patient safety and experience.	**IF** WAST fails to persuade JCC/Health Boards about WAST ambitions **THEN** there is a risk of a delay or failure to receive funding and support **RESULTING IN** a catastrophic impact on services to patients and staff and key outcomes within the IMTP not being delivered	Executive Director of Strategy Planning & Performance	**12 (3x4)** →
163 PCC	Maintaining Effective & Strong Trade Union Partnerships	**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 People & Culture	**12 (3x4)** →
139 FPC	Failure to Deliver our Statutory Financial	**IF** the Trust does: • not achieve financial breakeven and/or	Executive Director of Finance &	**8 (2x4)** →

CORPORATE RISK REGISTER				
RISK ID	**NEW RISK TITLE**	**NEW SUMMARY DESCRIPTION**	**EXECUTIVE OWNER**	**RISK SCORE**
	Duties in accordance with legislation.	• 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	Corporate Resources	

Annex 2 - Risk Scoring Matrix

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.	ɔcal 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 - Frequency of Risk Review

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

Annex 4 – Board Assurance Framework

Risk ID 223	The Trust's inability to reach patients in the community causing patient harm and death	Date of Review:	22/01/2025	TREND	25 (5x5)
		Date of Next Review:	22/02/2025	➡	

IF	THEN	RESULTING IN
significant internal and external system pressures continue	there is a risk of an inability and/or a delay in ambulances reaching patients in the community	patient harm and death

	Likelihood	Consequence	Score
Inherent	4	5	20
Current	5	5	25
Target	2	5	10

IMTP Deliverable Numbers: 1, 2, 3, 4, 5, 6, 7, 8, 10, 14, 15, 20, 22, 24, 25, 27

EXECUTIVE OWNER	Director of Operations	ASSURANCE COMMITTEE	Quality, Safety and Patient Experience Committee

Risk Commentary Q1 2024/2025

The risk score remains constant at 25 (almost certain & catastrophic). Internal and external assurances remain weak as there remains a daily risk of actual patient harm and death because of the Trust not being able to reach patients in the community. The Trust continues to receive Prevention of Future Death Reports (Regulation 28) from Coroners across NHS Wales. **Handover lost hours in November were 20,993 and December were 25,199.**

The impacts on patients waiting for extended periods of time both in the community and then outside emergency departments is well documented (AACE Delayed Hospital Handovers: Impact assessment of patient harm, 2021) and includes pressure damage, acute kidney injury, deconditioning, poorer outcomes, and extended recovery times. Delays across the system continue to be the focus of patient safety incidents, complaints, Coronial enquires and redress / claims. The effectiveness of our controls in many areas are dependent on external partners acknowledging and having ownership of the risk across the urgent and emergency care system. Key to moving the position is to continue to work in collaboration influencing system partners, being present and engaging in key conversations, whilst continually seeking opportunities internally to swiftly identify and mitigate the risks within our control and share those with relevant system partners that we cannot control. Of note, recent data analysis highlights the increased levels of red activity which has doubled since the pre covid period, plus an average increased on scene time of circa 10 minutes. Both measures are reflective of an increasingly challenged system with WAST crews fully exploring admission avoidance alternatives.

Improvement actions led by Welsh Government and system partners include: -

a) Audit Wales's investigation of Urgent and Emergency Care System. Does NHS Wales and its partners have effective arrangements for unscheduled care to ensure patients have access to the right care at the right time? (E)
b) Consideration of additional WAST schemes to support risk mitigation through winter (I)
c) NHS Wales reduces emergency department handover lost hours by 25% (E)
d) NHS Wales eradicates all emergency department handover delays in excess of 4 hours (E)
e) Alterative capacity equivalent to 1000 beds (E)
f) Implement nationwide approach to emergency department 'Fit 2 Sit' (E)
g) Implementation of Same Day Emergency Care services in each Health Board (E)
h) National Six Goals programme for Urgent and Emergency Car (E)

CONTROLS	ASSURANCES
	Internal Management (1st Line of Assurance)
1. Regional Escalation Protocol	1. Daily conference calls to agree RE levels in conjunction with Health Boards
2. Immediate release protocol	2. The Immediate Release Protocol is a Nationally agreed NHS Wales protocol. Refusals by Health Boards are Datixed by WAST and compliance report shared weekly with the Health Board Chief Operating Officers (COOs). V1.3 has been reviewed, updated and released (August 2024).
3. Resource Escalation Action Plan (REAP)	3. Weekly review by Senior Operations team with assessment of action compliance. The Senior Leadership Team convenes every Tuesday as the Weekly Performance Meeting to review performance and demand data, and review/assign REAP Levels as appropriate. Dynamic escalation via Strategic Command structure. REAP has undergone an annual review with v4.1 released in November 2023.
4. 24/7 Operational Delivery Unit (ODU)	4. Shift reports from ODU & ODU Dashboard received by Exec, SOT and On-Call Team at start/end. Provides operational oversight with dynamic CSP review and system escalation as required.
5. Strategic, Tactical and Operational 24 hour/ 7 day per week system to manage escalation plans	5. Same as **4** - Shift reports from ODU & ODU Dashboard received by Exec, SOT and On-Call Team at start/end. Provides operational oversight with dynamic CSP review and system escalation as required. On Call cover is reviewed weekly at SLT Performance Meetings.
6. Limited Alternative Care Pathways in place	6. Limited Assurance - Health Informatics reports, APP dashboard monitors, reports on app use by Consultant Connect, APP development and expansion, and bids for additional prescribing APPs.
7. Consult and Close (previously Hear and Treat)	7. The Trust ambition is to attain 17% Consult and Close rate, with an improvement plan in place to achieve this. The Trust has however already achieved the inclusion of Mental Health Practitioners in CSD, a key contributor to the achievement of Consult and Close rates. Reported through integrated quality meeting. Whilst Consult and Close is in place, the action to increase compliance is detailed in the action plan.
8. Advanced Paramedic Practitioner (APP) deployment model / APP Navigation	8. WAST has attempted to secure additionality within its APP numbers, as the evidence illustrates a dramatic impact upon ED avoidance with more people being managed within the community. At this stage, no additional funds have been secured.

Risk ID 223	The Trust's inability to reach patients in the community causing patient harm and death		Date of Review:	22/01/2025	TREND	25 (5x5)
			Date of Next Review:	22/02/2025	➡	

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

	However, it remains the case the prospective APPs are completing their education and could be deployed into the operational setting to mitigate the risk. ELT has therefore agreed to grow the APP numbers further this year, redirecting existing operational spend to bolster APP growth. This is part of the IMTP Deliverables 2024-2027.
9. Clinical Safety Plan (CSP)	9. Clinical agreement – agreeing escalation to higher levels, ODU dashboard, AACE paper through National Director of Operations group. In December 2023, Version 2.21 of the Clinical Safety Plan was released. The subsequent reduction in the demand is the assurance which is dynamically monitored via ODU. **New CSP released 17th December 2024, released to enables the Trust to manage risk more effectively at a system level, ensuring that patients are not unnecessarily directed to EDs (can't send) when they can be safely managed through other pathways. In doing so we help to reduce demand on EDs and therefore hospital handover delays, support a better working environment for staff and ensure improved ambulance availability for those who need them most.**
10. Recruitment and deployment of CFRs	10. 11 new onboarding courses for June to December with projection of 110 new CFRs by 3rd December 2024. Currently 400 volunteers supporting 6500 hours every month. Response data indicates that our CFRs are reaching more patients, especially those with life threatening conditions in 8 minutes compared to this time last year. Numbers of CFR's, percentage of contribution to performance a governance framework is in place. Monitoring through AD 1:1's and volunteer highlight report (IMTP).
11. ETA scripting	11. The ETA Dashboard is a tactic that was signed off by ELT. The dashboard supports scripting analysed by comparing with real time data. ETA performance is reviewed weekly at SLT weekly performance meeting. The effect of the ETA scripting results in cancellations of ambulances which is monitored through algorithmic review process.
12. Clinical Contact Centre (CCC) emergency rule	12. Emergency Rule is incorporated into CSP 999 levels.
13. National Risk Huddle	13. This is a tactic contained in REAP ratified through SPT and EPT. Daily risk huddles are recorded, and documented actions are shared with stakeholders and progress monitored via the ODU.
14. Summer/Winter initiatives	14. Monitoring through SLT and STB. Senior Planning Team (SPT) was stood up for the duration of Winter 2023/24. Christmas Planning Meetings established from April 2024 for winter period 2024/2025.
15. CHARU implementation	15. Recruitment of 153 WTE has continued; To lift further, a trial of a rotational model is due to be trialled in Aneurin Bevan Health Board area.
16. Clinical Model and clinical review of code sets	16. Reported through CPAS and DCR Review reporting through CQGG
17. Remote clinical support enabling discharge at scene	17. Strategic Transformation Board – IMTP deliverable; Providing support to the Community Welfare Responders (CWR) initiative and supporting CFRs to discharge at scene with current non conveyance rates for CFRs in excess of 40%
18. Trust Board paper (28/07/22) detailing actions being taken to mitigate the risks (see actions section for details of specific work streams being progressed to mitigate this risk)	18. Formally documented action plan – actions captured are contained within and monitored via the Mitigating avoidable harm paper from PIP.
19. Information sharing	19. Information Sharing: Patient Safety Reports, Chief Operating Officer (COO) Data Pack, Immediate Release Declined (IRD) Reports.
20. Completed EMS Roster Review	20. Helps to ensure that we have the maximum available capacity to respond to dispatch to 999 calls received in a timely manner. Monitor production against the rosters weekly at performance meeting and that provides a level of UHP as a percentage.
21. Delivered a reduction in the number of multiple vehicle attendances dispatched to red calls	21. This will increase vehicle availability generally across the Trust and is monitored through SLT weekly performance meeting.
22. Transfer of Care	22. WAST has clearly articulated to the Health Board COOs the risk associated with delayed handovers. Consequently, work has commenced to withdraw WAST staff from portering duties on hospital premises, cease the practice of ED swaps and cease the use of WAST equipment in EDs across Wales. Please refer to the following documents: i) Letter to COO Handover Delays 30.03.2023 ii) Letter to COO Handover Delays iii) WAST – Transfer of Care Brief
23. Virtual Ward – Connect Support Cymru	23. Multi phased approach commenced in Dec 2022 with St John Ambulance Cymru virtual ward responder, a digital and telehealth platform, and a Community Welfare Responder model to enhance community resilience. • Phase 1 delivered through St John Ambulance Cymru with a further extension in place.

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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

	• Funding also obtained through external grant funding to pilot a volunteer phase. which went live mid-October with twelve teams piloting the approach and has now completed. • Work ongoing to recruit CWR volunteers with engagement taking place with organisations across Wales. • St John Ambulance Cymru virtual ward now extended to the end of May 2024.
24. ARA – - YGC, Swansea Bay and GUH	24. ARA in GUH finished 31st March 2024. Holding area in Swansea and YGC remains ongoing.
25. WAST Serious Clinical Incident Forum (SCIF) is in place to discuss patient safety incidents, learning and improvement actions to prevent future harm, working in collaboration with Health Boards / NHS Wales Executive Delivery Unit under the Joint Investigation Framework which was formalised in the National Patient Safety Policy in May 2023. Sharing of potential case of serious avoidable harm/death with Health Boards for investigation when response delay associated with system congestion is the primary cause. CNO and CMO plus peer group and COOs regularly updated on patient safety incidents. Patient safety reporting and escalation through the Serious Clinical Incident Panel (SCIF), Patient Safety Highlight Reports, Health Board specific reports in place with escalation through WAST governance framework.	25. Patient safety reporting and escalation through the Serious Clinical Incident Panel (SCIF), Patient Safety Highlight Reports, Health Board specific reports in place with escalation through WAST governance framework.
26. WAST membership of the working group (Executive Director of Quality & Nursing) to reform the Framework for the Investigation of Patient Safety Serious Incidents (SIs) national investigation framework with system partners. Chaired by the Deputy Chief Ambulance Commissioner and commenced in August 2022.	26. Workshop with system partners in place with executive directors of nursing attendance and to date is working well with good engagement from health board colleagues. Following the last meeting on 25.01.2023 it was agreed that sub-groups would be formed to meet more frequently to gather themes / evaluation / develop more consistency which would include aligning the outputs / outcomes with the 'Six Goals for Urgent and Emergency Care' work.
27. Undertake the next 5-year strategic EMS Demand and Capacity review (the 2019 version will run out this year – 2024)	27. Review has been undertaken and has been reported to closed FPC committee July 2024 and Trist Board July 2024. This review details the level of resourcing required in different handover lost hour scenarios with different ways to respond to it e.g. traditional model or evolved CRN.
GAPS IN CONTROLS	**GAPS IN ASSURANCE**
1. Acknowledgement and acceptance of risk by Health Boards and balancing the risks across the whole system	1. Improvement in handover delays across Cardiff and Vale and more latterly across AB have led to improved handovers at Eds. This has now been sustained for some months across C&V in a phased programme of improvement with no delays in excess of 2 hours. Programme of improvement underway in AB, commencing at 4 hour tolerance with a plan to reduce over time. In other Health Boards, there remains little or no controls, with variation in both handovers and risk levels across Health Boards. An extraordinary incident declared by WAST on 22 October 2023 as direct result of system risk associated with handover delays at Morriston hospital has increased focus on handover delays with external partners and across the media. Some plans are in train (detailed in actions) following a meeting with Swansea Bay COO to include mobile imaging, pathways to bypass ED and a pod solution ahead of winter.
2. Blockages in system e.g., internal capacity within Health Boards which affect patient flow	
3. Local delivery units mirroring WAST ODU	
4. Handover delays link to risk 224	
5. There is an ambition that no handover should exceed 4 hours and for lost hours to handover to be reduced by 25% but given the track record over last 12 months there is a low confidence in attaining this.	5. The majority of Health Boards have failed to deliver on this ambition; With the exception of Cardiff and Vale University Health Board, the remaining 5 Health Boards with acute Trusts that were required to deliver on this target, have failed to do so.
6. Handover Improvement Plans agreed between WAST and Health Boards	6. Performance targets for Handover with Health Boards have been introduced by the commissioner.
7. Access to Same Day Emergency Care (SDEC) for paramedic referrals	7. This forms part of the handover improvement plans in place with Health Boards; however, assurance is limited given that the uptake is low (less than 1% of total demand). There is an inconsistency in approach from Health Boards on eligibility and availability; The national Once for Wales acceptance criteria has not been uniformly deployed by Health Bards across Wales.
8. Mental Health users connecting via the 999 system to 111 press 2 services. Discrepancies in pathway between 111 and CSD – point of entry influences pathway.	
9. Volunteer Alternative Responder Scheme (VARS)	9. Live from June 2024 with further scheme due to rollout across Wales.

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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

10. There is currently no JCC implementation plan associated with the 2023 Demand and Capacity Review	10. The requirements for a funded implementation plan for the review i.e. resource envelope change from the JCC. The review is being reported to JCC board development session in August 2024 and is expected to go to JCC committee later this year. The expectation is that the 2025/26 commission intentions will respond to the review.

Please note that the gaps listed are not WAST's and are therefore outside of the control of WAST

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. Exploring Rural model options (Paused during Pandemic Response) – subject to funding through IMTP. Now refreshed to wider rural model opportunities to include recruitment of CFRs. Additional funding has been sourced to increase posts within the volunteer function.	Assistant Director of Operations EMS / Assistant Director of Operations – National Operations & Support	Superseded	Rural model superseded by Action 9 below (Recruitment and deployment of CFRs)
2. Leading Change Together (forum to progress workforce related work streams jointly with TUPs)	ADLT Sub-Group	30.09.22 - Superseded	
3. Recruit and train more Advanced Paramedic Practitioners – Value Based Healthcare Fund bid for up to 50 WTE (I) [Source: Action Plan presented to Trust Board 28/07/22]	Director of Paramedicine / Director of People & Culture	**Superseded**	**16/01/2025 APP growth has been steady throughout the year, focussing mainly on CTM and AB Health boards which have had the lowest APP numbers. We are on track to reach our recruitment target for the year 120.7 FTE.** **A standardised training route including clinical placements in Primary Care has been supported for all trainees and the development of APP Nav models which are co-located in each Health board have been prioritised to support the UCRS Transformation work, with 49 APPs working rotationally in 6 out of 7 Health boards in an APP Nav model.** **Despite successful funding bids to support APP growth from external sources, we continue to link closely with strategic partners to showcase the impact of APPs in WAST and develop partnership working across the Health Board regions.** WAST has attempted to secure additionality within its APP numbers, as the evidence illustrates a dramatic impact upon ED avoidance with more people being managed within the community. At this stage, no additional funds have been secured. However, it remains the case the prospective APPs are completing their education and could be deployed into the operational setting to mitigate the risk. ELT has therefore agreed to grow the APP numbers further this year, redirecting existing operational spend to bolster APP growth. May 24 - Initial bid unsuccessful however an action within the new IMTP to grow our APP workforce by up to 40 per year for the next 3 years. Updates will progress through the IMTP within quarters. Milestone changed from March 2024 to June 2024.
4. APP recruitment	Assistant Director of Operations	March 2025	Aug 24 – Modelling of APP growth trajectory to be modelled through the APP recruitment Steering Group for approval at ELT. Numbers to be confirmed at point of approval.
5. IMTP Deliverables 2027-2027	Assistant Director of Integrated Care (with SRO through CMT Board)	March 2025	Phase 1 for winter May24 – Ops engagement commenced April 2024. Temporary ADO recruited to support winter actions. Plans to deployment between October 2024 and March 2025.

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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
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			Target	2	5	10

6. Overnight Falls Service extension (I) [Source: Action Plan presented to Trust Board 28/07/22]	Assistant Director of Quality & Governance / Head of Quality Improvement	Ended March 2023	The temporary extension of the SJAC contract for overnight provision was evaluated, demonstrating on available evidence a positive performance impact over the period of operation (Jan-April 2023). The evaluation report was presented to EMT on 5 April 2023. The contract extension (as a temporary arrangement) ceased on 5 April 2023. Falls service enhanced day and night provision remains in place and utilisation of resources is reviewed at weekly performance meetings by Operations SLT.
7. New 2023 EMS Demand and Capacity (roster) review	Assistant Director of **Commissioning** & Performance	Completed	ORH modelling underway. Initial findings January 2024, full report to Trust Board and JCC in March. May24 - The review is scheduled to be presented to Trust Board end of July 2024. Milestone changed from March 2024 to August 2024.
8. Connected Support Cymru – is initially designed to utilise NHS and voluntary-sector resources and responders to enable patients to be supported in their own home whilst waiting for an urgent healthcare need to be managed. The service will employ digital health technologies to connect patients, communities and clinicals to achieve better health outcomes. The initiative will improve patient experience and safety, while supporting the healthcare system in directing patients to the right pathway at an appropriate time for their care need. It is expected this will help reduce unnecessary demand upon Emergency Departments.	Assistant Director of Quality Governance	Superseded with the implementation of the new model (ref: Action 5)	Multi phased approach commenced in Dec 2022 with St John Ambulance Cymru virtual ward responder, a digital and telehealth platform, and a Community Welfare Responder model to enhance community resilience. • Phase 1 delivered in partnership with St John Ambulance Cymru to deliver the CWR element. Initial phase due to conclude in March 2024, further extended to May 2024 due to SJAC funding accommodating extension arrangement. • NHS Charities Together (grant) funding obtained through external application, to develop internal volunteer capacity/volunteer workforce as CWRs. Piloting of the CWR model commenced in Spring 2024, with an expansion of the model in mid-October. Recruitment, onboarding and training continues with aspiration to recruit CWRs across Wales. • The SBRI innovation challenge has supported a phase 2 delivery of the digital ward model: enabling remote clinicians to care for patients in a 'virtual ward' capacity. It is envisioned this will enable patients to reach to right care at the right time, whilst being monitored remotely. The pilot has commenced for care homes in Wales, and a dedicated remote clinician is supporting the initiative generating organisational learning to expand remote care planning role the Trust can provide for the NHS Wales. The pilot initiative will conclude in March 2025. • The work will form part of the RICs workstream from September 2024.
9. Maximise the opportunity from Consult and Close: - Successful resolution without ambulance (double EMS) - Successful resolution without conveying to ED		March 2025	Trust ambition is to improve Consult and Close rate, with an improvement plan in place to achieve this. The Trust has however already achieved the inclusion of Mental Health Practitioners in CSD, a key contributor to the achievement of Consult and Close rates. Consult and Close compliance remains around 14%. Action plan activities therefore continue with a review of triage processes which may lead to shorter triage durations, along with increase in staffing, which together will enable more triages to take place, thus increasing the number of successful resolutions without a double EMS ambulance and numbers conveyed to an ED.
10. Palliative Care Paramedic Unit	Assistant Director of Operations	**March 2025**	**16/01/2025 - At the end of the 3-year pilot, evaluation has been shard via an SBAR in SOT on 14th January and subsequently SLT on 21st January. This may potentially be BAU if approved.** Reducing demand via APPs – 15th January Start.

Risk ID 223	The Trust's inability to reach patients in the community causing patient harm and death		Date of Review:	22/01/2025	TREND	25 (5x5)
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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

			15/04/2024 - 3 Month Health Board funded trial ended. Whilst utilisation was low, the results demonstrated a circa 75% ED avoidance therefore local decision made to extend for a further 2 months, however, opening the trial up to wider community and crew referrals. 21/06/2024 - Unit still ongoing.
11. Audit Wales investigation of Urgent and Emergency Care System: Does NHS Wales and its partners have effective arrangements for unscheduled care to ensure patients have access to the right care at the right time?	CEO	**February 2025**	• 01/10/2024 - The review of the unscheduled care report part 2 (accessing urgent and emergency care) is underway and will come to the committee in November 2024. • Conducted in three phases Audit Wales will independently investigate and report on patient flow out of hospital: access to unscheduled care services and national arrangements (structure, governance, and support) • WAST will proactively support this work and offer best practice examples from other jurisdictions that can support benchmarking and improvement activities. • Expected outcomes in 2023/24.
12. Royal Glamorgan Early Diagnostic	Executive Director of Operations	**August 2024**	• Initial data from Qlik shows that there has been no reduction in N2H times however data received from Health Board show indication of patient benefit to reach earlier diagnostic. Local meetings this month to discuss findings and explore opportunities. • May 24 – No improvement in N2H time. Local management having discussions with Health Board for review and next steps.

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:	28/01/2025	TREND	25 (5x5)
		Date of Next Review:	28/02/2025	➡	

IF patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments	**THEN** there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised	**RESULTING IN** patients coming to significant harm and a poor patient experience		Likelihood	Consequence	Score
			Inherent	5	5	25
			Current	5	5	25
			Target	3	2	6

IMTP Deliverable Numbers: 1, 3, 8, 14, 15, 22, 23, 24, 25, 26, 27, 30, 31

EXECUTIVE OWNER	Director of Quality & Nursing	**ASSURANCE COMMITTEE**	Quality, Safety and Patient Experience Committee

Risk Commentary Q4 2024/25

- The risk score remains constant at 25 for quarter 2 2024/25 (almost certain & catastrophic). Internal and external assurances remain weak as there remains a daily risk of actual patient harm due to handover of care delays. JCC set a target of 15,000 hours lost by the end of Q2 and 12,000 hours lost by the end of Q3. **Handover lost hours in November were 20,993 and December were 25,199.** The expectation is that these would have been eradicated by end of 2023/24. Cardiff & Vale UHB has demonstrated material improvement and is a positive outlier when compared to other health boards. Recently, Welsh Government have re-iterated to Health Boards that the reduction in long handovers is a priority for this year with an expectation that over 1 hour waits would be reduced by 30% by December 2024. The impacts on patients waiting for extended periods of time both in the community and then outside emergency departments is well documented (AACE Delayed Hospital Handovers: Impact assessment of patient harm, 2021) and includes pressure damage, acute kidney injury, deconditioning, poorer outcomes, and extended recovery times. Delays across the system continue to be the focus of patient safety incidents, complaints, coronial enquiries and redress / claims. The Trust continues to receive Prevention of Future Death Reports (Regulation 28) from Coroners across NHS Wales. The Trust received the first Prevention of Future Deaths Report in February 2024 relating to pressure damage, which is a joint Report with Swansea Bay University Health Board. On 22.02.2024 a Prevention of Future Deaths Report was sent solely to the Minister for Health and Social Services, Welsh Government in respect of delays responding to a patient in community which also references handover of care delays. The effectiveness of our controls in many areas are dependent on external partners acknowledging and having ownership of the risk across the urgent and emergency care system. Key to moving the position is to continue to work in collaboration influencing system partners, being present and engaging in key conversations, whilst continually seeking opportunities internally to swiftly identify and mitigate the risks within our control and share those with relevant system partners that we cannot control. WAST CEO and Directors have ensured that system safety and avoidable harm remain a live topic of discussion in all relevant forums and continue to seize opportunities as they emerge that can contribute to mitigating avoidable harm. Given the long-standing nature of the system pressures and long handover times, we have commenced work to better define mitigations to safety risks and quality of care deriving from extended periods in an ambulance; these include the application of Mental Capacity Act and Deprivation of Liberty Safeguards and, Fundamentals of Care including pressure area care, mobilisation and nutrition. One specific area of focus is the development of a prototype mattress for our ambulance trolleys.

Improvement actions led by Welsh Government and system partners include:

a) Right care, right place, first time Six Goals for Urgent and Emergency Care - A policy handbook 2021–2026. Goal 4 'Improving ambulance patient handover, ensuring no one arriving by ambulance at an Emergency Department waits more than 60 minutes from arrival to handover to a clinician – (Welsh Government) ***by the end of April 2025***
b) National Six Goals programme for Urgent and Emergency Care: Led by the NHS Wales Deputy Chief Executive this programme seeks to modernise access to and the provision of Urgent and Emergency Care across Wales. WAST is represented on the Clinical Reference Group by the Director of Paramedicine and on the overarching programme board by the Executive Director of Strategy, Planning & Performance.
c) The Trust also has a presence on all the individual goal boards. The Trust has been asked to provide a presentation on its offer to the system at the next Six Goals Programme Board (24 January 2024).
d) NHS Wales eradicates all emergency department handover delays more than 4 hours (LHB CEOs) ***revised to March 2023/24.***
e) Alternative capacity equivalent to 1,000 beds project (LHB CEOs) – 678 additional beds delivered, a significant achievement, but short of the target of 1,000.
f) Investigation of Urgent and Emergency Care System: Does NHS Wales and its partners have effective arrangements for unscheduled care to ensure patients have access to the right care at the right time? (Audit Wales)
g) Implement nationwide approach to emergency department 'Fit 2 Sit' (Welsh Government: Chief Medical Officer and Chief Nursing Officer) – paused. Health boards have previously been required to develop handover reduction action plans, which are monitored at their Integrated Quality, Planning & Delivery (IQPD) meetings by Welsh Government. Handover is also discussed at the Integrated Commissioning Action Plan (ICAP) meetings (currently paused as commissioning arrangements transition into the new Joint Commissioning Committee) which are held monthly between the CASC, the Trust and each Health Board.

CONTROLS	**ASSURANCES**
	Internal Management (1st Line of Assurance)
1. WAST Serious Clinical Incident Forum (SCIF) is in place to discuss patient safety incidents, learning and improvement actions to prevent future harm, working in collaboration with Health Boards / NHS Wales Executive Delivery Unit under the Joint Investigation Framework which was formalised in the National Patient Safety Policy in May 2023. Sharing of potential case of serious avoidable harm/death with Health Boards for investigation when response delay associated with system congestion is the primary cause. CNO and CMO plus peer group and COOs regularly updated on patient safety incidents.	1. Patient safety reporting and escalation through the Serious Clinical Incident Panel (SCIF), Patient Safety Highlight Reports, Health Board specific reports in place with escalation through WAST governance framework. **Increased collaboration through the Serious Case Incident Forum (SCIF), Mortality Review Group, and the Learning from Events Meeting (LFEM). These platforms emphasise joint investigations, shared learning, and actionable insights to prevent future harm and improve patient outcomes.**
2. WAST membership of the working group (Executive Director of Quality & Nursing) to reform the Framework for the Investigation of Patient Safety Serious Incidents (SIs) national investigation framework with system partners. Chaired by the Deputy Chief Ambulance Commissioner	2. Workshop with system partners in place with executive directors of nursing attendance and to date is working well with good engagement from health board colleagues. Agreement was that sub-groups would be formed to meet more frequently to gather themes / evaluation / develop more consistency which would include aligning the outputs / outcomes with the 'Six Goals for Urgent and Emergency Care' work. An event reviewing the effectiveness of the Joint Investigation Framework is currently being scoped nationally.

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		Date of Next Review:	28/02/2025	→	

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	Likelihood	Consequence	Score
Inherent	5	5	25
Current	5	5	25
Target	3	2	6

3. WAST and system compliance with National Standards - 15-minute handover (NHS Wales Hospital Handover Guidance v2 (May 2016)	3. Monthly Integrated Quality and Performance Report, Health Informatics reports.
4. WAST Clinical Notice in place - Escalating a clinical concern with a deteriorating patient outside the Emergency Department National Early Warning Score (NEWS) trigger of 5 or above for escalation to hospital clinicians. NEWS data available via EPCR (electronic patient care record).	4. NEWS data now available via ePCR and escalation system in place via local managers and the Operational Delivery Unit.
5. Workstreams put in place to meet requirements of *Right care, right place, first time Six Goals for Urgent and Emergency Care A policy handbook 2021–2026.* Goal 4 incorporates the reduction of handover of care delays through collective system partnership.	5. Monthly Integrated Quality and Performance Report and WAST is represented on the Clinical Reference Group by the Director of Paramedicine and on the overarching programme board by the Executive Director of Strategy, Planning & Performance. The Trust also has a presence on all the individual goal boards.
6. Hospital Ambulance Liaison Officer (HALO) (Some Health Boards).	6.
7. Regional Escalation Protocol and Resource Escalation Action Plan (REAP). Proactive and forward-looking weekly review of predicted capacity and forecast demand. Deployment of predetermined actions dependant on assessed level of pressure. Consideration of any bespoke response/actions plans in the light of what is expected in the coming week. WAST has updated the REAP in advance of winter, including revised triggers (higher) for handover lost hours.	7. The Senior Leadership Team convenes every Tuesday as the Weekly Performance Meeting to review performance and demand data, and review/assign REAP Levels as appropriate. Dynamic escalation is via the Strategic Command structure. REAP has undergone an annual review with v4.1 released in November 2023.
8. Staff from WAST, Health Boards and third sector organisations assisting to meet patient's Fundamentals of Care as best they can in the circumstances.	8. Confirmed through Healthcare Inspectorate Wales (HIW) workshops and Health & Care Standards self-assessment process and Putting Things Right Quarterly Reports to Clinical Quality Governance Group and QuEST
9. 24/7 operational oversight by ODU with dynamic Clinical Safety Plan review and system escalation as required. Realtime management and escalation of risks and harm with system partners. Triggering and escalation levels within CSP to best manage patient safety in the context of prevailing demand and available response capacity. Monitoring, escalation and reporting of extreme response or handover delays.	9. Shift reports from ODU & ODU Dashboard received by Executive Management Team (EMT), Senior Operations Team (SOT) and On-Call Team at start/end. Realtime management and escalation of risks and harm with system partners. Triggering and escalation levels within CSP to best manage patient safety in the context of prevailing demand and available response capacity. Monitoring, escalation and reporting of extreme response or handover delays. In December 2023, Version 2.21 of the Clinical Safety Plan was released. The reduction in the demand is the assurance which is dynamically monitored via ODU.
10. Gold/Strategic, Silver/Tactical and Bronze/Operational 24 hour/ 7 day per week system to manage escalation plans.	10. Shift reports from ODU & ODU Dashboard received by EMT, SOT and On-Call Team at start/end. On Call cover is reviewed weekly at SLT Performance Meetings.
11. Escalation forums to discuss reducing and mitigating system pressures.	11. Daily risk huddles are recorded, and documented actions are shared with stakeholders and progress monitored via the ODU.
12. WAST Education and training programmes include deteriorating patient (NEWs), tissue viability and pressure damage prevention, dementia awareness, mental health.	12. Monthly Integrated Quality and Performance Report (April 2024 overall 82% - Safeguarding is 78% and dementia awareness remains over 91%).
13. Clinical audit programme in place.	13. Clinical audit programme in place (dynamic document) with oversight from the Clinical Quality Governance Group and QuEST.
14. Workshop set up by the Deputy Chief Ambulance Commissioner to respond to the findings in the Health Care Inspectorate Wales (HIW) Report *Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover* (undertaken 2021). WAST has senior representation at this meeting. – assurance is that HIW approve and sign off WAST elements and Health Board elements of recommendations.	14. Workshop set up by the Deputy Chief Ambulance Commissioner to respond to the findings in the Health Care Inspectorate Wales (HIW) Report Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover (undertaken 2021). WAST has senior representation at this meeting. A collective response from WAST and Health Boards is being overseen by JCC.
15. Escalation of patient safety concerns by Trust Board: featured in provider reports to the Joint Commissioning Committee (JCC); been the subject of Accountable Officer correspondence to the NHS Wales Chief Executive; numerous escalations to professional peer groups initiated by WAST Directors; and coverage at Joint Executive Meetings with Welsh Government. Evidence submission to Senedd Health and Social Care Committee. Written evidence submitted during Q4 21/22 to the committee to assist their inquiry into Hospital Discharge and its impact on patient flow through hospitals. Report published in June 2022 containing 25 recommendations with recommendation six specifically WAST related stating "The Welsh Government should explain how the targets outlined in the Minister for Health and Social Service's statement of 19 May 2022 on urgent and emergency care and the Six Goals Programme to eradicate ambulance patient handover delays of more than four hours and reduce the average ambulance time lost per	15. Monthly Integrated Quality and Performance Report, CEO Reports to Trust Board including 'Actions to Mitigate Avoidable Patient Harm Report' (last presented to Trust Board May 2024) and Board sub-committee oversight and escalation through 'Alert, Advise and Assure' reports.

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	Likelihood	Consequence	Score
Inherent	5	5	25
Current	5	5	25
Target	3	2	6

arrival by 25 per cent (from the October 2021 level) have been set. It should also confirm the target dates for the achievement of these targets."	
16. Implementation of Duty of Quality, Duty of Candour, and new Quality Standards requirements in April 2023.	16. Welsh Government Road Map in place (soft launch) with milestones for organisations – baseline assessment and monthly updates (RAG ratings) in place with Trust Board oversight. The current internal assessment overall as of May 2024 is 'Implementing and operationalising'. The Trust has representation on the All Wales Duty of Candour Implementation Group and is actively engaged in developing resources. From April 2024 the Trust will publish an annual quality report and compliance with Duty of Candour. Operational oversight occurs at the Quality Management Group and Executive oversight is via the Clinical & Quality Governance Group.
17. Clinical Support Desk First in place	17.
18. Summer/Winter initiatives	18. Monitoring through SLT and STB. Senior Planning Team (SPT) is now stood up for the duration of Winter 2024/25.
	External Sources of Assurance Management (1st Line of Assurance)
	1. Monitoring and oversight of the Ambulance Quality Indicators (AQIs) including handover of care timeliness and Commissioning Framework by the Chief Ambulance Services Commissioner (CASC), the Joint Commissioning Committee (JCC) including the Integrated Commissioning Action Plans (ICAPS) and Joint Executive Team (JET) meetings with Welsh Government (I&E).
	2. Healthcare Inspectorate Wales (HIW) 'Review of Patient Safety, Privacy, Dignity and Experience whilst waiting in Ambulances during Delayed Handover' Report and system wide improvement plan with working group in place with WAST senior representation. Oversight by HIW and JCC.
	3. Duty of Quality and Duty of Candour readiness returns assessment by Welsh Government.
	4. Internal Audit Report (April 2024) Serious Incidents: Joint Investigation Framework (WAST internal processes) provided 'Reasonable Assurance' with low to moderate impact on residual risk exposure until resolved. Improvement actions are monitored via the Audit Tracker.
GAPS IN CONTROLS	**GAPS IN ASSURANCE**
1. Lack of capacity in the Putting Things Right Team to deliver across the functions due to competing priorities resulting from sustained system pressures – recruitment in line with Organisational Change Process is progressing with full establishment expected by July 2024.	
2.	1. Implementation of the revised Joint Investigation process with good engagement seen by system partners. Several overdue patient safety investigations remain presenting a risk to patient safety across the system. The Trust has 56 overdue nationally reportable incident (NRI) investigations, with 63 NRIs open in total. Shared system learning from the Joint Investigation Framework is currently limited with no new learning identified to date.
3. Lack of implementation and holding to account regarding the NHS Wales of the Handover Guidance v2 and recognition of the patient safety risks pan NHS Wales.	2. 15-minute handover target is not being achieved pan-Wales consistently and has led to a substantial growth in emergency ambulance handover lost hours. In October 2023, 23,232 hours were lost with 1,888 +4 hour delayed patient handovers.
4. Variation in responsiveness at Emergency Departments to the escalating concerns regarding patients' NEWS.	3. Strengthening of patient safety reports and audit processes as e PCR system embeds.
5. Variation pan Wales / England as position not implemented across all emergency departments.	4. New Quality Management System in development which will include monitoring of the new Quality Standards & Enablers and underpinning governance structure.
6. National steer required to confirm the accountability arrangements regarding patients in ambulances outside of the emergency departments. The seven Local Health Boards (LHBs) in Wales are responsible for planning and securing delivery of primary, community, secondary care services, and also the specialist services for their areas.	5. HIW approve and sign off WAST elements of recommendations.
	External Gaps in Assurance 1. Lack of escalation and response to AQIs by the wider urgent care system and regulators

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Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. Handover checklist implementation – Nationally WAST Quality Improvement (QI) Project	WAST QI Team (QSPE)	TBC – Paused	• Timeframes awaited via Emergency Department Quality & Delivery Framework (EDQDF).
2. Implement patient safety dashboards (live and look back data) triangulating quality metrics / KPIs and performance data sourcing health informatics resource.	Assistant Director of Quality & Nursing	Q3 2024/25	• Incremental improvements to quality and safety data and information to enable triangulation / collective intelligence at Trust and system level. • Access to ePCR data (NEWS) now available and access for the Patient safety Team is being explored. Work on-going with Health Informatics regarding patient safety and health board dashboards capacity in Health Informatics impacting and dates revised. • Local dashboards have been developed but requiring manual data extraction
3. Continued Health Board interactions – my next patient (boarding), patient safety team dialogue – proactive conversations with Health Board Directors of Quality & Nursing.	Executive Director of Quality & Nursing	Monthly and as required.	• Monthly meetings continue to be held and networking through EDoNS.
4. Recruit and train more Advanced Paramedic Practitioners.	Director of Paramedicine	Q4 2024/25	• The Trust uplifted its APP establishment by a further 15.7 FTEs in • 2023/24 (funded through internal movements). For 2024/25 the Trust • is funding a further uplift of 32 APPs (additional funding, not internal • movements). • The above uplifts will increase the APP establishment to 120.7 FTEs.
5. Overnight falls service extension and future modelling	Executive Director of Quality & Nursing	31.09.2024	•Overnight falls service extension and future modelling • Night Car Scheme extension agreed to 31 September 2024 (2 regional resources) • Utilisation rates continue to be monitored: • Nighttime utilisation: - Q2 65% Q3 64% Q4 to date 64% April 2024 - 67% • Daytime utilisation: - Q2 57% Q3 56% Q4 to date 58% April 2024 – 54% • Combined day and night Q2-Q3 58% Combined day and night Q4 to date 59% Combined day and night April 2024- 55% There is now also an additional Level1 nighttime resource through RPB and Gwent Resilience Plan ringfenced to ABUHB. AB dedicated level 1 62% for April 2024 The 2023 EMS Demand & Capacity Review has completed its modelling of falls level 1 and level 2 resources. This will now need to be considered further by the Trust, commissioners and health boards. There is an immediate focus on the contract beyond September 2024. The 2023 EMS Demand & Capacity Review will be formally reported to Trust Board in July 2024.
6. Duty of Quality, Duty of Candour and new Quality Standards implementation from April 2023 with development of a Quality Monitoring System supporting monitoring and oversight systems in place and embedded. Quality Report development underway – mandatory requirement to publish 2024/25 (no fixed date for publication nationally).	Executive Director of Quality & Nursing	Q4 2024/25	• Monthly updates to progress against actions following the baseline assessment and readiness returns continued. • RL Datix Dashboards and KPIs under development nationally by National Quality & Safety Group. • Key policies updated and approved further updates following release of revised Putting Things Right Regulations which is delayed now expected release by Welsh Government in Autumn 2024 therefore timescale amended.

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Inherent	5	5	25
Current	5	5	25
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			Participation in the All Wales Duty of Candour implementation group by Patient Safety Team – monthly. • **Still underway**
7. Connected Support Cymru is initially designed to utilise NHS and voluntary-sector resources and responders to enable patients to be supported in their own home whilst waiting for an urgent healthcare need to be managed. The service will employ digital health technologies to connect patients, communities and clinicals to achieve better health outcomes. The initiative will improve patient experience and safety, while supporting the healthcare system in directing patients to the right pathway at an appropriate time for their care need. It is expected this will help reduce unnecessary demand upon Emergency Departments.	Executive Director of Quality & Nursing	Q2 2024/25 **Extended**	• Further meetings arranged with between the Executive Director of Quality & Nursing and Six Goals Programme/WG/. Trust has also approach WG with a smaller ask to facilitate **continuation of the LUSCII solution Continued expansion of the Connected Support Cymru initiative, leveraging digital and telehealth platforms.** **Recruitment efforts for Community Welfare Responders (CWRs) are ongoing, with engagement across Wales to bolster capacity and resilience**.
8. Organisational change process (OCP) of Putting Things Right Team (PTR) to enable increased capacity across all functions to manage increasing complexity and demands.	Executive Director of Quality & Nursing	Q2 2024/25	• OCP commenced 25.09.2023 and the consultation period has concluded with the final new structure confirmed. Next steps are to recruit to vacant positions which has commenced. It is anticipated that all positions will be filled by May 2024 (taking notice periods into account). Recruitment is progressing well with multiple applications for each post and some internal promotion opportunities. • Final posts due to be recruited to and in place by July 2024.
9. Audit Wales investigation of Urgent and Emergency Care System: Does NHS Wales and its partners have effective arrangements for unscheduled care to ensure patients have access to the right care at the right time?	CEO	Q2 2024/25	• Conducted in three phases Audit Wales will independently investigate and report on patient flow out of hospital: access to unscheduled care services and national arrangements (structure, governance, and support). • WAST will proactively support this work and offer best practice examples from other jurisdictions that can support benchmarking and improvement activities. Expected outcomes in 2023/24. • The audit is proceeding. Trust awaiting the outcome. AD Commissioning & Performance has requested an update from Audit Wales. • Audit Wales have confirmed this has been reprofiled into 2024/25.
10. Patient handover actions.	Executive Team	Under review	• Some English ambulance services operate a system whereby handovers are mandated or forced after a certain period e.g. WMAS and LAS. This will be reviewed by the Executive team.
11. Work in progress to better define mitigations to safety risks and quality of care deriving from extended periods in an ambulance; these include the application of Mental Capacity Act and Deprivation of Liberty Safeguards and Fundamentals of Care including pressure area care, mobilisation and nutrition. One specific area of focus is the development of a prototype mattress for ambulance trolleys.	Executive Director of Quality & Nursing	Q3 2024/25	• Fundamentals of Care meeting, chaired by the Executive Director of Quality & Nursing held on 08.03.2024.
12. Trust to produce its own six goals plan (Goal 4 links to handover of care)	Executive Director of Strategy, Planning &		• Trust to produce its own six goals plan (Goal 4 links to handover of care)
13. Development of the RICS service.	**Executive Director of Quality & Nursing**	**Q4 2024/2025**	• **Winter Desk and Care Planning Initiatives:** • **The aim of Care Planning is for clinicians to provide holistic management of a patient's care journey through WAST by carrying out ongoing monitoring where appropriate to ensure patients flow to the most suitable disposition to meet their needs. The aim of Care Planning is for clinicians to provide holistic management of a patient's care journey through WAST by carrying out ongoing monitoring where appropriate to ensure patients flow to the most suitable disposition to meet their needs.** • **Activation of the Care Planning and Winter Desk initiatives, providing operational oversight and pre-emptive measures to address seasonal demand surges. These efforts are crucial to sustaining system resilience and minimising patient harm.** • **Deployment of specialists in respiratory care and pediatrics, addressing critical clinical gaps and improving care pathways.**

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Inherent	5	5	25
Current	5	5	25
Target	3	2	6

- **The remote clinical care leadership is growing, with the addition of two new specialist roles to complement the existing and growing multidisciplinary expert team. The addition of specialist clinicians in remote care for pediatric and respiratory care is a significant step forward in our commitment to enhancing patient care and aligning with our organisational plans to care for more patients in more alternative ways than traditional ambulance responses.**
- **We will welcome a pediatric nurse specialist and a physiotherapist respiratory specialist in early February 2025 and look forward to understanding more about how their wealth of advanced clinical experience and expertise can contribute positively to safe person-centered outcomes for patients who often require the help and assistance of both 999 and NHS 111 Wales.**
- **Ongoing progress in appointing a Learning Disabilities Specialist to further enhance equity and inclusion in care delivery.**

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:	22/01/2025	TREND	20 (5x4)
		Date of Next Review:	22/02/2025	➡	

IF	THEN	RESULTING IN
there are high levels of absence e.g., sickness and alternative duties.	there is a risk that there is reduced resource capacity	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: 13, 14, 15, 22, 24, 25, 26

EXECUTIVE OWNER	Director of People	ASSURANCE COMMITTEE	People and Culture Committee

Risk Commentary

Sickness absence remains one of the key challenges for the organisation. Whilst there has been a significant reduction in absence levels over the past 18 months, rates remain higher than desired and therefore a continued focus on supporting good attendance at work is needed by both managers and the People and Culture team. Increased pressures on our people like handover delay, missed breaks and cost of living impact on health and wellbeing. **The Health and Wellbeing Plan 2025-2029 and People and Culture Plan 2023-2026 provide strategic direction for relevant initiatives**.

CONTROLS	ASSURANCES
	Internal Management (1st Line of Assurance)
1. **Significant policy frameworks and strategies embedded across the organisation including** Managing Attendance at Work Policy**, R&R, Speaking Up and the Health and Wellbeing Plan** in place and followed **with support from the P&C team.**	1. (a) Audits undertaken by People Services Team (b) Outputs reviewed **(c) Process reviews** **(d) PS team engagement on additional activities which could be delivered** **(e) Case support, advice and guidance with action planning to reduce absence** **R&Rs addressed in timely way to reduce risks of sickness absence.** **Compassionate Practices approach engaged.** **Referral of colleagues to appropriate levels of support** **Policy reviews to ensure policies and procedures are fit for purpose in line with agreed time frames Completed - 28/11/23 Speak Up Safely process introduced from the start of October 2023 including the appointment of one Trust guardian. The Health and Wellbeing Plan 2025-2029 and People and Culture Plan 2023-2026 provide strategic direction for initiatives to improve the workplace, in line with HEIW Best Practice Guide for Organisations. These documents support us in ensuring that our offer is focused, and evidence driven.**
2. Operational Workforce Recruitment Plans, **roster reviews and implementation to actively address demand and capacity and ensure** sufficient resources **to meet** workload pressure	2. **Maintenance of the workforce establishment to seek to ensure that colleagues are not unnecessarily stretched through vacancies**
3. Return to Work interviews are undertaken - SharePoint Sway document ensuring accurate reporting of reason for absence and identifying any additional support required	3. Process regularly reviewed and managers are trained and coached on the need to complete returns to work promptly
4. Training for managers on all aspects of Managing Attendance – ensures focus is high and understanding of why this is important is maintained	4. **Managing Attendance training register of attendees.**
5. **Reporting to Board, CASC, PCC, ELT, SLT, SOT,** Directors **and managers on sickness data**. **Leadership reporting includes deep dives and analysis of data.**	5. **Appropriate reporting for assurance to a range of audiences with feedback and support for further action.**
6. People Services & Occupational Health & Wellbeing support/Employee Assistance Programme- providing professional support	6. **Managers have access to specialist advice and guidance from People and Culture team colleagues**
7. Suicide first aiders, **TRIM, Peer Support Networks, coaching and mentoring framework in place giving** additional layers of **support, Health and Wellbeing Steering Group in place**.	7. **Reporting in place on numbers of suicide first aiders and demand for support. Reporting on access to TRIM. Promotion of wellbeing support across WAST.**
8. Staff surveys- assess levels of engagement and wellbeing	8. **Use of** HIVE survey tool **and insight data from the NHS Wales staff survey provides feedback on overall** engagement and wellbeing
9. Stress risk assessments- identify measures that can be taken to address issues	9. Reference to the assessments during attendance management line manager training and to **the use of stress risk assessments promoted to managers**
10. External agencies support e.g., St John Ambulance, Fire and Rescue- if needed at times of increased demand pressure	10. **SLA Agreements.**
11. **Guidance for managers on alternative duties and** monthly reviews of colleagues on Alternative duties	11. **Action planning and timeboxed activities to support in a timely way.**

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:	22/01/2025	TREND	20 (5x4)
		Date of Next Review:	22/02/2025	➡	

IF	THEN	RESULTING IN
there are high levels of absence e.g., sickness and alternative duties.	there is a risk that there is reduced resource capacity	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

12. Sickness audits for localities- provides additional level of detail **and additional support for areas with higher sickness levels to support work to reduce those levels**	12. **Delivery of audits and follow up actions**
13. **Review of top 100 cases -carried out monthly**	13. **Provides a focus on higher risk cases where more intense action or support may be required.**
14. **Delivery of specific projects and pieces of work to support the reduction of sickness absence across the organisation.**	14. Offers assurance to ELT on the activities and measures in place. Figures on absence are being reported monthly to ELT which is reflected in the minutes and AAA reports
15. Work in Confidence system implemented and **Guardian appointed to support colleagues coming forward with concerns and potentially reducing levels of stress and avoiding sickness absence**.	15. External Management (2nd Line of Assurance) **and Audit**.
16. Strengthen Speaking Up Safely Arrangements policy and advice and roll out of **increased awareness of routes to speak up** and raising concerns.	16. Monitor **SUS** concerns and they are dealt with in agreed timeframes and assessed whether absence related to mental health and anxiety reduces.
17. Actions identified from the Managing Attendance Audit implemented	17. Agendas, minutes etc.
18. PADR review undertaken and now including wellness questions	18. Underway and now BAU – **ensures managers are talking about individuals' wellbeing and what additional support or signposting can be provided**
19. **Specific interventions on all** long-term sickness absence cases to ensure there is a tailored, individual action plan which identifies interventions that will support a return to work as soon as reasonably possible.	19. PADRs undertaken and questions asked; Discussion on levels of long-term sick absence is undertaken in a variety of forums including JCC, ELT and PCC.
20. Accountability meetings on attendance management between People Services and senior ops managers to ensure this issue is given sufficient focus on priorities **and ADs hold their senior teams accountable for their team figures**	20. Meetings taking place and active on operational areas experiencing high levels of absence
21. **TU engagement on attendance issues e.g.** muscular skeletal conditions is discussed regularly at the H&S Committee and relevant additional interventions are identified	21. Included on agendas and outcomes are available for discussion at H&SC.
22. Review of top 100 cases by the wider People & Culture Team - monthly (Wellbeing, OCC Health, People Services). This takes place to consider whether any of those cases required additional interventions.	22. Director of People receives assurance from the team following each of the monthly meetings.
	Independent Assurance (3rd Line of Assurance)
	1b. Internal Audits scheduled through Shared Services Partnership. Last audit on attendance was November 2022 and the last actions from this due at the end of December 2023. (last audit November)
	2. Audit Wales – Taking Care of the Carers report in October 2021
GAPS IN CONTROLS	**GAPS IN ASSURANCE**
(a) Consistency and Application in Managing Attendance at Work Policy	There are other factors that impact on sickness which **are difficult to control as they are linked to system wide challenges**
	Absence data is not updated in a timely manner into ESR by managers
Opportunities to improve education and communication with managers about resources available and how to implement it e.g., stress risk assessments	**Further roll out and access to learning around sickness absence on process, supporting docs and on how to approach managing attendance**

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. Develop guidance and training for line managers to equip them with the confidence and skills to have meaningful and sensitive conversations related to attendance.	Head of Culture	31/05/25	Measured through ongoing participation in development sessions and feedback from TU regarding management handling of absence cases. Piloting bite size chunks in Autumn with results in January 2025. **This will form part of Management Essentials being launched in quarter one.**
2. Areas of business where attendance management has improved significantly to share learning across WAST	**AD for Culture, Inclusion and Wellbeing**	**31/6/25**	**Staff story at PCC in 2024 and visit to another area with low absence in 2024.**
3. Connect to other Ambulance sector organisations to identify additional interventions they have implemented to address attendance management, share learning and consider whether to adopt in WAST	Deputy Director, People and Culture	31/06/25	Discuss at PCC Business Meeting and share at ELT/PCC with recommendations. **Looked at London Team Based Working**

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:	22/01/2025	TREND	20 (5x4)
		Date of Next Review:	22/02/2025	➡	

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

			model, given that LAS have attributed TBW to improvement in attendance rates.
4. Targeted culture change reviews are undertaken in areas of the business where levels of absence are high and other metrics such as turnover indicates concerns. Alongside this these areas are also experiencing significant change.	Director of Culture **Change**	Ongoing	Culture review action plans are produced and taken forward. Sick absence in these areas is evaluated and monitored to assess whether reductions are achieved.
5. Implementation of new approach to regularly checking in with staff. Piloting a simple conversation framework for Managers to use with their staff on a monthly basis which provides a focus on wellbeing, goals and personal development.	AD for Culture, Inclusion & Wellbeing	Ongoing	**Proposed** Evaluation of pilot **in EMSC** after 6 months to assess if there has been a reduction in sick absence in specific areas where this approach has been **adopted following culture work with teams.**
6. Development of the 2024/25 Managing Attendance Plan (see below for individual actions.	Deputy Director of People	To commence 30/05/24	Key plan actions noted below
7. Delivery of actions to support managers handling attendance issues with skills, capability and confidence	Deputy Director of People	31.03.2025	
8. Coaching for managers on cases on one and locality basis.	Deputy Director of People	**Complete and BAU**	**In place and BAU**
9. Increase manager support on data interpretation and analysis	Deputy Director of People	31.0**9**.2025	
10. Increase manager understanding of options for colleagues who are not able to sustain their attendance e.g. flexible hours, reduced hours etc	Deputy Director of People	**Complete and BAU**	**225 applications for flexible working received post awareness raising. Ongoing work with managers on approving / seeking a mutually agreeable outcome with the requester.**
11. Culture work on creating the sense of team and peer responsibility / ownership	AD for Culture Inclusion and Wellbeing	31.0**9**.2025	**Incorporated in Our WAST Way – Leadership at all levels and the through the culture champions network, with focus on Our Best behaviours.**
12. Analyse link between hot spots and the culture in these areas to address cultural issues	AD for Culture, Inclusion & Wellbeing	31.03.2025	**111 and 999 sickness levels reviewed: link to repetitive roles, exposure to distressed patients. Additional management layers in CCC should start to show positive impact on attendance. Consideration to be given to whether change management approach being applied in these areas is having an impact**
13. Identify opportunities to improve roles – flexibility, control, confidence	Deputy Director of People / ADs, Operations	31.03.2025	**Work to be undertaken to review whether any correlation between approved flexible working requests and attendance rates**
14. Opportunities to adapt the work environment. **Link to Risk 224 and Risk 558 regarding the risk with the impact on WAST colleagues of overruns as well as patients.**	Deputy Director of People ADs, Operations **Directorate colleagues**	31.03.2025	**ELT discussion via WASPT regarding feedback from TUPs on operational overruns and shift patterns.**
15. Review workloads **and hours of work undertaken by colleagues. Including colleagues not on GRS.**	Deputy Director of People /ADs, Operations	31.03.2025	
16. Review patterns of absence	Deputy Director of People	31.03.2025	**Increase in STS, respiratory, coughs, colds etc.; example of targeted interventions put in place in response to identified patterns (Integrated Care). Reporting to ELT in Feb 25 on some of the findings.**
17. Development of a mental health referral pathway	AD for Culture, Inclusion and Wellbeing	31.03.2025	**Scoping being carried out by Head of Workplace Wellbeing, links with existing provision and access to appropriate support and guidance for managers**.
18. Develop the team around the person model / individual support network	Deputy Director of People and Culture	31.03.2025	

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:	22/01/2025	TREND	20 (5x4)
		Date of Next Review:	22/02/2025	➡	

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

19. Increase lifestyle advice and guidance	AD for Culture, Inclusion and Wellbeing	31.03.2025	**Occupational Health and Wellbeing Team developing expertise in specific areas; calendars of events; health promotion.**
20. Undertake proactive testing to identify undiagnosed conditions	AD for Culture, Inclusion and Wellbeing	31.03.2025	**Health checks ready to be rolled out as soon as capacity allows.**
21. Review reporting on OH	AD for Culture, Inclusion and Wellbeing	31.03.2025	
22. Review opportunities on men's mental health e.g. support groups	AD for Culture, Inclusion and Wellbeing	31.03.2025	**WAST voices ensure that proactive support for men's mental health, links with Men's Shed's, specific webinars and targeted campaigns and events.**

Risk ID 201	A loss of stakeholder confidence that damages the Trust reputation	Date of Review:	27/01/2025	TREND	20 (4x5)
		Date of Next Review:	27/02/2025	➡	

IF	THEN	RESULTING IN
there is an inability of the Trust to deliver its core services because of system or organisational pressures	there will be a loss of stakeholder confidence in the Trust	a lack of stakeholder support for the Trust's long term strategic vision, a failure to deliver its strategic ambition, 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: 1, 2, 3, 4, 5, 6, 7, 8, 9,10, 11, 12, 13, 16, 25, 27

EXECUTIVE OWNER	Director of Partnerships and Engagement	ASSURANCE COMMITTEE	People and Culture Committee

Risk Commentary Q4 2024/25

The risk score remains constant at 20 (highly likely and catastrophic). The organisation's reputational risk is one which is long-standing and entrenched. At the time of writing, conversations with key, mission critical stakeholders remain live in respect of the Trust's proposed clinical service model/transformation programme. **The focus is currently on key clinical stakeholders in response to feedback received by both Welsh Government and Commissioners. We continue to keep colleagues at Llais updated. Currently both performance matters and transformation proposals present reputation risk. Significant** winter **pressures including the recent declaration of a critical incident mean that** the risk to Trust reputation remains significant.

CONTROLS	ASSURANCES
	Internal Management (1st Line of Assurance)
1. CEO and DSP meeting with HB CEOs throughout Q4 to informally discuss strategic ambition	1. Feedback reported via ELT, **CMT etc**
2. Revised engagement framework delivery plan **is now described as the programme engagement plan and continues to be updated and revised** to reflect feedback from stakeholders and revised timelines for strategy engagement	2. **Reported at CMT at each meeting on who has been engaged with and risks that are emerging etc**
3. Challenging of media reports to ensure accuracy.	3. Programme of daily media engagement documented on digital system
4. Media liaison to ensure relationships developed with key media stakeholders	4. Programme of daily media engagement documented on digital system
5. Routine stakeholder and staff engagement and WAST Live.	5. Agendas, minutes, and documents of engagement events. Informal feedback via ELT and reported via Trust Board (CEO update)
6. Engagement governance and reporting structures are in place	6. Relevant information which impacts on reputation is reported and scrutinised via all internal committees e.g., ELT, FPC, PCC, QuEST & Audit Committee – minuted meetings and action logs.
7. Annual deep dives on reputation **have been undertaken 2024/25.**	7. **Was** reported to Committees, documented in minutes, action logs and papers
8. Engagement of the Board on matters of reputation in development sessions. If required, escalation procedure for issues to the Board where circumstances dictate, following discussion at ELT	8. Minuted meetings, action logs and Board papers
9. Regular engagement with senior stakeholders e.g., Ministers, senior Welsh Government officials, commissioners, elected politicians and NHS Wales organisational system leaders	9. Informal feedback reported via ELT and occasionally in formal correspondence (nature of discussion often precludes formal recording)
10. Monitoring external factors that may affect the Trust	10. ELT verbally updated on a regular basis with written notes if appropriate
11. Board oversight, scrutiny and challenge of performance, concerns, quality	11. **Minuted meetings, action logs and Board papers**
12. Internal Quality and Performance monitoring in the Trust and raising system issues	12. **Data provided though reporting to Committee and Board for scrutiny and feedback.**
13. Reputation audit launched on 09 April 2024 and ran until 01 May 2024.	13. **High-level results presented at People and Culture Committee on 09 May and at Board Development on 27 June to assist the Trust to understand the impact of the reputation audit and to support our approach to stakeholder engagement.**
14. Development of a Winter Media Plan	14. **Monitored daily by the team and updated based on media coverage and public sentiment.**

GAPS IN CONTROLS	GAPS IN ASSURANCE
1. Managing the narrative of the media	1.
2. Strategic collaboration – further work needed to formalise opportunities – to think about how this translates into an action	2.

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. Roll out of **Programme Engagement** Plan	Director of Partnerships & Engagement	Q4 24/25 and continued	**Roll out underway**.
2. Board Development Session on political landscape	**Director of Partnerships & Engagement**	**Q3-4 2025/26**	**To be finalised in the programme.**

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:	07/02/2025	TREND	20 (4x5)
		Date of Next Review:	07/03/2025	⬆	

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	4	5	20
Target	2	5	10

IMTP Deliverable Numbers: 1, 15, 19, 24

EXECUTIVE OWNER	Director of Digital Services	ASSURANCE COMMITTEE	Finance and Performance Committee

Risk Commentary

The risk has been fully reviewed in the cycle and the **risk score has increased given escalated tension around various conflicts around the world, the decrease in the relationship between UK and Russia, and Russia's threat to the UK's critical national infrastructure along with the recent increase in targeted cyber-attacks against NHS organisations.** Whilst the Trust and wider NHS Wales organisations have in place several layers of technology to protect the Trust and its information systems, there is still a risk that users will be fooled by phishing emails which are becoming ever more sophisticated. To raise user awareness of cyber threats the Trust ICT department run regular phishing exercises as well as short security training packages, reporting the results and uptake through IGSG and into FPC.

CONTROLS	ASSURANCES
	Internal Management (1st Line of Assurance)
1. Appropriate policy and procedures in place for Information/Cyber Security	1. Information Security Policy reviewed every 3 years (currently due for renewal). Incident Policy and Procedure put in place in February 2022 – renewed annually.
2. Trust Business Continuity Procedure and Incident Response Plan	2. Debrief from significant business continuity incidents captured within organisational learning spreadsheet. Governance with respect to this goes through SOTs. Full review of Incident Response plan every 3 years - currently undergoing a partial review. BCPs and BIAs should be reviewed annually by their owners. Annual schedule of testing
3. IT Disaster Recovery Plan	3. Organisation-wide tabletop exercise undertaken in March 2022 with all BC leads and Digital teams.
4. Relevant expertise in Trust with respect to information security	4. Staff undertake relevant training courses e.g., CISSP to increase knowledge and expertise
5. Data Protection Officer in post	5. In job description of Head of ICT
6. Cyber and information security training and awareness	6. Training statistics are available on ESR and from Phish threat module
7. Mandatory Information Governance training which includes GDPR	7. Training statistics reported on by Information Governance department
8. ICT tests and monitoring on networks & servers	8. Any issues would be identified and flagged and actioned
9. Information Governance framework	9. WAST self-assesses its Information Governance Framework against the Welsh Information Governance toolkit.
10. Internal and NHS Wales governance reporting structures in place	10. Internal WAST Information Governance Steering Group & All Wales Information Governance Management Advisory Group (IGMAG) meets quarterly, National Ambulance Information Governance Group (NIAG) meets every 2 weeks, Operational Security and Service Management Board (OSSMB) (national) – daily/weekly meetings and minuted meetings every 2 months. Minutes and actions logs available for meetings.
11. Checks undertaken on inactive user accounts	11. Software in place to run check on inactive accounts as and when
12. Business Continuity exercises	12. Annual schedule of testing
13. Operational ICT controls e.g., penetration testing, firewalls, patching	13. Monthly scans on infrastructure. Penetration testing has occurred for different systems. 2 physical firewalls on networks to monitor traffic. Monthly patching occurs or as and when. 04/08/23 – Exploring procurement of additional penetration tests with the aim of annual testing of all critical systems.
14. Security alerts	14. Daily alerts are received. Anti-virus alerts received as and when threat discovered
15. Cyber/Info Security KPI are reported to senior management and committees	15. Monthly KPI reports now being generated routinely and fed into the Digital Leadership Group, ELT, IGSG and FPC
16. Regular cyber awareness campaigns are conducted	16. Cyber training is provided to staff and regular phishing campaigns are conducted. These are reported as part of the KPI reports
17 IT recovery Plan does include a cyber response	17. Cyber response incorporated into IT Disaster Recovery Plan
18. Information Security Policy refreshed and approved.	

Risk ID 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:	07/02/2025	TREND	20 (4x5)
		Date of Next Review:	07/03/2025	↑	

IF	THEN	RESULTING IN
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	there is a risk of a significant information security incident	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	4	5	20
Target	2	5	10

19. Suite of business continuity exercises that departments can undertake to test their plans are available via EPRR.	19.
20. The cyber risk is reviewed and monitored	20. The ongoing cyber threat to the organisation is continually monitored using daily comms feeds and automated alerts from various external sources via ICT security team and reported to AD of Digital and DPO. The corporate cyber risk assessment will be reviewed monthly at the Digital Leadership Group informed by the threat and intelligence monitoring and national strategic trends.
21. SIRO in place and ISMS evolving in line with refresh of Trust information Security Policy	**External Independent Assurance** NHS Wales Cyber Response Unit independent view of Network and Information Systems (NIS) Directive compliance within last 4 – 5 months (covering controls 1 -,3 – 11, 13 – 14
GAPS IN CONTROLS	**GAPS IN ASSURANCE**
1. Lack of understanding and compliance with policy and procedures by all staff members, **continued education and awareness as per improvement plan.**	1.
2. 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. **Revised procurement guidance to be disseminated via ADLT.**	

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. **Continued implementation and** development of the Trust Cyber Improvement Plan	Senior ICT Security Specialist	Next checkpoint date **31.01.2025**	Implementation of Cyber Improvement Plan actions ongoing and regularly reported into ICT SMT, DLG, IGSG and FPC.

Risk ID 641	The Trust's inability to implement the learning from all relevant Manchester Arena Inquiry (MAI) recommendations impacting its response to a major incident/mass casualty incident	Date of Review:	16/12/2024	TREND	20 (4x5)
		Date of Next Review:	16/01/2025	➡	

IF the Trust has not fully implemented the MAI recommendations AND a major incident or mass casualty incident is declared	**THEN** there is a RISK that the Trust's Incident Response will be suboptimal	**RESULTING IN** avoidable patient harm and/or death, detriment to staff wellbeing, reputational damage and potentially expose the Trust to legal liability.

	Likelihood	Consequence	Score
Inherent	5	5	25
Current	4	5	20
Target	2	3	6

IMTP Deliverable Numbers:

EXECUTIVE OWNER	Executive Director of Operations	**ASSURANCE COMMITTEE**	Finance & Performance Committee

Risk Commentary

Following the Manchester Arena Incident in May 2017, whereby twenty-two (22) innocent people were sadly killed, and the subsequent Public Inquiry (MAI), ambulance services across the UK have reviewed their ability to respond to a Major Incident. WAST has undertaken its own review and has identified sixty-eight (68) of the MAI recommendations as being pertinent to the ambulance service and/or multi-agency preparedness and response. Once these recommendations have been implemented then the risk will be mitigated to target; however, additional financial resources are required to do this.

As part of the Trust's ongoing commitment to deliver the necessary change against the MAI recommendations, a dedicated team was established in June 2023 to investigate and assure the Board that all necessary organisational processes were in place should an incident occur in Wales. Since the beginning of this project, significant progress has been made in addressing the recommendations (as identified in the 'Controls' section below) and the Trust is better prepared because of the work undertaken to date.

As part of the ongoing work, the Trust has completed a series of investigations and developed a series of 'Capability Reports' to demonstrate and explain where remaining challenges to an anticipated Major Incident could occur. The capability gaps identified are detailed in the below reports, which were shared with the Board, and are supported by a significant base of evidence produced as part of the 'R105' self-review process.

The reports are:

- **R106 Capability Report**
- **Capability to Prepare**
- **Capability to Respond**
- **Capability of Specialist Assets**

The reports identify that a significant proportion of the MAI recommendations remain outstanding, and the Trust is unable to progress these further or fully implement the identified learning without financial support. The reports highlighted what is needed to complete or significantly progress twenty (20) MAI recommendations and forms the basis of the 'Gaps in Controls' and 'Actions' sections. Transitioning these gaps and actions across into the 'Controls' section when achieved will act as a longitudinal method of tracking progress of completion against the MAI recommendations, and the associated risk reduction as this occurs. If the Trust is unable to implement the MAI recommendations fully, there remains a risk to the public, the organisation, and commissioners in the event of a mass casualty incident.

This Board Assurance Framework (BAF) extract is supported by a more detailed appendix of itemised actions required to permit greater scrutiny of remaining gaps and actions, as well as a detailed repository of control measures that have been successfully implemented.

CONTROLS	**ASSURANCES**
	Internal Management (1st Line of Assurance)
1. Forty-four (44) of the pertinent MAI Recommendations have been implemented into WAST practice through the work undertaken to date.	1. MAI recommendations that have been marked as implemented by the EPRR MAI Project are authorised and ratified by Operations Senior Leadership Team and cascaded via the approved governance route (AAA) to ELT and Trust Board. This forms a documented governance route for rationale for completion and details of this are recorded in the EPRR share drive alongside evidence of compliance. Additional details of assurance are provided in the annex to this Corporate Risk. Ongoing monitoring and assurance of lessons learned is captured through BAU processes and the established debriefing/lessons learned process such as the Organisational Learning Spreadsheet.
GAPS IN CONTROLS	**GAPS IN ASSURANCE**
1. Four (4) outstanding MAI Recommendations, identified as pertinent to WAST by the self-assessment, require action against to implement the associated learning **(REF: MAI recommendations 1, 26, 88, 111).** These are not included in the R106 funding request.	1. Work is progressing against these recommendations as part of the ongoing MAI project. It is anticipated that these recommendations can be implemented without additional financial support. Regular updates on these four recommendations are provided through the regular 'touch point' meetings with EPRR HoS, ADO for National Operations & ED of Ops, with periodic updates to SLT that are then cascaded via the approved governance route.

Risk ID 641	The Trust's inability to implement the learning from all relevant Manchester Arena Inquiry (MAI) recommendations impacting its response to a major incident/mass casualty incident	Date of Review:	16/12/2024	TREND	20 (4x5)
		Date of Next Review:	16/01/2025	➡	

IF the Trust has not fully implemented the MAI recommendations AND a major incident or mass casualty incident is declared	**THEN** there is a RISK that the Trust's Incident Response will be suboptimal	**RESULTING IN** avoidable patient harm and/or death, detriment to staff wellbeing, reputational damage and potentially expose the Trust to legal liability.

	Likelihood	Consequence	Score
Inherent	5	5	25
Current	4	5	20
Target	2	3	6

2. Twenty (20) outstanding MAI Recommendations that have been submitted to Trust commissioners via the 'R106' process as requiring financial support to implement the learning **(REF: MAI recommendations 16, 17, 20, 23, 24, 25, 50, 53, 71, 84, 85, 86, 87, 92, 105, 106, 108, 109, 117, 124).**	2. The outstanding recommendations are not able to be implemented independently by WAST and may remain unresolved until such time that additional financial resources and practical arrangements are in place to support this work. Trust commissioners have been notified of this via the formal R106 submission completed in August 2024.

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. Implement the learning relating to forty-eight (48) recommendations identified in the MAI report as pertinent for WAST **(REF: Outstanding MAI recommendations 1, 26, 88, 111).**	Assistant Director of Operations, National Operations & Support	March 2025	This programme of work is underway, with nearly all recommendations completed. 4 recommendations remain outstanding, with a plan in place to implement all these recommendations.
2. Submit evidence to Commissioners demonstrating that additional funding is required to implement a further twenty (20) recommendations identified in the MAI report **(REF: MAI recommendation R106).**	Assistant Director of Operations, National Operations & Support	March 2025	A formal submission of requirements has been submitted to commissioners for consideration and approval. Commissioners have been engaged with since early 2024 to raise awareness and facilitate early discussion. The Trust is awaiting a formal response to the submission.
3. Implement the necessary amendments to Trust infrastructure, resourcing level and equipment required to address the remaining recommendations once funding has been made available. (**REF: MAI recommendations 16, 17, 20, 23, 24, 25, 50, 53, 71, 84, 85, 86, 87, 92, 105, 106, 108, 109, 117, 124).**	Assistant Director of Operations, National Operations & Support	March 2029	An assortment of 20 proposals rests with commissioners at present. As these proposals are funded, capabilities gaps will be addressed and an associated reduction in the risk score can be expected. Some of these proposals may take several years to implement (e.g. a North Wales HART Unit) which is reflected in the target date. Other proposals could be accomplished in a much shorter timeframe if funded. Once the implementation of infrastructure, resourcing and equipment has occurred, WAST will either be compliant with the MAI recommendations, or, in some circumstances, may need to undertake further work to integrate the MAI learning into practice (e.g. once the EPRR Training & Exercising Team have established, they will then need to provide sufficient levels of exercising to comply with the exercising-related MAI recs).

Risk ID 542	Failure to deliver the Welsh Government NHS Wales Decarbonisation Strategic Delivery Action Plan	Date of Review:	27/01/2025	TREND	16 (4x4)
		Date of Next Review:	27/02/2025	➡	

IF there is a lack of resources and available technology and infrastructure	THEN there will be a failure to deliver the commitments outlined in the action plan and within the Welsh Government timelines	RESULTING IN negative environmental and social impacts causing reputational damage

	Likelihood	Consequence	Score
Inherent	5	4	20
Current	4	4	16
Target	2	4	8

IMTP Deliverable Numbers: 17, 18, 33

EXECUTIVE OWNER	Executive Director of Finance and Corporate Resources	ASSURANCE COMMITTEE	Finance and Performance Committee

Risk Commentary

Challenges continue around resources and technology, and currently there is not an ability to reduce this score. Decarbonisation Programme Board **continue to** meet. Noting some progress on positive movement to actions within the DAP. **Recent progress is focussing on implementation of PHEV and BEV SRVs**.

CONTROLS	ASSURANCES
	Internal Management (1st Line of Assurance)
1. Oversight of implementation and delivery of Decarbonisation project and monitoring of action plan at Decarbonisation Programme Board and Capital Management Board	1. Regular meetings of the Decarbonisation Programme Board quarterly. Requirements of the Decarbonisation project have been presented to the Trust Board & Finance and Performance Committee. Challenges of the project have also been highlighted. Report goes regularly to FPC and then onto Trust Board
2. Capital and Estates directorate lead support – Director of Finance (DOF)	2. Regular briefings to DOF
3. Partnership working via Communications/Stakeholder liaison group with NHS Wales, Welsh Government and other bodies to gain support and knowledge- with the anticipation of working in collaboration.	3. Sharing of knowledge via partnership working through various forums is documented in minutes of meetings held. Requirements also form part of the action plan
4. Approach changed for heating/lighting/energy systems to become more energy efficient- replacing old inefficient plant with more sustainable technology such as natural gas boilers for air source heat pumps	4. (i) Estate Survey undertaken every 5 years. This is a 6-facet survey to understand where the back log is and the requirements for energy systems. (ii) Approved Estates SOP (iii) Estate Retrofit Guide and framework used to prepare schemes
5. Changing procurement practices for fleet, Estates, equipment, supplies, and ICT to reduce emissions	5. Fleet SOP shows move to ULEV vehicles. BJC 2024/25 details intention for move to EV for smaller and support vehicles
6. Board Development sessions with respect to Decarbonisation to raise awareness of decarbonisation requirements, additional sessions will be required.	6. Board Development session occurred on 8th November 2021 – presentation slides are available.
7. Finance & Performance Committee has oversight of decarbonisation project, decarbonisation to become a standard agenda item.	7. (i) Routine updates at every other FPC meeting (3 times a year) (ii) Annual report (which includes a Sustainability section) is approved by the Finance & Performance Committee
8. KPIs with respect to energy transmissions are communicated to Estates team annually by sustainability manager	8. KPIs to Estates team includes energy use at all WAST managed buildings
9. ISO14001 accreditation in place	9. ISO14001 – Annual audits are undertaken against the accreditation. Environmental Coordinators act as champions in the organisation.
10. Environment Strategy in place	10. Environment strategy has been approved by the Trust Board. This covers the next 5 years
11. Programme Board Risk Register	11. Programme Risk Register reviewed at every Decarbonisation Programme Board meeting
12. Reporting to WG via DCR reporting, qualitative, and quantitative reports and emissions reporting	12. Submissions to WG – quarterly DCR reporting. Annual qualitative and quantitative reporting
13. Membership of National Programme Board (WG), Transport Task and Finish Group and BELP Project Board	13. Minutes and papers of meeting
	External - Independent Assurance: • Sustainability section in Annual Report audited by Internal Audit. Annual audits by BSI on accreditation
GAPS IN CONTROLS	**GAPS IN ASSURANCE**
1. Establishment of further workstreams to address a Programme Plan to support strategy requirements	
2. Ability to deliver on EV infrastructure plan including electrical capacity issues for the purposes of electronic charging points for vehicles	

Risk ID 542	Failure to deliver the Welsh Government NHS Wales Decarbonisation Strategic Delivery Action Plan	Date of Review:	27/01/2025	TREND	16 (4x4)
		Date of Next Review:	27/02/2025	➡	

IF there is a lack of resources and available technology and infrastructure	THEN there will be a failure to deliver the commitments outlined in the action plan and within the Welsh Government timelines	RESULTING IN negative environmental and social impacts causing reputational damage

	Likelihood	Consequence	Score
Inherent	5	4	20
Current	4	4	16
Target	2	4	8

3. Procurement of an electronic fleet of vehicles – this is not currently possible for anything other than a car/van (limited)
4. Resources to be able to deliver extent of DAP – work ongoing to establish actions required and potential cost impacts. Note detailed schemes are challenging to work up without appropriate resource which in turn allow for realistic financial estimates to be made about cost.

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. Establishment of potential further workstreams to address a Programme Plan to support strategy requirements: Consider further workstreams required in support of delivering DAP actions, including grouping of similar actions	Capital Development and Estates Team	Not needed. Action closed.	Workstreams were set up to manage delivery of the EFAB projects and the transport element (Transport Project Board). Links are also made into ongoing work to develop the IMTP and develop longer term strategies e.g. Fleet Vehicle Procurement Strategy 2025 – 30.
2. Ability to deliver on EV infrastructure plan including electrical capacity issues for the purposes of electronic charging points for vehicles: develop an investment strategy/prioritised list of sites where further EV charging is required. Will need further investment.	Decarbonisation Programme Board	March 2025 (in line with the IA recommendation action)	**Actions taken in line with investment provided to implement rapid charging by end of March 2025 at a small number of sites. Confirmed adequate charging provision for the replacement of 20 x PHEV and 10 x BEV in March/April 2025.**
3. Procurement of an electronic fleet of vehicles – this is not currently possible for anything other than a car/van (limited): development of specifications for vehicles considering achievable and safe ULEV options where possible. NOTE: will be dependent on confirmation of 2024/25 BJC funding	Fleet Team	March 2025	**Position remains that only vans can currently be purchased. This will be delivered by March/April 2025.**
4. NED support ended April 2022: A new NED will need to be nominated to champion this risk/project at Trust Board level	Director of Corporate Governance / Board Secretary	**Not being progressed**	To be further discussed with relevant Directors**. It is unlikely that a NED Champion role will be allocated in the near future.**
5. Resources to be able to deliver extent of DAP – work ongoing to establish actions required and potential cost impacts. Note detailed schemes are challenging to work up without appropriate resource which in turn allow for realistic financial estimates to be made about cost: Development of an investment requirements schedule (also aligned to IA recommendations). Contribute resources to support the Decarbonisation Strategy action plan	Director of Finance & Corporate Resources	31.03.25	**Discussions ongoing regarding enhanced resource requirements to implement low carbon emission vehicles. Targeted Estate Fund (TEF) bids being developed by 31st Jan 2025.**

Risk ID 558	Deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences	Date of Review:	16/01/2025	TREND	15 (3x5)
		Date of Next Review:	16/02/2025	↑	

IF	THEN	RESULTING IN
significant internal and external system pressures continue	there is a risk of a significant deterioration in staff health and wellbeing within WAST	increased sickness levels, staff burnout, poor staff and patient experience and patient harm

	Likelihood	Consequence	Score
Inherent	4	5	20
Current	3	5	15
Target	2	5	10

IMTP Deliverable Numbers: 13, 14, 21, 26

EXECUTIVE OWNER	Director of People	ASSURANCE COMMITTEE	People & Culture Committee

Risk Commentary

This risk should be considered alongside Risk 160 as the resulting increased sickness levels mentioned above will be addressed by the same controls and assurances. The ongoing system pressures including long handover delays, overruns, missed breaks and the perpetuating impact of increased sickness levels continues to **remain a challenge to mitigate this risk** . WAST continues to work in partnership with the system to pilot viable options for addressing the external factors. Although there has been some success in some areas, we are yet to see these being scaled to an extent that the employee experience has been impacted. Since 2020 we have not seen the previous pattern of easing over the summer months and with the current public health risk of measles and continuing risks of covid this risk remains static. The People and Culture Plan 2023-2026 is a good summary of the controls and actions addressing this risk. Work on reducing shift overruns continues with various pilots being run to test viable options which could be implemented. **Proposed increase in score as a result of system pressures. Whilst we are seeking to address this and it will take time to have an impact. Adding in the potential future financial pressures (leaving vacant posts open for longer), will further exacerbate this issue**

CONTROLS	ASSURANCES
	Internal Management (1st Line of Assurance)
13. The new Health and Wellbeing Plan 2025-2029 has now been drafted and is out for consultation. The aim of the new plan is to expand on consideration of employee experience to recognise that individual wellbeing interventions are not sufficient in mitigating system wide pressures.	14. New Health and Wellbeing Plan 2025-2029 is aligned closely to People and Culture Plan and delivery monitored via the Health and Wellbeing Steering Group, reporting into the People and Culture Business Meetings. **This plan was created in line with the HEIW Best Practice Guide for Organisations**
14. Occupational Health & Wellbeing team with range of support options for individual mental health intervention **signposting**, MSK support, reasonable accommodations and recommendations, supported by mental and physical health expert clinicians.	15. Current waiting times **are just above the national SLA of 29 days, at 31 days.** , External providers meet quarterly and provide monthly engagement figures. Reporting into OHW operational team meeting and MIQPR.
15. Wellbeing **Service providing** training, **consultation and advice to** line managers **supporting members of staff with severe and complex health and wellbeing challenges. Including REACT training that supports managers with difficult conversations**.	16. Rolling programme of workshops, attendance at team events when requested, evaluation and numbers trained reported at OHW operational meetings. Diarised meetings, webinars and workshops in place through a rolling programme. **These offers are now evaluated via user experience questionnaires which are reported to the health and wellbeing steering group. Wellbeing training uptake numbers is reported into the OHW Operational Team Meetings.**
16. TRiM **(Trauma Risk Management Network) in place to support staff following exposure to potential traumatic events and materials. The approach of watchful waiting by a clinician or peer supporter means we can support those who have been exposed to such events and escalate to support if required.**	17. **TRiM is facilitated by the Wellbeing Service Assistant Psychologists supervised by a Clinical Psychologist to provide appropriate professional oversight. Numbers of referrals, assessments, follow-ups and further support needs are reported to the Health and Wellbeing Steering Group**
17. Acting on results of staff surveys relating to staff experience, data triangulated with pulse surveys and other cultural metrics as detailed in the People and Culture Plan.	18. Each Directorate has developed their own action plan to address staff surveys. NHS staff survey high level results released 19/02/24 with directorate specific data released in April 2024. **The survey was repeated in Autumn 2024, and we are awaiting the next set of results.**
18. HSE stress risk assessments	19. Undertaken by managers and advice is provided on how to use them by Occupational Health and Health and Safety teams.
19. KPIs are reported fortnightly regarding Occupational Health and Wellbeing activity	20. Received at OHW operational team meeting and reported in MIQPR.
20. Wellbeing drop-in sessions for CCC and 111 staff	21. These sessions are now part of business as usual across services and a user experience form is collating more formal quantitative feedback for OHW operational team meetings. Data to date has been qualitative and the quantitative has been measured by engagement with the service. **Themes of staff concerns are also collated by wellbeing staff attending WAST sites.**
21. Fast track physiotherapy to address MSK issues.	22. Regular review meetings with physiotherapy provider and monthly monitoring information received at People and Culture Business meetings and MIQPR
22. Occupational Health team inclusion in sickness and absence meetings	23. **Qualitative anecdotal feedback has been positive, and it has strengthened relationships with the OH team. More formal feedback mechanisms are in development in line with our overhaul of service feedback**.
23. Stress risk assessments	24. These are part of the IOSH Managing Safely Training.
	External - Independent Assurance - Audit Wales – Taking Care of the Carers report in October 2021 – all actions complete

Risk ID 558	Deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences	Date of Review:	16/01/2025	TREND	15 (3x5)
		Date of Next Review:	16/02/2025	↑	

IF	THEN	RESULTING IN
significant internal and external system pressures continue	there is a risk of a significant deterioration in staff health and wellbeing within WAST	increased sickness levels, staff burnout, poor staff and patient experience and patient harm

	Likelihood	Consequence	Score
Inherent	4	5	20
Current	3	5	15
Target	2	5	10

GAPS IN CONTROLS	GAPS IN ASSURANCE
11. Need to increase the education and communication with managers about stress risk assessments. Presentation developed and shared with people services. Delivery dates being agreed in conjunction with Health and Safety, **along with a new policy.** These discussions have restarted, and colleagues are directed to the stress risk assessment information and education sessions will be started in Q1 & Q2.	Lack of awareness about staff wellbeing services, this continues to be a challenge due to small team, non-wired colleagues and competing communication messages.
	Effects of elevated **REAP** status affecting the ability of staff to engage with staff health and wellbeing services. Important to recognise the consistent reports of the impact of culture on wellbeing. Attendance at all events by operational staff consistently low due to service pressures.

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. People and Culture Plan 2023-2026 relevant Actions	Assistant Director for Inclusion, culture and wellbeing	Annual Plan	First **year reviewed** at People and Culture Committee May 2024 23/7/24 Final year review included in consultation process for new plan
2. Health and Wellbeing Plan 2025-2029	Assistant Director for Inclusion, Culture and Wellbeing	**Approved by Board Q3 2024/25**	**Plan has been approved by Board. The delivery period begins 2025/2026. Promotion of the plan and key deliverables will commence then.**

RISK ID 594	The Trust's inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death	Date of Review:	22/01/2025	TREND	15 (3x5)
		Date of Next Review:	22/02/2025	➡	

IF a major incident or mass casualty incident is declared	**THEN** there is a risk that the Trust cannot provide its pre-determined attendance as set out in the Incident Response Plan and provide an effective, timely or safe response to patients due to vehicles not being released from hospital sites	**RESULTING IN** catastrophic harm (death) and a breach of the Trust's legal obligation as a Category 1 responder under the Civil Contingency Act 2004

	Likelihood	Consequence	Score
Inherent	4	5	20
Current	3	5	15
Target	2	5	10

IMTP Deliverable Numbers: 1, 5, 6, 7,14, 15, 24

EXECUTIVE OWNER	Director of Operations	ASSURANCE COMMITTEE	Finance & Performance Committee

Risk Commentary Q1 2024/2025

The challenges across the unscheduled care system**.** Handover lost hours in **November were 20,993 and December were 25,199.** There is a direct correlation with ambulance availability and high levels of resources unavailable due to protracted waits at hospital E.Ds. Several incidents declared have failed to provide sufficient on the ground assurance that vehicles would be released. Health Boards have declined to incorporate testing of vehicle release into a recent mass casualty exercise. Further, a recent workshop undertaken by the EPRR team as part of the Manchester Arena Inquiry assurance process which has tested our ability to fulfil the PDA in North and South Wales, both in and out of hours, has confirmed that we would only meet the PDA in one of these four mass casualty scenarios.

After a thorough review and assessment of Risk 594 within the Corporate Risk Register at SLT on 02/10/2024, we propose reducing the risk score from 20 to 15 (likelihood from 4 to 3) due to the following reasons:

· Mitigation/Controls have been Implemented: We have several controls measures that directly address the identified risk and are content we have exhausted all opportunities for additional controls. These controls are embedded within the corporate risk register.

· Immediate Release Protocol: The revised version of the IR protocol v1.3 has been agreed and shared at COO group and published which has included the release schedule for ambulances at the declaration of an incident as set out below:

·50% of vehicles released within 10 minutes

· 75% of vehicles released within 20 minutes

· 100% of vehicles released within 30 minutes

· Monitoring and Review: We will continue to monitor the risk within the normal governance channels (SOT/SLT/ADLT etc) to ensure that mitigations are still in place and any emerging risks are promptly identified and addressed.

22/01/25 - In light of the critical incident declared earlier this month, a review of the risk scoring is scheduled for this at SLT on 11th February in the first instance and this will be updated following conversations.

CONTROLS	ASSURANCES
	Internal **Management (1st Line of Assurance)**
1. Immediate release protocol	1. The Immediate Release Protocol is a Nationally agreed NHS Wales protocol. Refusals by Health Boards are Datixed by WAST and compliance report provided weekly to the DG for Health & Social Services. V1.3 has been reviewed, updated and released (August 2024).
2. Resource Escalation Action Plan (REAP)	2. The Senior Leadership Team convenes every Tuesday as the Weekly Performance Meeting to review performance and demand data, and review/assign REAP Levels as appropriate. Dynamic escalation via Strategic Command structure. REAP has undergone an annual review with v4.1 released in November 2023.
3. Regional Escalation Protocol	3. Daily conference calls to agree RES levels in conjunction with Health Boards
4. Incident Response Plan	4. The Incident Response Plan has been ratified via EMT
5. Mutual Aid arrangement with NARU	5. AACE National Policy on mutual aid in place
6. Clinical Safety Plan	6. CSP adopted by EMT and operational; reviewed annually by SLT in December 2023, Version 2.21 of the Clinical Safety Plan was released. The reduction in the demand is the assurance which is dynamically monitored via ODU.
7. Operational Delivery Unit 24/7 cover	7. Shift reports from ODU & ODU Dashboard received by Exec, SOT, and On-Call Team at start/end of shift and cover review at weekly performance meeting
8. In hours and Out of hours command cover	8. Civil Contingency requirement as set out in the Command Policy and Incident Response Plan. Cover review at weekly performance meetings
9. Notification and Escalation Procedure	9. Published procedure in operation, reviewed 3 yearly by SLT
10. Continued escalation of risk to partners and stakeholders	10. Referenced by the Executive Director of Operations in correspondence sent to health board Chief Operating Officers dated 30 March 2023. It was further emphasised at the face-to-face COO Peer Group meeting on 14 April 2023.
	External Independent Assurance N/A
11. CEO letter to Health Boards dated 3 Jan 2023, and DOO letter to Chief Operating Officers dated 30 March 2023 to seek assurance on plans.	11. Acknowledgement and acceptance of risk by HBs and balancing the risk across the whole system. Improvement in handovers in C&VHB and ABUHB. This has been sustained form some months across C&V in a phased programme of improvement with no delays more than 2 hours. Programme of improvement underway in ABUHB commencing at 4-hour

RISK ID 594	The Trust's inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death	Date of Review:	22/01/2025	TREND	15 (3x5)
		Date of Next Review:	22/02/2025	➡	

IF a major incident or mass casualty incident is declared	THEN there is a risk that the Trust cannot provide its pre-determined attendance as set out in the Incident Response Plan and provide an effective, timely or safe response to patients due to vehicles not being released from hospital sites	RESULTING IN catastrophic harm (death) and a breach of the Trust's legal obligation as a Category 1 responder under the Civil Contingency Act 2004

	Likelihood	Consequence	Score
Inherent	4	5	20
Current	3	5	15
Target	2	5	10

	tolerance with a plan to reduce over time. In other HBs there remains little or no controls with variation in both handovers and risk levels across HBs.
12. Health boards are asked to provide assurance of existing and tested plans to immediately reduce emergency ambulances on incident declaration.	12. All Health Boards responded with assurance of plans except BCU.
13. Multi Agency Exercise to be arranged.	13. This exercise has taken place although Health Boards declined to incorporate vehicle release plans
14. Meeting with Welsh Government to outline this risk; WG agreed to write to HBs seeking assurance from EPRR leads in HBs on the ability to clear EDs and release vehicles. WG agreed to incorporate testing into the forthcoming mass casualty exercise, and a timeframe for vehicle release was proposed by WAST with 30% of vehicles released within 10 minutes of an incident declaration, 50% within 20 minutes and 100% within 40 minutes.	14. WG have confirmed that they have written to HB EPRR leads. Health Board COOs approved the proposals for vehicle release as outlined.
GAPS IN CONTROLS	**GAPS IN ASSURANCE**
Despite the controls listed, the single most limiting factor in providing a pre-determined response in line with the Incident Response Plan is the lost capacity due to hospital handover delays. In this area, WAST has no control. – link to CRR 223 on CRR.	The Trust is not assured that Hospital sites have plans in place that are trained and tested to release ambulances effectively and immediately in the event of an incident declaration.
	Following two incidents (Pembroke Dock Ferry fire on 11th February 2023 and the Swansea gas explosion on 13 March 2023), The Trust is not assured by the effectiveness of assurances given by Health Boards (responses provided following correspondence from WAST CEO – formal returns received from LHBs except BCU). Despite these two incidents being lower-level incident declarations where the pre-determined attendance was met, the experience does not add confidence to the ability to release all resources from hospitals which would support assurance. Further testing of the pre-determined attendance levels has been undertaken as part of the Manchester Arena Inquiry recommendations; This tested the Trust's ability to fulfil the PDA in North Wales and South Wales in the event of a mass casualty scenario both in hours and out of hours. This simulation concluded that in three of these four scenarios, the Trust would be unable to fulfil the PDA. A further declared major incident at Treforest Industrial Estate in December 2023 following an explosion, failed to release resources from Morriston Hospital, Wales's dedicated burns unit (formal debrief still to be conducted).

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. Review of Manchester Arena Inquiry	Assistant Director of Operations	March 2025	This programme of work is underway, and a workshop has confirmed that the PDA would be unable to be met in three out of four simulated mass casualty scenarios. The financial case associated with MAI is planned to be familiarised with ELT and JCC during Jan and Feb 2024, with the final outline case to ELT in March 2024. A revised timeline for the governance process for the final MAI reports has been agreed, commencing in May 2024 and finalising at Trust Board the end of July 2024. 01/10/2024 - Progress against the 68 recommendations, directly or through partnership working, that relate to the Trust continues. The Trust has undertaken a detailed review of its provision as part of its obligation under recommendations 105 and 106 and has recently produced an evidence-based series of reports aimed at addressing the identified gaps. This has been supported further by the development of three Quality Impact Assessments that have been approved by the Clinical Quality Governance Group. The work identified 20 recommendations for which there is a financial dependency. The submission to commissioners of the Trust's reports relating to these recommendations has now occurred and the Trust awaits their considered response. The remaining recommendations continue to be progressed, and it is anticipated these will conclude within the next six months. To ensure the continued visibility of these report findings within the Trust, a corporate risk is being developed for inclusion in the Trust's risk register. This will enable the alignment of outstanding MAI recommendations with a clearly defined business-as-usual framework, ensuring proper governance of capability gaps while awaiting financial decisions from commissioners and the implementation of necessary changes.

RISK ID 594	The Trust's inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death	Date of Review:	22/01/2025	TREND	15 (3x5)
		Date of Next Review:	22/02/2025		

IF a major incident or mass casualty incident is declared	THEN there is a risk that the Trust cannot provide its pre-determined attendance as set out in the Incident Response Plan and provide an effective, timely or safe response to patients due to vehicles not being released from hospital sites	RESULTING IN catastrophic harm (death) and a breach of the Trust's legal obligation as a Category 1 responder under the Civil Contingency Act 2004

	Likelihood	Consequence	Score
Inherent	4	5	20
Current	3	5	15
Target	2	5	10

			Jan 2025 - Progress against the 68 recommendations, directly or through partnership working, that relate to the Trust, continues. We expect to complete all recommendations that do not rely on financial investment by the end of this financial year. To ensure the continued progression and completion of the recommendations with financial dependency (18 recommendations), a corporate risk has been developed for inclusion in the Trust's Corporate Risk Register and Board Assurance Framework. As the risk progresses through the internal governance route, culminating in final approval at Trust Board in January 2025, there is an alignment of the outstanding MAI recommendations with a clearly defined business-as-usual framework, which will support the governance of capability gaps whilst awaiting financial decisions from commissioners and the implementation of necessary changes.
2. Further correspondence to Welsh Government to seek assurance of testing plans following recent mass casualty exercise where Health Boards declined to incorporate vehicle release plans	Assistant Director of Operations	November 2024	Correspondence with Welsh Government remains ongoing. 22/02/2024 - Risk 594 has also been referenced in the context of MAI presentation to Welsh Government (6th Feb 2024). Further follow up will be provided as MAI progresses. Welsh Government has been and will continue to be kept up to date on the developing case, as have the JCC.
3. Request from COO network to share Action cards related to risk	Executive Director of Operations	Q1	May24 – LB will follow up with COO network on the sharing of their action cards to WAST. March 24 – This risk was discussed at both JCC management and in the COO meeting.

Risk ID 623	Failure to comply with Data Protection Legislation	Date of Review:	21/01/2025	TREND	15 (3x5)
		Date of Next Review:	21/02/2025	➡	

IF	THEN	RESULTING IN
IF the Trust fails to comply with and demonstrate it is meeting the accountability requirements under the Data Protection Act, the UK General Data Protection Regulation (GDPR) and the Common Law Duty of Confidentiality	THEN the Trust will breach its legal obligations and potentially cause the personal or sensitive data to be compromised, lost, or inappropriately used.	RESULTING IN unauthorised data breaches/loss, financial or compensatory penalties, an increased regulatory scrutiny or enforcement as well as stakeholder mistrust and reputational damage

	Likelihood	Consequence	Score
Inherent	4	5	20
Current	3	5	15
Target	2	5	10

IMTP Deliverable Numbers: 1, 13, 14, 18, 19

EXECUTIVE OWNER	Director of Digital Services	ASSURANCE COMMITTEE	Finance & Performance Committee

Risk Commentary

The consequences of this risk depend on the worst-case scenario which crosses of a number Domains on the Risk Scoring Matrix e.g. Loss of, or access to mass clinical data, the reputational damage this would cause, subsequent high-level involvement of ICO, Regulatory Body and Government involvement the subsequent fall out, fines and reduction in the level of clinical care. The likelihood would be small NB Just like pandemics. However, there are lower consequences of failure of statutory compliance which would warrant a higher level of likelihood even daily but in this case like near misses they indicate the need for change/improvement to demonstrate managing the risks. Therefore, the consequences will always be 5 but improvements are needed to lower the risk, and should we demonstrate meeting Statutory Requirements even if a serious incident/event/failure arises evidence provided would reduce / mitigate against the consequences.

IIn addition, the Confidentiality Advisory Group (CAG), an independent body advising the Health Research Authority, **recently required** organisations across NHS Wales to demonstrate compliance with legislation via the IG Toolkit **, or risk** requests for using sensitive patient information for research purposes **being rejected–** further resulting in risk to WAST's academic partnerships and reputation, and strategic research endeavours.

CONTROLS	ASSURANCES
	Internal Management (1st Line of Assurance)
1. Data Protection Expertise: **2 x** FTE Data Protection and Compliance Managers (DPCM); 1 FTE Information Governance Officer, **4 x** FTE **in the** Cyber Security **team**	1. Two Data Protection and Compliance Managers were employed on a consultancy basis to provide cover and support backlog clearance (E). Both contractors have now left the organisation (funding ceased for the first in Jun-24, and the contract ended Sep-24 for the second). Two new permanent Data Protection and Compliance Managers have been recruited and are due to start employment with WAST in November 2024, bringing capacity of this skillset up to 3 x FTE.
2. **Permanent** Data Protection Officer	2. Temporary Data Protection Officer **responsibilities held by Head of ICT up to December 2024.** A full-time, permanent DPO has been recruited and the position has been filled since December 2024.
3. Data Protection and Information Governance Policies and Procedures (Incl. DPIAs and Cloud Assessments)	3. **Procedure for auditing Welsh Clinical Portal usage (by WAST staff) updated (Jun24).** Monthly Information Governance Steering Group which includes progress DPC, DSA and DPIA reviews (I) IG Training IG Toolkit (System for providing a level of assurance of compliance (I) Incident Reporting Accountability to ELT Development of reporting (dashboard) which supports IGSG, ELT and Finance & Performance Board Committee for scrutiny.
4. Contracts and agreements: Data processing, Data Sharing and Employment & Consultancy	
5. Register of information assets and data flows (outdated)	
6. Staff training on updated training module (Apr 2023)	
7. Incident Reporting and management (DATIX)	**7. Summary statistics reported monthly via IGSG**
8. NIIAS **(national intelligent integrated audit solution)** for auditing access to personal information **across systems such as CAD and ePCR**	
9. Digital Notices / comms Ongoing (see Siren & recent Lock-screen notices)	**Regular publication of IG related comms:** Lock screen **image** issued 04/24 in relation to WhatsApp and training. This will be refreshed in 06/24. Siren notice drafted for ELT 05/24. **AI Guidance issued 01/25. Cyber & IG procurement guidance drafted for release.**
10. Proactive engagement outbound (not inbound to team)	

Risk ID 623	Failure to comply with Data Protection Legislation	Date of Review:	21/01/2025	TREND	15 (3x5)
		Date of Next Review:	21/02/2025	➡	

IF	THEN	RESULTING IN
IF the Trust fails to comply with and demonstrate it is meeting the accountability requirements under the Data Protection Act, the UK General Data Protection Regulation (GDPR) and the Common Law Duty of Confidentiality	THEN the Trust will breach its legal obligations and potentially cause the personal or sensitive data to be compromised, lost, or inappropriately used.	RESULTING IN unauthorised data breaches/loss, financial or compensatory penalties, an increased regulatory scrutiny or enforcement as well as stakeholder mistrust and reputational damage

	Likelihood	Consequence	Score
Inherent	4	5	20
Current	3	5	15
Target	2	5	10

GAPS IN CONTROLS	GAPS IN ASSURANCE
1. **- The third DPCM position has recently become vacant, and recruitment efforts will need to recommence in Spring 2025, however, with 2 x DPCMs in post, this is no longer considered a significant gap in control.**	1. See 21. Further Actions (1)
3. Resource capacity constraints to update, implement or monitor the controls; and lack of engagement by management and staff which either bypass the requirements or stalled engagement.	2. Even with increased capacity without engagement by managers and staff to meet their compliance requirements there will continue to be information reported to IGSG which will demonstrate low levels of assurance i.e. Reports on DPIA log, DSA log, Training Levels, IG Toolkit, and Implementation Plan
4. Personal identifiable information (PII) is being processed or shared with no data processing contracts (DPC) or data sharing agreements (DSA) when legally required; or incomplete DPC or DSA due to stalled engagement.	3. Lack of Data Protection pre procurement controls which form part of Data Protection by Design and Default means that Departments could purchase IT systems, hire document scanning companies, external data consultants and analytical firms and bypass WAST's controls for appropriate due diligence or legislative required controls in managing these risks.
5. New data, or new data processes which have either bypassed the controls or there are no information asset owner and therefore doesn't get on to the asset register or the dataflow is not mapped and creates a weakness in assurance (See 3)	4. Data Protection and Compliance Risks not fully realised. IGSG have approved the establishment of a sub-group to manage activities related to Information Asset Register and Ownership, however, due to vacancies and limited capacity in the IG team, this action will not be able to be progressed until January-25.
6. Currently not meeting levels of IG staff training.	3. Some data errors in ESR reporting for IG mandatory training has been identified, requiring manual effort to calculate Trust- wide compliance percentages.
7. Lack of Data Protection pre procurement controls which form part of Data Protection by Design and Default means that Departments could purchase **non-compliant** IT systems.	
8. The Confidentiality Advisory Group (CAG) notified WAST (via DHCW) in June 24 that for organisations with a 23-24 IG Toolkit outcome of "standards not met", any CAG approvals for research & non-research requests are likely to be rejected unless the organisations' IG Toolkit Improvement Action Plan can be met and evidenced by Nov 24 (instead of the original target date for this plan of Mar 25)..	8. The Confidentiality Advisory Group (CAG) required WAST to submit an IG Toolkit Improvement Action Plan (via DHCW) with adjusted timelines to show a path to a "minimum standards met" position by Nov 24. The Improvement Action Plan has been adjusted and shared, and internal stakeholders notified. This will be managed by ADLT and monitored via IGSG. **The Improvement Plan Actions were met by the Nov 24 deadline, satisfying the requirements of the CAG. This is no longer a gap in Controls / Assurance.**

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. Recruitment of Data Protection and Compliance Manager(s)	Leanne Smith	Q2 2024/25	Two candidates expected in post November 2024. **Action complete – 2 new DPCMs in post since November 2024. Now included in Controls.**
2. Seeking funding to recruit/upskill/resource DPO who will encourage engagement**.** Additional funding into Digital for 24/25 allowed a permanent DPO position to be created within the structure.	Jonny Sammut	Q3 2024/25	JD evaluated and translated. Awaiting approval by Recruitment Control Panel to commence recruitment. Expected Recruitment and in post Q4 24/25. **Action complete – permanent DPO in position since December 2024. Now included in Controls.**
3. Ensure compliance with the appropriate IG level training across all Directorate and Departments a. Demonstrate a regular series of comms on IG and DP **- complete** b. Regular monitoring of training compliance through IGSG **– evidence of ongoing** c. Targeted training compliance reporting to line manager on individuals to ensure that 85% target is reached **by March 2025.** d. BAU on Siren training notices and specific guidance or advice	Leanne Smith	Q4 2024/25	Lock screen issued 04/24 in relation to WhatsApp and training. This will be refreshed in 06/24. Siren notice drafted for ELT 05/24. **AI guidance issued 01/25. Cyber & IG procurement guidance in development. Evidence that regular comms is being published, and so action complete, and assurances added to Controls.** IG training compliance still below 85% target **required to be evidenced by March 2025.** An Action Plan for training has been created, and a training needs analysis being progressed with L&D

Risk ID 623	Failure to comply with Data Protection Legislation		Date of Review:	21/01/2025	TREND	15 (3x5)
			Date of Next Review:	21/02/2025		

IF the Trust fails to comply with and demonstrate it is meeting the accountability requirements under the Data Protection Act, the UK General Data Protection Regulation (GDPR) and the Common Law Duty of Confidentiality	THEN the Trust will breach its legal obligations and potentially cause the personal or sensitive data to be compromised, lost, or inappropriately used.	RESULTING IN unauthorised data breaches/loss, financial or compensatory penalties, an increased regulatory scrutiny or enforcement as well as stakeholder mistrust and reputational damage

	Likelihood	Consequence	Score
Inherent	4	5	20
Current	3	5	15
Target	2	5	10

			team. Procedures, such as audit of Welsh Clinical Portal usage, has been updated. Paper to ADLT Jun24 seeking support for increased awareness & training compliance Direct contact to individuals who have been non-compliant for a significant period of time, with escalation through their line management structures as required.
4. Report on physical security to IGSG – working with fleet and estates team	Leanne Smith and Aled Williams	Q2 2024/25	Reporting to IGSG and FPC. **A risk has been drafted by members of IGSG, but action plan to be developed in collaboration with Fleet & Estates.**
5. Assurance of "standards met" for all IG Toolkit requirements: gain support of all Directorates' leadership to complete the IG Toolkit Improvement Action Plan and ensure compliance for the 24-25 IG Toolkit submission	Leanne Smith	Nov24 for IG Toolkit Improvement Action Plan (with evidence to CAG) **- complete** **Next deadline is March for 24/25 submission**	Paper to ADLT Jun24 seeking support for completion of the IG Toolkit improvement action plan. To ensure no impact to CAG approvals for WAST research, this improvement action plan must now be met and evidenced by Nov24. **The improvement plan actions resulting from the "standards not met" results of the 23/24 IG Toolkit submission were met ahead of the Nov24 deadline to assure CAG, however, to meet the requirements of the 24/25 IG Toolkit submission, further improvement work is required before the Mar25 deadline.**

Risk ID 100	Failure to persuade JCC/Health Boards about WAST's ambitions and reach agreement on actions to deliver appropriate levels of patient safety and experience	Date of Review:	21/01/2025	TREND	12 (3x4)
		Date of Next Review:	21/04/2025	➡	

IF WAST fails to persuade JCC/Health Boards about WAST ambitions	**THEN** there is a risk of a delay or failure to receive funding and support	**RESULTING IN** a catastrophic impact on services to patients & staff and key outcomes in the IMTP not being delivered		Likelihood	Consequence	Score
			Inherent	4	4	16
			Current	3	4	12
			Target	2	4	8

IMTP Deliverable Numbers: 7, 9, 11, 12, 14, 15, 20, 24, 25, 32

EXECUTIVE OWNER	Executive Director of Strategy, Planning & Performance	ASSURANCE COMMITTEE	Finance and Performance Committee

Risk Commentary

From the 01 April 2024 111, emergency ambulance and Ambulance Care are all commissioned by the Joint Commissioning Committee (JCC). This is viewed as a positive development by the Trust, supporting the development of an organisational ambition.

The ambition is appropriate levels of patient safety and good working conditions for our staff across the 111 pathway, emergency ambulance care pathway and Ambulance Care pathway. Clearly neither of these are currently being achieved in the emergency ambulance care pathway as evidenced by the long waits, shift overruns and volume of concerns and reportable incidents. The Trust is currently commissioned on the assumption of 6,000 hours of handover lost hours, with current levels at 26,000 (Jan-24). The JCC had an ambition to achieve 12,000 handover lost hours by the beginning of quarter four 2023/24, which has not been achieved, but even if it was achieved, it would still be double what the EMS rosters are predicated on. The Trust is now looking to recruit up to the modelled 153 CHARU FTEs and connected to this focus on CHARU productivity. CHARU UHP in **December** 2024 was 8**9**%, which is the highest it has achieved, and it is now seeking to close the remaining gap through the recruitment of fully qualified paramedics. Similarly, the Trust has made the decision (delivered) to recruit another intake of APPs, an additional 16 FTEs, but this is also being funded through internal movements, with a planned temporary relief gap to fund these. A further funded 32 APPs are being recruited in 2024/25 along with 2**8** FTEs to **EMSC (clinical navigators)**. The 111-call abandonment rate **has stabilised post 111 CAS go live, as the Trust has recovered it call handler staff in post to establishment**. Ambulance Care performance is stable.

The JCC **is now becoming more established. Current areas of focus for the JCC (in relation to WAST) include: a scrutiny exercise on the Trust's MAI submission, consideration of the Future Vision for NEPTS and the Ambulance Measure Review led by Welsh Government. The Trust has received the JCC draft commissioning intentions 25/26 for 111, 999 and NEPTS. These are broadly supportive of the Trust's ambitions, but the financial pressures within NHS Wales that there is unlikely to be any investment by the JCC in 25/26 in support of the Trust's ambitions.**

CONTROLS	ASSURANCES
	Internal & External Management (1st Line of Assurance)
1. JCC/WAST Forward Plan for EMS and NEPTS in place and monitored at JCC meetings	1. Minutes of meetings and a standard agenda item
2. JCC and its 2 sub-committees established as a forum to discuss WAST's strategy (sub-committees currently under review as part of move into JCC).	2. Minutes of meetings and a standard agenda item
3. Weekly catch up between Interim Director of 111 & Ambulance Commissioning /CEO	3. Meetings are diarised every week
4. Collaboration between JCC and WAST on specific projects e.g.	4. Representatives are co-opted onto meetings and frequency is between 3–6 weeks. Set agendas with NCCU reps co-opted.
5. Monthly CASC Quality and Delivery Meeting established (currently paused as part of move into JCC).	5. Formal meeting with agendas, minutes, and action logs available.
6. Patient Safety information e.g. Appendix B incidents, weekly/monthly patient safety reports produced	6. These reports supplied to Director of Quality and Nursing in Health Boards and other senior stakeholder's fortnightly
7. Commissioning intentions.	7. In year progress reported each quarter to the relevant commissioning meeting and 24/25 commissioning intentions approved for 111 Wales and expected to be approved by Mar-24 JCC (approved).
8. Governance arrangements for 111 commissioning: 111 Board, 111 Commissioning Board + 111 DAG etc.	8. Minutes of meetings and a standard agenda item
	External Management (1st Line of Assurance) 1. Plans go to every bi-monthly meeting 2. Meet bi-monthly and agendas, minutes and action logs available

Risk ID 100	Failure to persuade JCC/Health Boards about WAST's ambitions and reach agreement on actions to deliver appropriate levels of patient safety and experience	Date of Review:	21/01/2025	TREND	12 (3x4)
		Date of Next Review:	21/04/2025		

IF WAST fails to persuade JCC/Health Boards about WAST ambitions	**THEN** there is a risk of a delay or failure to receive funding and support	**RESULTING IN** a catastrophic impact on services to patients & staff and key outcomes in the IMTP not being delivered

	Likelihood	Consequence	Score
Inherent	4	4	16
Current	3	4	12
Target	2	4	8

GAPS IN CONTROLS	GAPS IN ASSURANCE
1. JCC remit is wider than just ambulances and will reduce the agenda time dedicated to WAST's three patient pathways.	1. A shorter provider brief will go to the JCC with more detailed discussions taking place at its sub-committees.
2. Governance coordination between the JCC) and WAST to be improved.	2. Identified need for a governance meeting between JCC and WAST to manage the overall commissioner/provider interface. Actioned, but has lapsed due to capacity and resourcing in NCCU team. This will be further reviewed as the JCC goes live in April-24 (period of transition likely to extend through Q1). This has lapsed at this time, but request to re-establish it sent to commissioners.
3. WAST's ability to influence hospital handover delays (this is outside of the Trust's control and a Health Board responsibility)	3. Ministerial direction on handover reduction with significant pressure being applied to health boards through the NHS Leadership Board and NHS Executive accountability arrangements. The Welsh Government target is no waits > one hour, which equates to 7,000 lost hours.
4. Funding does not flow in a manner to balance demand with capacity (outside of WAST's control)	4. Strategic demand and capacity review being undertaken with output due to be reported to JCC in Q2 2024/25, with initial findings already shared. On advice from the CASC, formally reporting the findings of the review has been re-programmed into Q2 2024/25, for the new JCC. JCC dates to be determined.

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. Agree and influence JCC/Health Boards that sufficient funding to be provided to WAST	CEO WAST	**As part of 25/26 budget setting process in Q4 this year (18/03/25 F&P Committee)**	26.06.24 Funding for a 32 FTE APPs secured for 2024/25 and 23.2 FTEs into Integrated Care. 06/08/24 WAST briefing on evolved CRM and 2023 EMS Demand & Capacity Review to JCC Board Development session in Aug-24. **21/01/25 ELT has considered the draft commissioning intentions and responded to the Director of Commissioning.**
2. Agree and influence JCC/Health Board of the need for significant reduction in hospital handover hours	CEO WAST	**IQPD 12/02/25**	26/04/24 This modelling has been further supplemented by modelling the Ministerial target of no handovers of more than one hour. 26/06/24 May-24 levels at 24,000, which is higher than 2023 and concerning as an indicator of the winter the Trust may expect. Trust moving at pace to evolve clinical response model, with Welsh Government full sighted on impact of handover hours on the Trust. **21/01/25 The Trust experienced 26,000 ambulance unit hours lost to hospital handover in December 2025, in line with its prediction, but significantly above the WG target of no waits over one hour, which equates to approximately 7,500 hours.**
3. Increased understanding of NEPTS by JCC	Executive Director of Strategy Planning and Performance	02/08/23 30/06/24 20/08/24 **21/02/25**	16/04/24 Workshop arranged for April 2024 (completed). 26/06/24 Workshop results reported to newly established Interim Ambulance Commissioning Committee. 06/08/24 The WAST briefing to the JCC Board Development session in Aug-24 includes coverage of five workstreams, one of which is Health Transport, which includes NEPTS and UCS. **21/01/25 Consideration of Future Vision for NEPTS at JCC meeting on 21/02/25**.
4. Governance meeting between NCCU and WAST to manage the commissioner provider interface	Assistant Director Commissioning & Performance	02/08/23 Checkpoint Date	30.09.22 Meeting in place and meeting regularly. 12/01/23 Meetings continue. 02.05.23 These have lapsed due to pressures and sickness absence in the NCCU. HB to reboot, subject to ability of NCCU to undertake. 28.07.23 Availability remains a challenge, but there is regular informal dialogue between WAST and NCCU. 18.01.24 This specific meeting remains lapsed, but the Trust is currently meeting every two weeks with the NCCU on the development of the IMTP. As the Trust moves into the new JCC from 01 April 2024 there will be a further opportunity to address this control. 16/04/24 The new commissioning arrangements are in transition and still quite fluid at the moment. 26/06/24 Request to commissioners to re-establish this meeting. 06/08/24 Meeting now re-established. **21/01/25 Meeting continues to operate.**
5. Develop and roll out the Stakeholder Influencing Plan	Director of Partnerships & Engagement AD Planning & Transformation	Q2 24/25 onwards	15/03/24 This action is captured in Risk 201 on the CRR. The reputation audit being repeated in Q1 will inform the development and roll out of this plan in Q2.

Risk ID 163	Maintaining Effective & Strong Trade Union Partnerships	Date of Review:	16/01/2025	TREND	12 (4x3)
		Date of Next Review:	16/04/2025	➡	

IF	THEN	RESULTING IN
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	there is a risk that TU partnership relationships increase in fragility and the ability to effectively deliver change is compromised	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: 1, 13, 14, 19, 22, 30, 32

EXECUTIVE OWNER	Director of People	ASSURANCE COMMITTEE	People & Culture Committee

Risk Commentary

A tailored bespoke development programme for managers and Trade Union Partners at all levels has been launched to address issues. The programme of engagement and relationship building will continue throughout 2024/25. Also, specific workforce issues related to potential respect and resolution processes have been addressed.

Work is well underway to seek to improve partnership working through the delivery of the action plan. The engagement structures below WASPT are in place and running. The Deputy Director of People Services and Head of Culture and OD have delivered workshop sessions for TU partners and managers across the organisation in senior and local roles. Personal relationships with TUPs are generally good . At a local level there are ongoing discussions on a range of organisational change issues and currently engagement and partnership working is **operating well and as a result the score has been reduced to 12 (3x4) during the quarter. However, there is a recognition that the nature of partnership working and the issues that arise mean that the level of risk fluctuates more regularly than others and will be kept under review. The Executive Owner will change from November 2024 to Director of People – same for Risk 160. It is noted that work required on financial sustainability to meet savings requirements and projects such as reviewing the skill mix has the potential to disrupt relationships and may lead to a review of the score. On a national level, TUPs have not accepted the 2025 pay offer of 2.8% and there is a risk for industrial action should the offer not be improved.**

CONTROLS	ASSURANCES
	Internal Management (1st Line of Assurance)
1. Agreed (Refreshed) TU Facilities Agreement developed in partnership	1. Agreed document which states governance arrangements and the criteria for time off for TU activity etc.
2. Go Together Go Far (GTGF) statement and CEO/TU Partners statement	2. Both parties refer to the documents and are signed up/committed to it
3. IPA Workshops	3. Meetings completed with participation from TUPs and senior managers. Attendance lists are available
4. Trade Union representation at Trust Board, Committees	4. Committee or Board ask TU representative for feedback or whether they have been consulted. Big issues items progress as planned because of TU partner buy in
5. Monthly Informal Lead TU representatives and Chief Executive meetings	5. Diarised meetings
6. Staff representative management in Task & Finish Groups	6. Good attendance and commitment are observed at the meetings. TU partners listed as members in terms of reference
7. WASPT re-established post stand down of cell structure post pandemic.	7. Diarised meetings with a formal agenda. Any business needed to be discussed is included in the agenda. Good attendance and commitment observed at meetings.
8. Local Co-Op Forums, and informal monthly meetings between TUPs and Senior Operations Team in place and operating	8. Consistency of invitation and good attendance/commitment observed at meetings. Trade Union representations on SOT meetings
9. Quarterly Report on TU activity to People and Culture Committee	9. 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
10. Structures below WASPT in place from June 2023	10. Triple A reports through to WASPT and to PCC. Any escalations are appropriately noted.
11. Project plan in place to support the improvement in relationships based on the ACAS report from 2022.	11. Development of mentoring and training opportunities for TUPs to support their roles.
12. AAA report of formal Partnership Forum (WASPT) reported to PCC or Board in future (return to BAU).	12. Training for local managers and TUPs in development and diarised delivery for February / March 2024.
13. AAA from SLT Partnership Forum and Corporate Partnership Forum reported to WASPT	13. Change in senior TU personnel on a temporary basis meaning new senior TU representative needs to be brought up to speed with work on improving partnership working.
14. 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.	14. Action plan developed and shared with TUPs. Implementation underway. A series of partnership working sessions (5) have been delivered to around 120 colleagues – managers and TU partners. Feedback from the sessions was captured and next steps were reviewed. There is an ACAS action plan which is a live doc and is reported to WASPT to update progress.
15. Rhythm of meetings to curate and focus on relationships	16. AAA, minutes, monthly sessions with CEO, DoPC and DoO. Informal sessions with CEO, DoPC and Branch Chair and Sec on a quarterly basis. 6 weekly meetings with DoPC on other partnership forum arrangements.

Risk ID 163	Maintaining Effective & Strong Trade Union Partnerships	Date of Review:	16/01/2025	TREND	12 (4x3)
		Date of Next Review:	16/04/2025	➡	

				Likelihood	Consequence	Score
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	**Inherent**	5	3	15
			Current	4	3	12
			Target	4	3	12

GAPS IN CONTROLS	GAPS IN ASSURANCE
1. Need to move back to business-as-usual footing	None identified
2. Facility to manage situations where there is a failure to agree, to avoid grievance and disputes from occurring	

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. Refresh of engagement programme post Industrial Action and establish work	Deputy Director of People	**Ongoing**	Plan agreed and being monitored via WASPT. **The plan is dynamic with actions being completed and additional actions added to the plan as they arise.** Draft training development underway in partnership with TUPs – list of training needs shared from TUPs. **- Completed** Principles on engagement being developed (in part from the training) and as a result the partnership statement will be updated. **eLearning courses created by WG Social Partnership Team to be added to Learn365** **Further session of partnership training to be scheduled in Q1 2025/6**
2. Continue the rollout of partnership training across WAST	Deputy Director of People	**Complete**	**One additional session is being added to capture colleagues who have not yet attended.**
3. Develop the next round of initiatives based on the output from recent sessions	Deputy Director of People	**Complete**	**Observation of partnership forums and further development work is ongoing regarding initiatives to support embedding partnership training across the organisation. Additional actions added to the action plan. WASPT updated on 27.01.25**
4. Learning and Development opportunities for TU partners e.g. shadowing, digital skills, coaching and mentoring	Deputy Director of People	31/03/25	**Captured in action plan. e.g. TU rep shadowing on cases**
5. Develop consultation guidance for managers	Deputy Director of People	31/0**6**/25	**Date pushed out due to team capacity**
6. Consider how we celebrate success and capture the positive learning	Deputy Director of People	31/01/25	
7. Delivery of Social Partnership Conference	**Deputy Director of People/ TUPs**	**31.03.25**	**Programme development underway. Scheduled for 31.03.25**
8. Task and Finish group to be established to work on mitigating the impact of EAP Band 5 post introduction and wider skill mix discussions.	**Director/Deputy Director of People**	**30.04.2025**	**Email to TUPs from Director of Strategy and Planning. Meeting schedule in train.**

Risk ID 139	Failure to deliver our Statutory Financial Duties in accordance with Legislation	Date of Review:	07/01/2025	TREND	8 (2x4)
		Date of Next Review:	07/04/2025	➡	

IF the Trust does: • 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

	Likelihood	Consequence	Score
Inherent	3	4	12
Current	2	4	8
Target	2	4	8

IMTP Deliverable Numbers: 9, 12, 15, 18, 24, 25, 30, 31, 32

EXECUTIVE OWNER	Executive Director of Finance and Corporate Resources	ASSURANCE COMMITTEE	Finance and Performance Committee

Risk Commentary: Q3 2024/25 The risk has now been further reviewed in conjunction with the level of financial risk detailed in the Trust's financial monitoring returns submitted to WG year to date to Month 9 of the 2024/25 Financial Year. The score is consistent with that of Qtr. 2 2024/25 due to a presented opening balanced financial plan for 2024/25 and the Month 9 2024/25 financial performance and positive savings delivery. It must be noted though that clear monitoring of a potential financial risk around workforce re-banding of EMT staff has been mitigated for 2024/25 financial year the ability to fund / receive income may impact on the delivery of the financial plan for 2025/26. The current challenging financial climate for all public sector organisations may also impact on WAST financial performance especially as the financial year progresses.

CONTROLS	ASSURANCES
	Internal Management (1st Line of Assurance)
1. Financial governance and reporting structures in place	1. Risk is reviewed quarterly at FPC, and a report is submitted bi-monthly to Trust Board
2. Financial policies and procedures in place	
3. Budget management meetings	3. Diarised dates for budget management meetings
4. Regular financial reporting to ADLT, EFG, ELT, FPC and Trust Board in place	4. Diarised dates for EFG and FPC and monthly reports
5. Welsh government reporting	
6. Monthly review of savings targets	6. ADLT monthly review
7. Regular review monitoring and challenge via WAST and CASC quality and delivery meeting with commissioners.	
8. Monthly ICMB (Internal Capital Monitoring Board) meetings to monitor and review progress against capital programme and engagement with WG and capital leads.	8. Diarised dates for ICMB meetings with regular monthly report
9. PSPP monthly reporting and regular engagement with P2P colleagues and periodic Trust Wide communications	9. Regular PSPP communications (Trust wide) on Siren
10. Forecasting of revenue and capital budgets	a) Monthly monitoring returns to ADLT, EFG, ELT and FPC (b) Reliance on available intelligence to inform future forecasting.
11. Business cases and benefits realisation (both revenue and capital)	11. Business cases – scrutiny and approval at senior management team which are submitted to ADLT, ELT, FPC prior to Trust Board for approval as appropriate according to value.
	External Assurances Management (1st Line of Assurance)
	5. Monthly Monitoring Returns to Welsh Government
	7. JCC management meetings. Monthly meetings with DAG for NEPTS.
	8. Bi-monthly Capital CRL meetings with Trust and WG capital leads
	9. Regular P2P meetings diarised (bi-monthly)
	10. Monthly monitoring returns into Welsh Government
	Independent Assurances (3rd Line of Assurance)
	1-10 Internal audit reviews covering
	1-10 External audit reviews
GAPS IN CONTROLS	**GAPS IN ASSURANCE**
1. Lack of formalised service contracts between Commissioner and WAST as a commissioned body	1. None identified.

Risk ID 139	Failure to deliver our Statutory Financial Duties in accordance with Legislation	Date of Review:	07/01/2025	TREND	8 (2x4)
		Date of Next Review:	07/04/2025	➡	

	Likelihood	Consequence	Score
Inherent	3	4	12
Current	2	4	8
Target	2	4	8

IF the Trust does:
- 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

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. Continuing negotiations with Commissioners	Director of Finance and Corporate Resources/ Director of Strategy Planning and Performance	31/03/24 31/03/25	In line with the recent WAST financial position and monthly monitoring letter sent to WG, WAST can resource the cost of the EMS staff itself. In addition, discussions continue with commissioners to ensure WAST continue to obtain funds in relation to 111 on a spend and recover basis.
2. Embed a transformative savings plan and ensure organisational buy in	ADLT and Savings subgroup	31/03/24 31/03/25	The Financial Sustainability Program (FSP) continues to be a key vehicle for the Trust to fully identify its savings program. Over delivery was achieved for the 23/24 financial year and the point of strong delivery is further highlighted with the programs ability to fully identify the 24/25 £6.4m savings plan before the start of the financial year.
3. Embed value-based healthcare working through the organisation	Executive Leadership Team and Value Based Healthcare Group	31/03/24 31/03/25	Work to identify the PROMS & PREMS evaluation criteria for Emergency based services via the Value-Based Healthcare working group continues.
4. Foundational economy, Decommissioning, and procurement to mitigate social and economic wellbeing of Wales	Estates, Capital and Fleet Groups, NHS Wales Shared Services Partnership	31/03/24 31/03/25	The organisation utilises the NWSSP Shared Services Procurement framework to ensure contracts tendered provide best value for money while ensuring criteria within the tender docs ask bidders to highlight their ability to serve the aims of FE, Decommissioning, Decarbonisation and social as well as the economic wellbeing of Wales. Ad hoc reports are received from Shared Services on WAST's progress in switching more expenditure to Welsh suppliers to keep the Welsh pound in Wales.

Key - List of Strategic and IMTP objectives

Strategic Objective 1: Providing the right care or advice, in the right place, every time		***BAF risks***
1.	A modern, easily accessible, user-friendly and integrated digital offer	223, 224, 623, 260, 201,163, 424
2.	Rapid (111) call answering, initial triage and onward referral	223, 424
3.	Timely, high quality clinical assessment, advice and referral	223, 224, 424
4.	Seamless transfer of 111 callers to wide range of available pathways	223, 424
5.	Immediate 999 call answering, and efficient and effective dispatch of the right resource	223, 424
6.	High quality, timely, clinical triage, assessment and consultation, with personalised response	223, 424
7.	High quality, immediate or timely on scene assessment, care and conveyance where needed	223, 100, 424
8.	A range of 24/7 pathways available for further assessment or treatment, closer to home	223, 224, 424
9.	A flexible, user-centred Non-Emergency Patient Transport Service with the right capacity in place to meet demand	100,139, 424
10.	A dedicated and timely transfer & discharge service supporting HBs with their transformation agendas	223, 424
11.	A clear vision for Ambulance care services that supports wider health and care transformation	100, 201, 424
12.	A high quality, safe (NEPTS) service with improved patient experience	100, 139, 424
Strategic Objective 2: Enabling our people to be the best they can be		
13.	Culture: • Enhance and strengthen internal capacity for delivering culture change • Develop amplify employee voice to increase employee engagement • Continue the implementation of our compassionate practices approach	160, 558, 623, 201, 163, 424
14.	Capacity: • Implement our Strategic Workforce Plan • Continue to embed a culture of positive attendance management • Continue our focus on 'getting the basics right.'	100, 160, 163, 223, 224, 424, 558, 594, 623
15.	Capability: • Grow and develop our leadership and management capability • Reinforce and promote career pathways and professional development. • Create an environment centred around effective, ongoing conversations ('Check Ins')	100, 139, 160, 223, 224, 260, 594, 424
16.	Strengthen Welsh Language compliance through strong leadership, enabling Welsh language to flourish	201, 424
Strategic Objective 3: Being at the forefront of innovation and technology		
17.	The right buildings in the right place, enabling our staff to provide the best and safest care across Wales	542, 424
18.	The right fleet in the right place, enabling our staff to provide the best and safest care across Wales	139, 542, 623, 424
19.	Develop & agree Digital Plan • Everyday essentials • Security, Safety & Cyber • Digital Pioneers • Transformation • Data, Information & Insight	163, 260, 623, 424
Strategic Objective 4: Developing services in collaboration		
20.	Well-placed to influence system thinking / strategy development	100, 223, 424
21.	Meet the requirements of the Wellbeing of Future Generations Act	558, 424
22.	University Trust Status in collaboration with WG, embracing a 'democratised culture' of learning, research and innovation	160, 163, 223, 224, 424
Strategic Objective 5: Being quality driven and clinically led		
23.	Systems that meet the requirements of the Duty of Quality and Duty of Candour	224, 424
24.	Excellent clinical leadership	100, 139,160, 223, 224, 260, 594, 424
25.	A culture of quality improvement with robust quality management systems	100, 139, 160, 201, 223, 224, 424
26.	High quality Putting Things Right, Safeguarding and Health & Safety systems	160, 224, 558, 424
27.	Meaningful engagement and co-production with communities	223, 224, 424
28.	A risk management framework as a key enabler of our long-term strategy and decision making	No corporate/principal risks
29.	An integrated governance framework	No corporate/principal risks
Strategic Objective 6: Delivering exceptional value		
30.	Sustainable savings & efficiencies	139, 163, 224, 424
31.	Generate income alongside our core commissioned functions	139, 224, 424,
32.	A Value-Based approach across the organisation which is embedded in culture	100, 139, 163, 424
33.	Developing and implementing our plans for Environmental Sustainability and Adaptation	542, 424

AGENDA ITEM No	**11**
OPEN	**OPEN**
No of ANNEXES ATTACHED	**1**

MONTHLY INTEGRATED QUALITY & PERFORMANCE DASHBOARD – January 2025/February 2025

MEETING	Trust Board
DATE	27 March 2025
EXECUTIVE	Rachel Marsh – Executive Director of Strategy, Planning & Performance
AUTHOR	Georgia Tizzard – Commissioning and Performance Officer Melanie O'Connor - Senior Performance Analyst Mark Thomas – Commissioning & Performance Manager Hugh Bennett - Assistant Director, Commissioning & Performance
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EXECUTIVE SUMMARY

1. The purpose of this report is to provide senior decision makers in the Trust with an integrated dashboard (Our Patients, Our People, Value and Partnerships/System Contribution) focused on the "vital few" key metrics. This report is for **January 2025/February 2025.**

2. The report aims to provide an integrated view of quality & performance, so is made available to all three committees, to give that overview, with more specific and detailed reports supplementing it. Whilst giving an integrated overview, each slide contains an icon denoting the lead committee for each set of indicators.

3. Data quality issues have been identified and are being addressed within 111, APPs and throughout the quality indicators, with the result that there are a number of Board approved metrics which are not available at this time.

4. The response times for red 8-minute performance was 51.11 % in February 2025, with performance improving compared to January 2025, despite winter pressures. Amber 1 median was 2 hours, longer than the one and a half hours the Trust has normally been experiencing. The Trust knows these extended times (the ideal is 18 minutes) leads to avoidable patient harm. The Trust continues to work on tactical actions within its control to mitigate this risk including maintaining high levels of EA production (92% in January, slightly

below the benchmark) and fully rolling out the CHARU service (94% in January the highest achieved to date and 91% in February,); whilst also undertaking more transformative actions through the Clinical Model Transformation (CMT) Programme.

5. The Trust lost 18,811 hours to handover in February 2025 (28-days). This level of lost capacity is difficult to compensate for, despite all the actions being taken by the Trust.

6. The 2024/25 budget includes further investment in activities designed to shift demand left and mitigate the impact of handover lost hours, in particular, investing in clinical screening and APPs, which form part of the CMT Programme.

7. 111 call handling performance has stabilised post-delivery of the new 111 CAS, but the service did not achieve the 5% abandonment rate in February 2025, and performance decreased to 10.1% from 8.2% in January 2025.

8. Ambulance Care, in particular, Non-Emergency Patient Transport Service's (NEPTS) performance is stable, with both oncology and renal journeys being above target in February 2025. The NEPTS transport roster review has now started, this is a key efficiency.

9. The Trust continues to focus on its people, with a range of actions in place to improve workplace experience including, for example, reducing shift overruns, whilst also continuing with the more strategic focus on the People & Culture Plan. Sickness absence was 8.46% in January 2025. The IMTP ambition is to reach 6%. The Trust will continue its focus on sickness absence. EMS abstractions achieved the 30% benchmark figure in February 2025 at 29.36%.

10. The Trust is continuing to deliver its Clinical Model transformation (CMT) programme at pace. Key parts went live in December, in particular, remote clinical screening (RCS), which was a cultural shift in how the Trust manages 999 demand. There are early indications in the data in this report that the clinical model transformation changes implemented over the winter are having an effect. The new Purple Arrest and Red Emergency categories were announced on 11 March 2025.

RECOMMENDATION

Trust Board is asked to:

Consider the January 2025/February 2025 Integrated Quality & Performance Report and actions being taken and determine whether:

a) The report provides sufficient assurance.

b) Whether further information, scrutiny or assurance is required, or

c) Further remedial actions are to be undertaken through Executives.

REPORT APPROVAL ROUTE
26.03.25 Executive Leadership Team (ELT)

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

SITUATION

1. The purpose of this report is to provide senior decision makers in the Trust with an integrated dashboard (Our Patients, Our People, Value and Partnerships/System Contribution) focused on the "vital few" key metrics. This report is for **January 2025/February 2025.**

2. The report aims to provide an integrated view of quality & performance, so is made available to all three committees, to give that overview, with more specific and detailed reports supplementing it. Whilst giving an integrated overview, each slide contains an icon denoting the lead committee for each set of indicators:-



BACKGROUND

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

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

4. As previously agreed, the metrics which form part of this committee/Board report are updated on an annual basis, to ensure that they continue to represent the best way of tracking progress against the Trust's plans (IMTP) and strategies. The 2024/25 revised metrics have been agreed.

ASSESSMENT

Our Patients – Quality, Safety and Patient Experience

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

6. **999** call answering times decreased in February 2025 with the 95th percentile increasing to 33 seonds, compared to 10 seconds in January 2025. The 65th percentile and median performance remain consistently good, however data quality checks are being undertaken. Work will be undertaken early in Q1 on a demand and capacity analysis of 999 call demand.

7. **111 call answering performance has decreased over recent weeks,** and the call abandonment performance was at 10.1% in February, and still failing to achieve the 5% target. Recruitment has been undertaken to ensure that staff in

post reflect the establishment position and this has seen performance improve, but high sickness levels are having an effect. It should be noted that there is also a reduction in the commissioned level of call handler FTEs in 2024/25 compared to last year (-4%).

8. 111 demand in February 2025 was 5.6% lower than during February 2024. The Trust has procured a third party in January 2025 to undertake a collaborative (with commissioners) and independent review of the Trust's 111 call handler rostering practices, including a review of demand levels and required staffing capacity.

9. **111 Clinical response:** clinical ring back times for patients with the highest priority remained above target at 96.4%. Response times for lower priority calls declined, recording 65.8% and 57.9% for P2CT and P3CT respectively. This is consistent with previous years, but needs to be monitored closely over the coming months.

10. **Ambulance Response** (safety / patient experience): the red 8-minute response performance for February 2025 was 51.11%, remaining below the 65% target, but improving slightly compared to January 2025. The Trust is reaching more red patients in 8 minutes, but the denominator (demand) has also grown. The Amber 1 median in February was 2 hours and the Amber 1 95th percentile was 9 hours 5 minutes. The Clinical Safety Plan and CHARUs will protect red demand, but Amber is where the impact of handover lost hours is felt i.e. there is a strong correlation. These long response times have a known impact on avoidable patient harm. New performance arrangements were announced by the Cabinet Secretary on 11 March 2025 which will come into effect on the 1st July 2025 and will see the introduction of new purple arrest and red emergency categories alongside an increased emphasis on improving patient outcomes.

11. Traditionally the main factors which affect response times are demand and capacity (recruitment and lost hours). EMS production has been good, but the lost capacity through handover at hospital remains extremely challenging and largely out of the Trust's control to address. The Trust's main focus is to implement a material change in how it responds to patient demand by evolving its clinical model through the Clinical Model Transformation (CMT) programme, elements of which have been implemented over the winter. Areas of focus include: -

    - Data quality issues have been identified with APPs and these are currently being addressed.
    - Further investment into remote clinical capacity (+28.5 FTEs) and switching on of remote clinical screening (RCS) (completed);
    - Recruiting up to 153 CHARU FTEs (91% UHP achieved in February 2025, benchmark 95%).

- Further investment in APPs (+32 APPs) (26 FTEs achieved);
- Development of the remote integrated care service (111 clinicians and CSD clinicians) (initial development completed as part of winter plan);
- Continued focus on a range of responses that support non-conveyance, where it is clinically safe and appropriate to do so: Connecting Support Cymru, mental health response pilot, Falls response etc. (MH pilot live).
- Formal reporting of the 2023 collaborative and independent EMS Demand & Capacity review (reported to F&P Committee, but not yet formally reported to the JCC).
- New Purple Arrest and Red Emergency categories (announced on 11 March 2025).

12. As above, the extreme level of lost hours to **handover outside Emergency Departments** remains the critical component of long waiting times and patient safety incidents. 18,811 hours were lost during the shorter month of February 2025. Cardiff & Vale's handover lost hours continue to remain comparably much lower, due to an organisational focus within the health board. While some small improvements have been seen in other health boards during 2024, Betsi Cadwaladr health board remains significantly high and just below its two-year average figure, with 6,913 hours being lost within the health board during February. WG have re-iterated to health boards the critical importance of improvements in this area. The WG pan-Wales target of no handovers of more than one hour, equates to 7,500 lost hours.

13. **Ambulance Care (Patient Experience)**: Oncology performance in January 2025 was 77.7%, achieving the 70% target. Renal performance improved to 73.3% which was also above target. Advanced discharge & transfer journey performance decreased minimally to 80% and remains below its 95% target. Overall demand for NEPTS continues to increase and is now above pre-pandemic levels. The Trust has a comprehensive Health Transport transformation workstream in place, which includes delivering a range of efficiencies and improvements. The Trust is also about to re-roster NEPTS transport (now started) which will better align available capacity with changing demand patterns (on target).

14. **National Reportable Incidents (NRIs) / Concerns Response**: the Trust reported seven NRI's to the NHS Executive in February 2025, slightly more than January 2025 (6) and 36 serious patient safety incidents were referred to health boards under the Joint Investigation Framework. In February 2025 complaint response times decreased to 52%, compared to the 64% recorded in January 2025, remaining below the 75% target, with cases remaining complex.

15. **Clinical outcomes**: The percentage of suspected stroke patients who are documented as receiving an appropriate stroke care bundle was 89.3% in January 2025, remaining below the 95% performance target. Work is ongoing to

improve reporting and compliance through the ePCR system and this improvement is being seen clearly in most of the clinical indicators. The return to spontaneous circulation (ROSC) compliance rate decreased to 19.2% in January 2025 compared to 22.3% in December 2024.

16. The Trust can report on call to door times for Stroke and STEMI patients. For January 2025, these highlight call to hospital door times of two hours and 49 minutes for stroke patients and two hours and thirty-five minutes for STEMI. Clearly these times are too long and are representative of the longer response times for all calls, as a result of the pressures and issues outlined in this report.

17. In February 2025, 5,342 patients **cancelled** their ambulance (this figure excludes patients who refused treatment), and the Trust was unable to send an ambulance due to the application of the Clinical Safety Plan to approximately 63 callers. Both of these figures are a significant reduction on December 2024 and January 2025 levels. This reduction is likely to be the impact of switching on RCS through the winter. The Trust believes that 50% (of the pre-RCS switch on figure) of this combined number is unmet demand and is likely to be presenting elsewhere in the system. Anecdotal evidence from health boards suggests that as the Trust has switched on RCS and as the level of patient cancellations has dropped, so has the demand presenting elsewhere in the system. Caution is required at this stage though as a longer run of data is required in order to properly evaluate the changes made. The Trust changed its Clinical Safety Plan in December, removing the "can't send" application, with the option remaining at the strategic commander's discretion in the new plan.

<u>Our People (workforce resourcing, experience, and safety)</u>

18. **Hours Produced**: The Trust produced 109,257 Ambulance Response unit hours in February 2025 and delivered an emergency ambulance unit hours production (UHP) of 92%, dropping below the 95% target.

19. **Response Abstractions:** EMS abstraction levels decreased to 29.36% in February 2025, below the 30% benchmark figure. Response sickness abstractions stood at 7.10% (benchmark 5.99%).

20. **Trust sickness absence:** the Trust's overall sickness percentage was 8.46% in January 2025, a decrease on the 8.69% recorded in December 2024. Actions within the IMTP concentrate on staff well-being with an aim to continue to reduce this level supported by the ten-point plan. The 8% is above the 2023/24 IMTP ambition of 6%.

21. **Staff training and PADRs:** PADR rates did not achieve the 85% target in February 2025 but improved slightly to 79.79%. Compliance for Statutory and

Mandatory training increased slightly to 85.93% and continues to achieve the 85% target.

22. **People & Culture Plan**: the Trust launched its People & Culture Plan in April 2023 and workstreams are being delivered around behaviours, in particular, sexual safety, Freedom to Speak Up, 111 culture review, flexible working, and the introduction of a staff pulse survey tool. The Executive Leadership Team undertook another round of a pan-Wales of CEO Roadshows in October 2024. The next round of CEO Roadshows are planned for April 2025.

Finance & Value

23. **Financial Balance**: the reported outturn performance at Month 10 is a surplus of £42k and the Trust is forecasting to achieve both its External Financing Limit and its Capital Expenditure Limit.

Partnerships & System Contribution

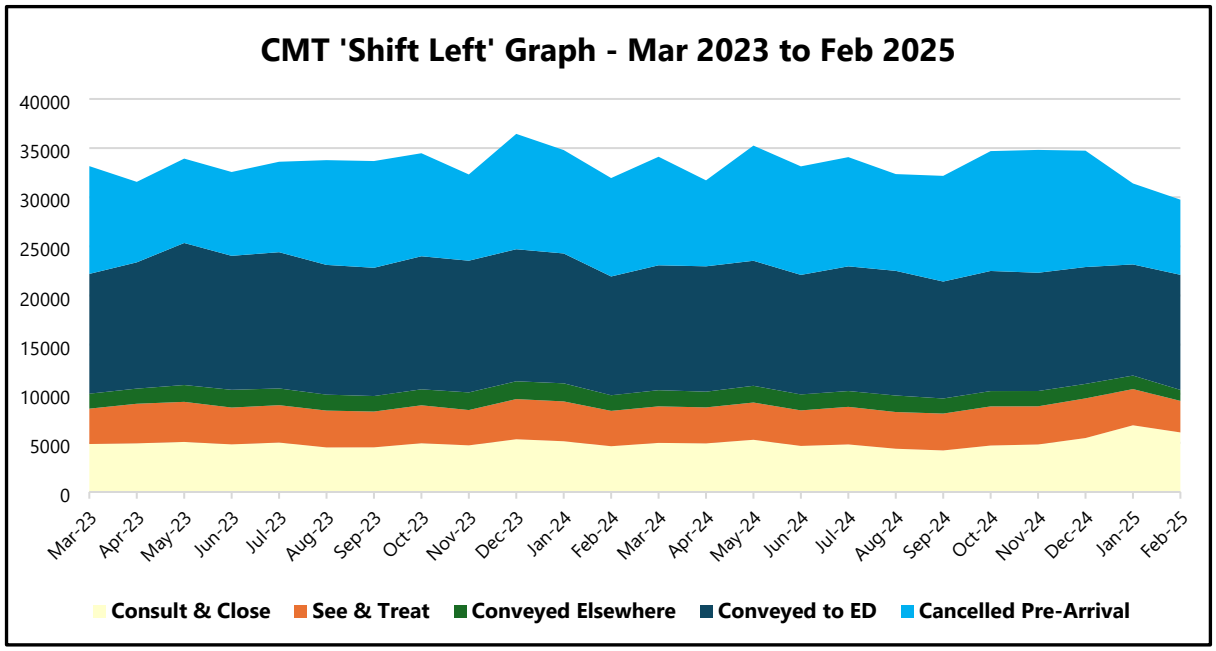
24. We are not able to report on the consult & close rates as the 111 contribution is not available due to issues with system changes within the 111 CAS system. The IMTP ambition (and Welsh Government target) remains 17% at this point in time. The Trust is currently validating new data in this area. A one-off Insight & Data Services consult & close graph indicates that the Trust is now achieving a consult & close rate of +20%. IDS have developed a new consult & close definition that requires Executive and Commissioner sign off before formal reporting can restart.

25. Same Day Emergency Care (SDEC) centres continue to only see a low level of ambulance activity and handover levels remain extreme, which makes further transformation of the clinical model a strategic imperative, supported by a tactical winter plan for 25/26. There is a winter summit meeting with the Cabinet Secretary on 31 March 2025.

Summary

26. The indicators used at this high-level highlight that 111 has been resilient during the winter months, more so than in in previous years. For the 999-emergency pathway, the Trust produced good metrics on what it can control e.g. production, abstractions etc. and managed to turn on new elements of its clinical model transformation programme, which appears to be having a positive effect. However, hospital handover lost hours have increased and remain extreme. These levels give further imperative to continuing with the clinical model transformation. NEPTS performance was stable, with the Trust about to re-roster NEPTS transport.

27. The graph below has been included to show in broad terms what the outcomes (dispositions) are for 999 callers and to track changes. It shows that since December 2024 there has been a drop in the number of patients conveyed to ED and the number of ambulances being cancelled pre-arrival. It also highlights that there has been an increase in the Consult and Close rate over the same period.



RECOMMENDATIONS

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Welsh Ambulance Services University NHS Trust

Monthly Integrated Quality & Performance Report

January 2025/ February 2025

Annex 1 – Top Indicator Dashboard



GIG CYMRU NHS WALES

Ymddiriedolaeth Brifysgol GIG
Gwasanaethau Ambiwlans Cymru

Welsh Ambulance Services
University NHS Trust

Annex 1 – Top Indicator Dashboard
Version 1.0
Released: March 2025

by Commissioning & Performance Team

Section 1: Monthly Indicators / Top Indicator Dashboard

Top Monthly Indicators	Target 2024/25	Jan-25	Feb-25	2 Year Average	RAG
Our Patients					
Timeliness Indicators					
NHS111 Call Handling Abandonment Rates	< 5%	8.2%	10.1%	8.7%	R
111 Clinical Triage Call Back Time (P1)	90%	92.0%	96.4%	97.9%	G
999 Call Answer Times 95th Percentile	00:06	00:10	00:33	00:19	R
999 Red Response within 8 minutes	65%	48.3%	51.1%	49.5%	R
999 Amber 1 Median	00:18	02:32	02:00	01:29	R
Oncology Journeys arriving within 45 mins and up to 15 minutes after appointment time	70%	76.0%	77.7%	72.8%	G
Advanced Discharge & Transfer journeys collected less than 60 minutes after booked time (NEPTS)	90%	81.0%	80.1%	80.2%	R
Clinical Outcomes / Quality Indicators					
Return of Spontaneous Circulation (ROSC)	Increasing Trend	19.2%	N/A	19.2%	G
Stroke Patients with Appropriate Care	95%	89.3%	N/A	80.8%	A
Stroke Call to Hospital Door Times	Reduction Trend	02:49	N/A	02:25	A
ST-Elevation Myocardial Infarction (STEMI) with Appropriate Care	95%	64.5%	N/A	51.1%	R
National Reportable Incidents reports (NRI)		6	7	4	
Can't Send & Cancelled by Patient Volumes	Reduction Trend	6,935	5,815	8,833	R
Concerns Response within 30 Days	75%	64.0%	52.0%	51.4%	A
Enactment of the Duty of Candour Total		11	9	5	
Our People					
Capacity					
Hours Produced for Emergency Ambulances	95-100%	97%	92%	90%	G

Top Monthly Indicators	Target 2024/25	Jan-25	Feb-25	2 Year Average	RAG
Health & Well-being					
Sickness Absence *(all staff)*	6.0%	8.46%	N/A	7.88%	R
Mental Health Absence Rates	Reduction Trend	2.78%	N/A	2.30%	R
Staff Turnover Rate	Reduction Trend	7.95%	7.98%	8.58%	G
Statutory & Mandatory Training	>85%	85.64%	85.93%	76.87%	G
PADR/Medical Appraisal	>85%	77.02%	79.79%	72.55%	A
Number of Shift Overruns	Reduction Trend	4,156	3,599	3,693	R
Inclusion & Engagement / Culture					
NEPTS % of Total Calls Answered in Welsh	Increasing Trend	2.2%	1.80%	1.7%	G
Value					
Financial balance - annual expenditure YTD as % of budget expenditure YTD	100%	100.00%	N/A	100%	G
EMS Utilisation Metric (CHARU)	Increasing Trend	34.0%	31.7%	27%	G
Average Jobs per Shift (All Vehicles)	Increasing Trend	2.17	2.55	2.33	R
NEPTS on the Day Cancellations	Reduction Trend	12.0%	12.2%	13%	R
Partnerships / System Contribution					
Inverting the Triangle					
Successful Consult & Close Outcome	17.0%	N/A	N/A	13.1%	
% Of Total Conveyances taken to a Service Other Than a Type One Emergency Department	Increasing Trend	10.87%	11.20%	11.4%	G
Number of Handover Lost Hours	7,500	27,212	18,811	22,146	R
NHS111					
NHS111 Dental Calls	Increasing Trend	N/A	N/A	7,074	
Consult & Close Volumes by NHS111	Increasing Trend	N/A	N/A	963	

In-Month RAG Indicates =

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

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

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

TBD: Status cannot be calculated (To Be Determined)

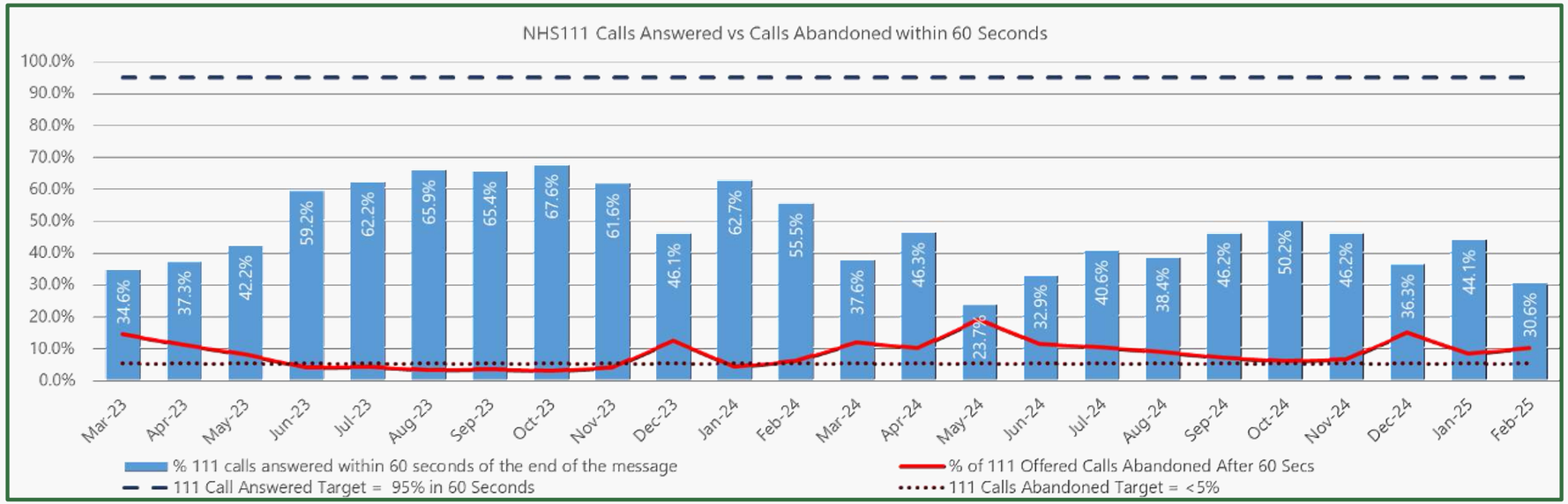
Our Patients: Quality, Patient Safety & Experience
111 Call Answering/Abandoned Performance Indicators

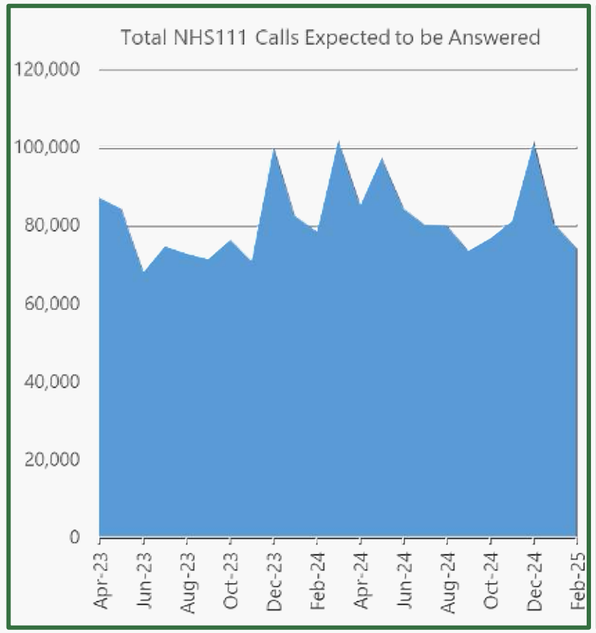
(Responsible Officer: Lee Brooks)

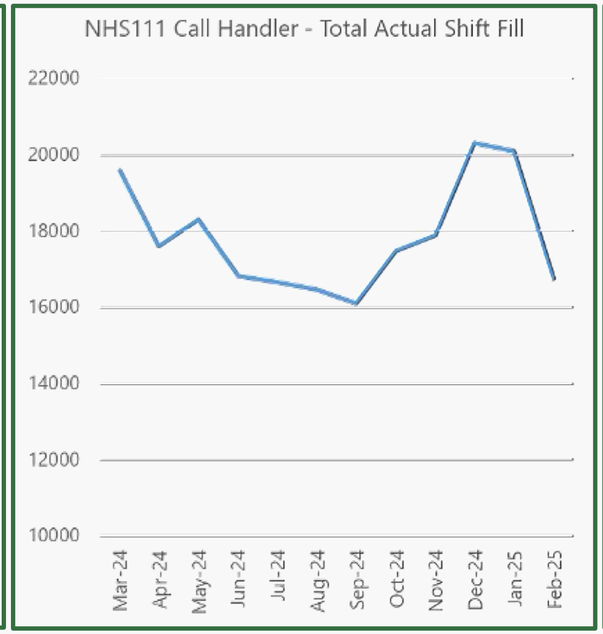
Abandonment Rate R

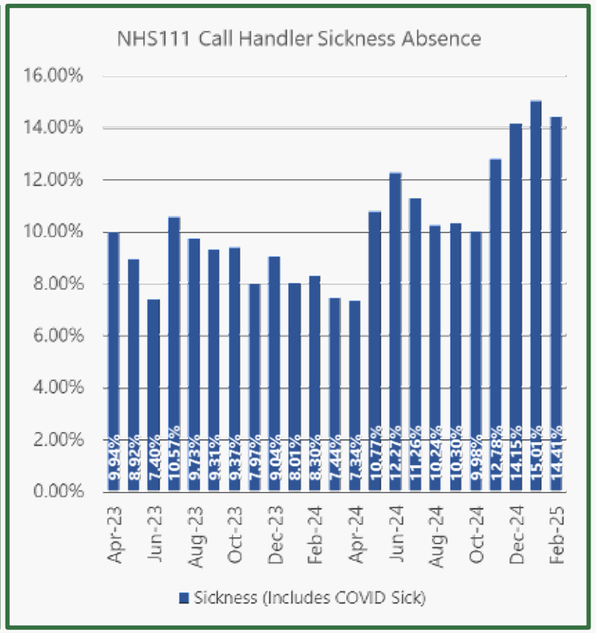
FPC

Influencing Factors – Demand and Call Handling Hours Produced









Analysis

The 111-call abandonment rate increased to 10.1% in February 2025 from 8.2% in January 2025. The percentage of 111 calls answered within 60 seconds decreased, from 44.1% in January 2025 to 30.6 % in February 2025 and continues to remain below the 95% target.

Following a decline in performance during the middle part of 2024, due mainly to the introduction of the new 111CAS system, which went live on 30th April 2024, performance has seen a gradual improvement. However, figures are not yet back to the levels seen during 2023 when call answering averaged 52% and abandonments less than 8%.

Remedial Plans and Actions

Key actions include:

- Actions have been undertaken to try and improve the call handling position across the Winter months with record levels of resourcing seen in December 2024 as well as opportunities for further bolstering including overtime, bank and managers/supervisors also re-aligned to call handling.
- A focus on realising the benefits of the new 111CAS;
- A 111-re-roster pre-work review (underway) that takes account of the increased demand the Trust is seeing; what levels of performance commissioners want and the mix of capacity and efficiencies to achieve this.
- The 111 re-roster project is also considered a key response to improving sickness levels i.e. more workable patterns.

Expected Performance Trajectory

The expectation is that with the recruitment of additional staff, performance will continue to improve; however, there are risks including higher levels of demand and high sickness levels. The 111 service did see a spike in sickness in December and January.

Our Patients: Quality, Safety & Patient Experience
111 Clinical Assessment Start Time Performance Indicators

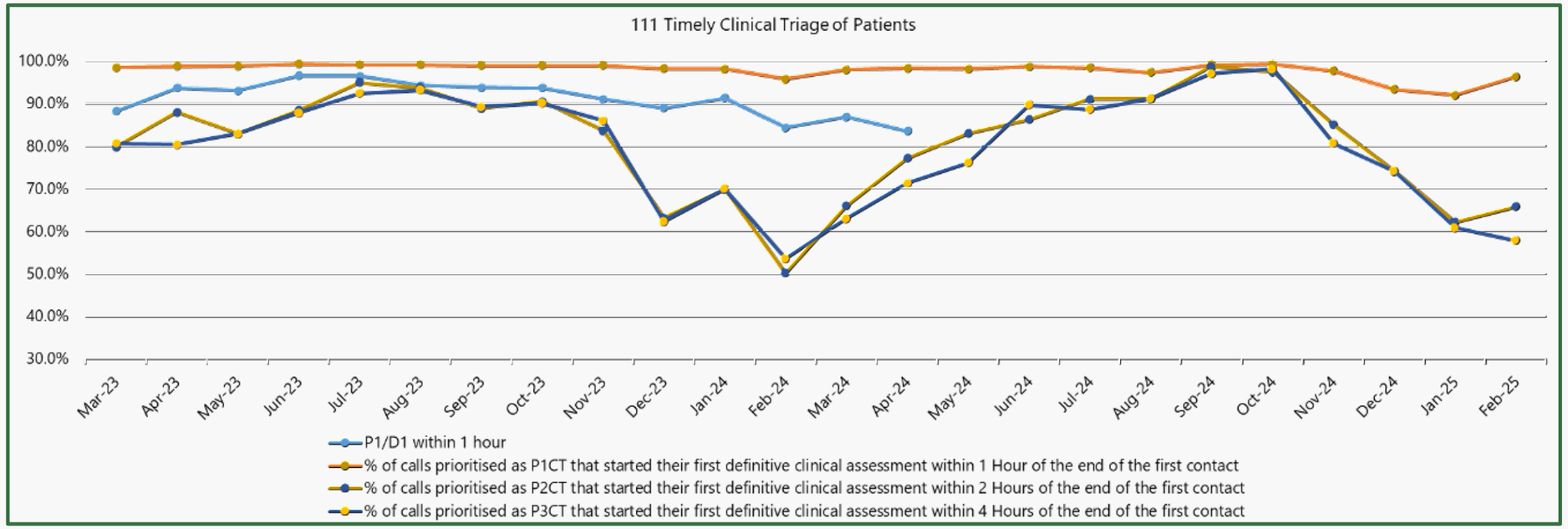
(Responsible Officer: Lee Brooks)

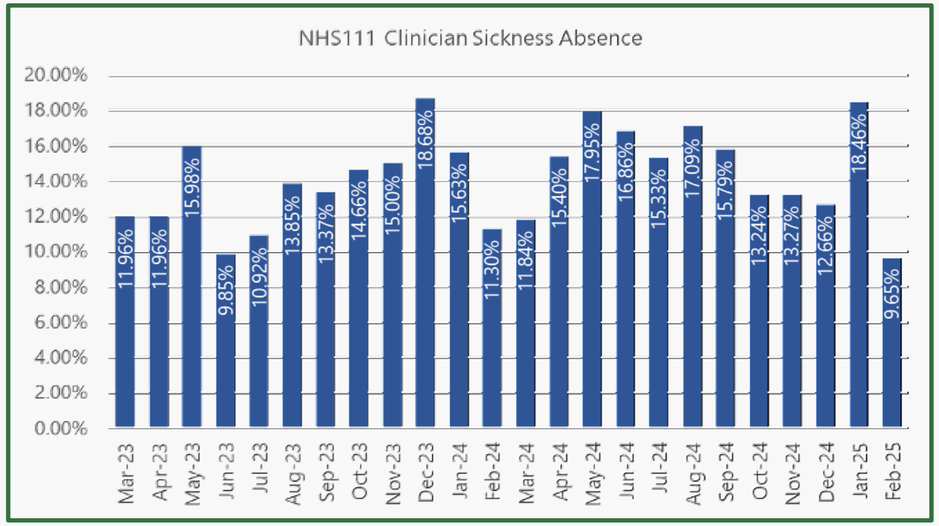
P1CT G

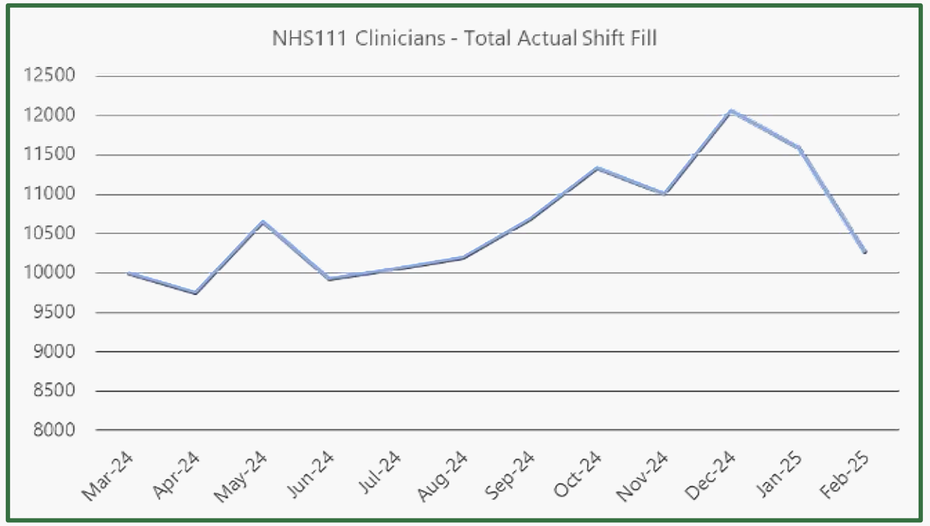
FPC

Influencing Factors – Demand and Clinical Hours Produced

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







Analysis

The highest priority calls, P1CT, achieved the 90% target, recording 96.4% in February 2025.

Ring back times for lower category calls did see an improvement from February 2024, however, they have since followed a similar pattern to last year and declined from October 2024 to February 2025. If continuing to follow a similar pattern it is expected that these times will improve once again from March 2025.

Numbers of clinician hours produced decreased last month, dropping from 11,591 hours in January 2025 to 10,268 hours in February 2025. Clinician sickness absence during February 2025 was 9.65%.

Remedial Plans and Actions

The key actions include:

- A focus on delivering the benefits of the new 111CAS.
- Recruitment up to commissioned levels of clinicians
- A review to determine appropriate levels of capacity to meet increasing demand, including rostering practice (review now live).
- This review also considered key to improving clinician sickness absence along with exploring rotation, as part of the Strategic Workforce Plan.

Expected Performance Trajectory

The new 111CAS will bring performance benefits. Initial approach to performance prediction developed, but further work being undertaken to refine the accuracy of the predicter.

Our Patients: Quality, Safety & Patient Experience
999 Call Performance Indicators

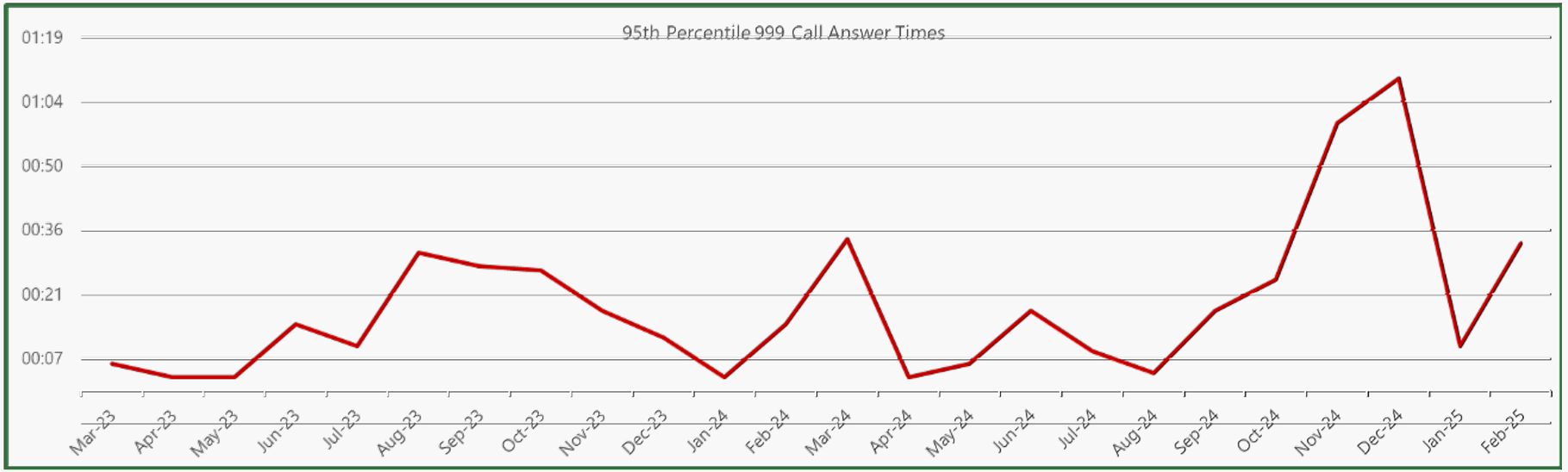
(Responsible Officer: Lee Brooks)

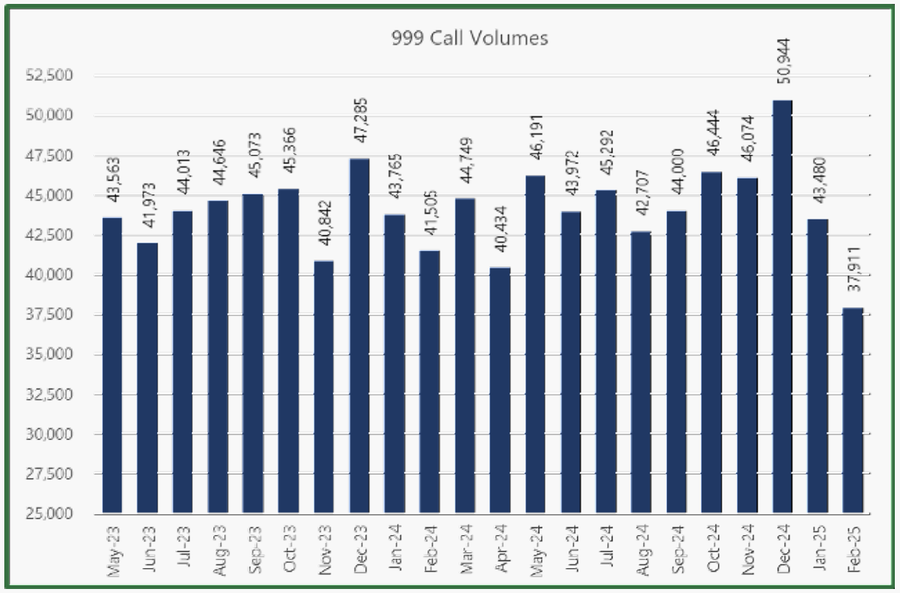
R

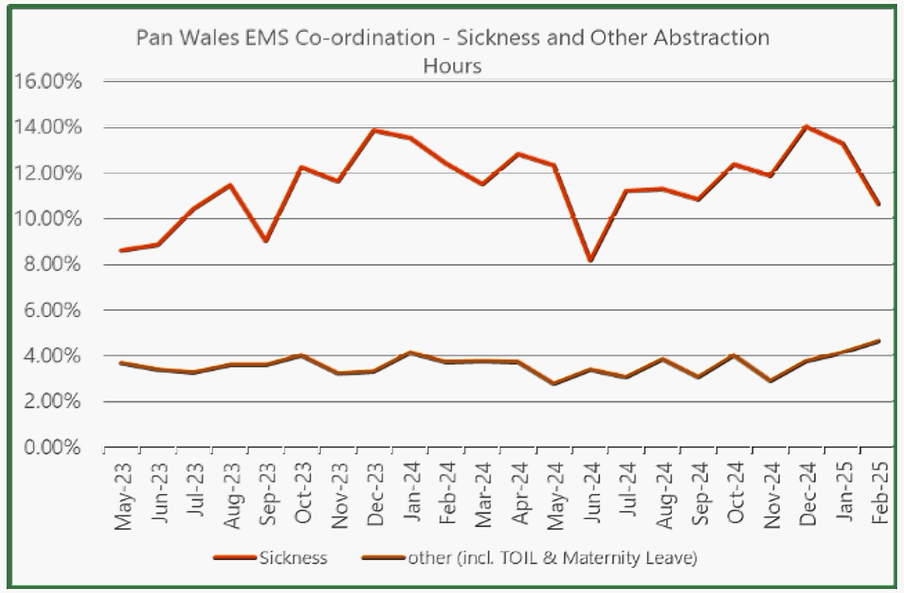
FPC

CI

Influencing Factors – Demand and Hours Produced







Analysis

The 95th percentile 999 call answering performance decreased to 33 seconds in February 2025 and failed to achieve the 6 second target; however, the median call answer time for the 999-service has been consistently good at 2 seconds (October 2024). However, due to the migration of the 999-telephony service, data quality checks are being undertaken for further 2024 data.

There was a decrease in demand in February 2025 to 37,911 calls from 43,480 in January 2025.

Sickness levels saw a slight decrease from 13.25% in January 2025 to 10.62% in February 2025.

Remedial Plans and Actions

- Will continue to overrecruit for the next few months (as approved by the ADO and the EDoOps) which will also support potential losses from the Bryn Tirion move to Ty Elwy.
- Further recruitment is underway in North, with 3 cohorts starting by the end of the fiscal year.
- Work is ongoing to identify what is contributing to high sickness via the Managing attendance at work and attrition via the recruitment and selection processes.

A transformation programme concluded in November:

- **Roster Review.** A dispatch roster review for Allocators and Dispatchers. Complete.
- **Boundary changes.** Realignment of dispatch boundaries to balance workload and pressures for individual dispatch teams. Complete.
- **Broader Ways of Working**. This project is looked to create efficiency, effectiveness and improved productivity through a review of processes and procedures as well as providing consistency and reduction in variation across centres. Complete.

Expected Performance Trajectory

The median and 65th percentile are performing very well and are stable. Paper currently being drafted on future resilience of EMSC i.e. winter demand v capacity (with efficiencies).

Our Patients: Quality, Safety & Patient Experience
Red Performance Indicators

Influencing Factors – Demand, Hours Produced and Hours Lost

(Responsible Officer: Lee Brooks)

8 Min
R

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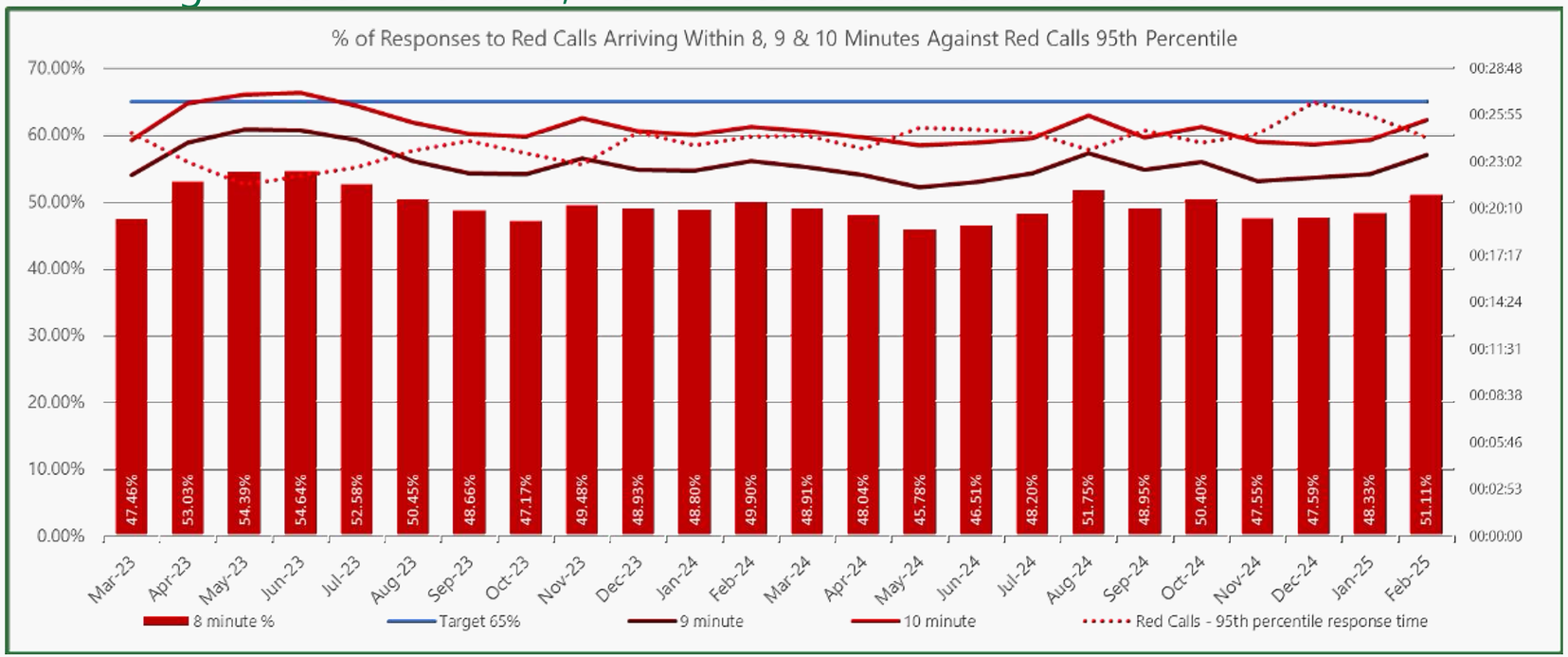
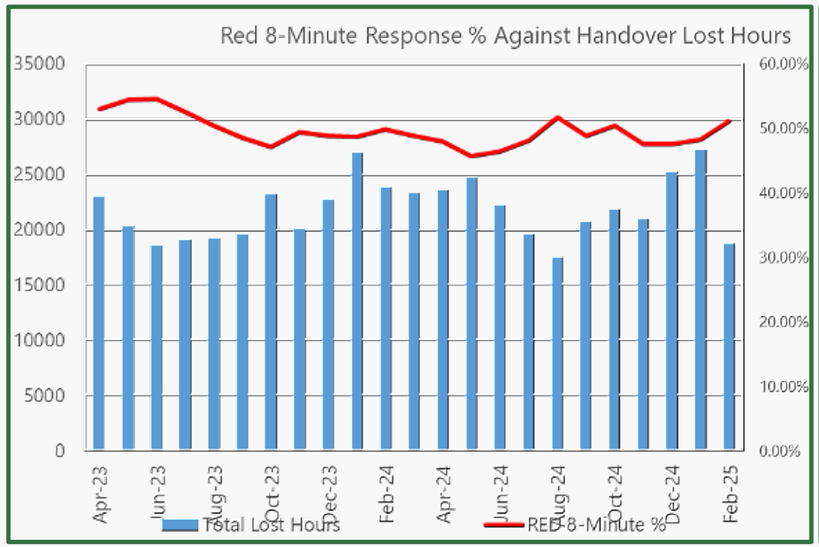
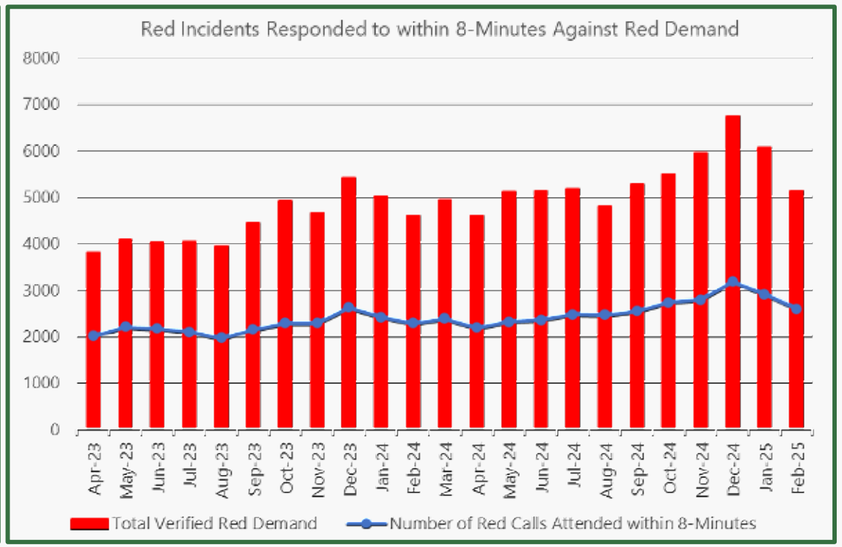
CI







Analysis

Red 8-minute performance continues to remain below the 65% target increasing marginally in February 2025 to 51.11%.

Red 10-minute performance for February 2025 was 62.2%, which is marginally above the 2-year average (61.1%).

One of the main determinants is **red demand**, which has **increased** over the last few years, with red demand in February 2025 being 11.28% higher than that seen in February 2024. As red demand has increased, so too has the number of red incidents responded to within 8-minutes, with the figure for February 2025 of 2,586, being 13.92% higher than the figure for February 2024, i.e. the Trust is reaching more red calls in 8 minutes, but the denominator is also increasing.

The lower left graph demonstrates the correlation between overall Red performance and **hospital handover lost hours**, which shows that as handover rates decrease, so red performance improves. There were 18,811 lost hours in February 2025.

Remedial Plans and Actions

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

- To maintain commissioned establishment in post levels overall: the Trust achieved its 95% UHP benchmark in February with 95% UHP (all resources);
- Full roll out of the Cymru High Acuity Response Unit (CHARU): the Trust achieved its highest ever CHARU UHP in January;
- The rapid deployment, before winter 2024/25 of the first phase of actions towards an updated clinical model e.g. rapid clinical screening, as outlined in our IMTP (the Trust achieved this); and
- The new Purple category.

Expected Performance Trajectory

Modelling for winter has now been completed and the results shared with Welsh Government as part of winter planning. The Trust submitted a comprehensive winter plan to Welsh Government.

Our Patients: Quality, Safety & Patient Experience
Amber Performance Indicators

(Responsible Officer: Lee Brooks)

R

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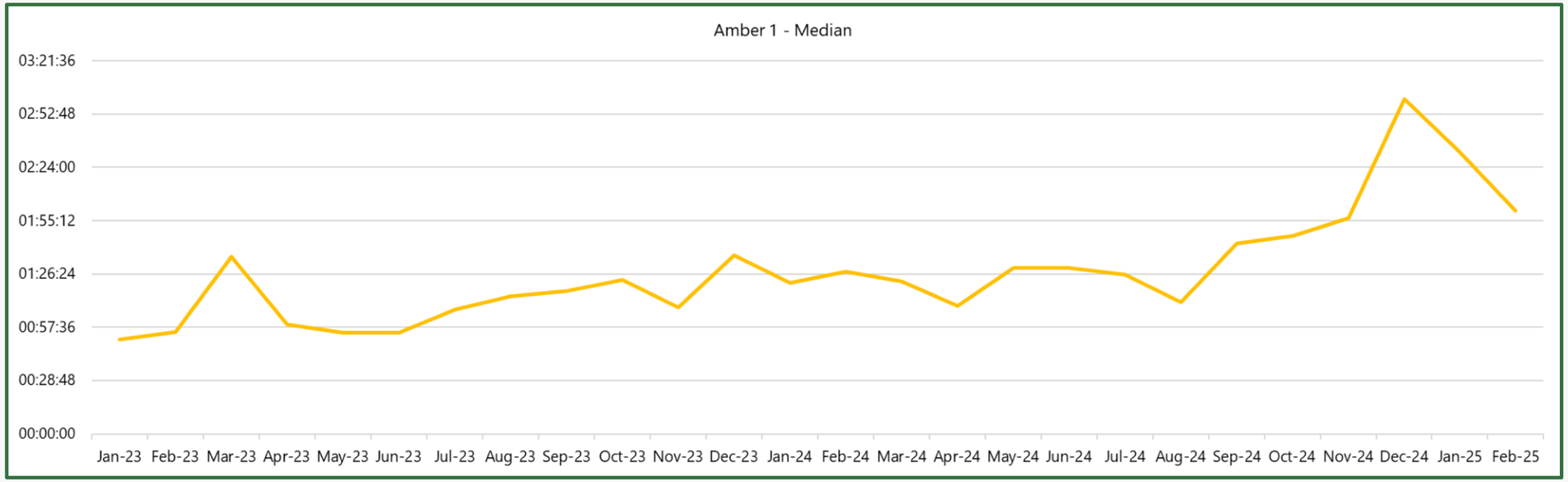
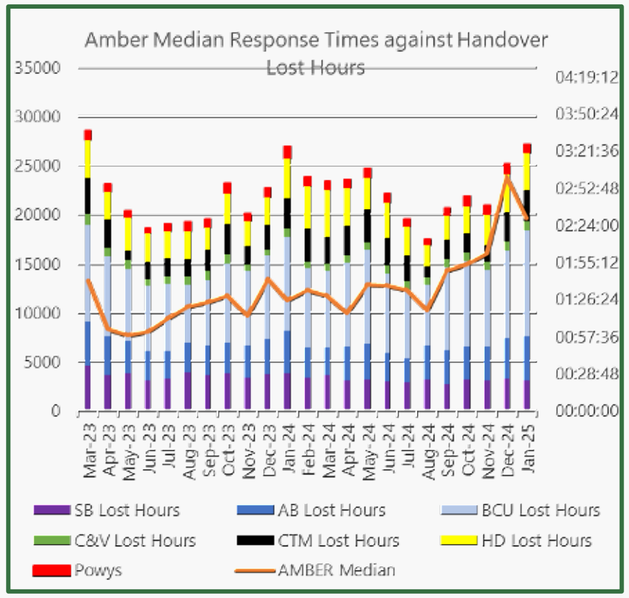
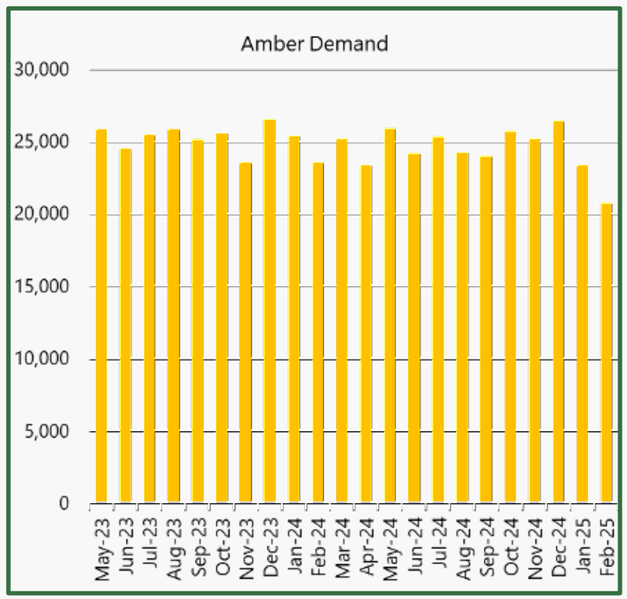
CI

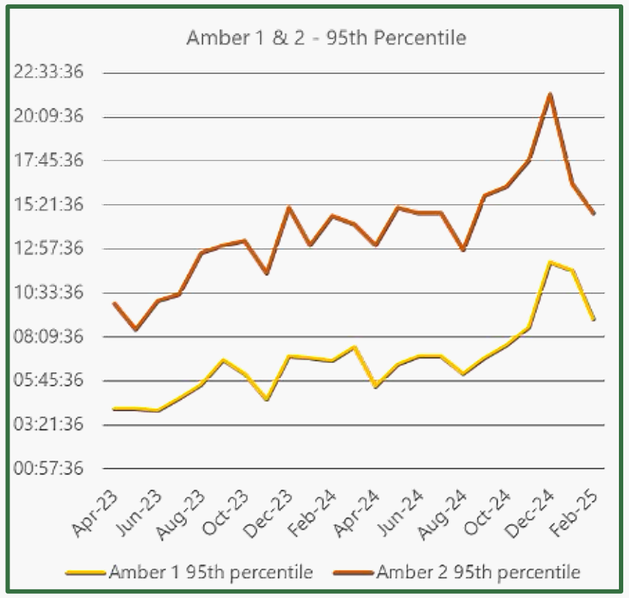
QUEST

Influencing Factors – Demand, Hours Produced and Hours Lost









Analysis

The Amber 1 median performance time decreased during February 2025 to 2 hours compared to 2 hours and 32 minutes in January 2025. The ideal Amber 1 median response time remains at 18 minutes.

The Amber 1 95th percentile also decreased during February 2025 to 9 hours 6 minutes, down from 11 hours 45 minutes in January 2025. This time remains far too long and remained above the 2-year average figure of 6 hours 54 minutes.

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

Remedial Plans and Actions

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

Expected Performance Trajectory

The Trust's commissioned level of production (its rosters) is designed to cope with 6,000 hours of handover lost hours. Unless there is a material reduction in handover lost hours and a transformation of the 999 emergency ambulance pathways, the Trust will continue to see long amber waits and avoidable patient harm. Trust expecting to join a WG led meeting on how handover can be reduced to the 6,000 level.

Our Patients: Quality, Safety & Patient Experience

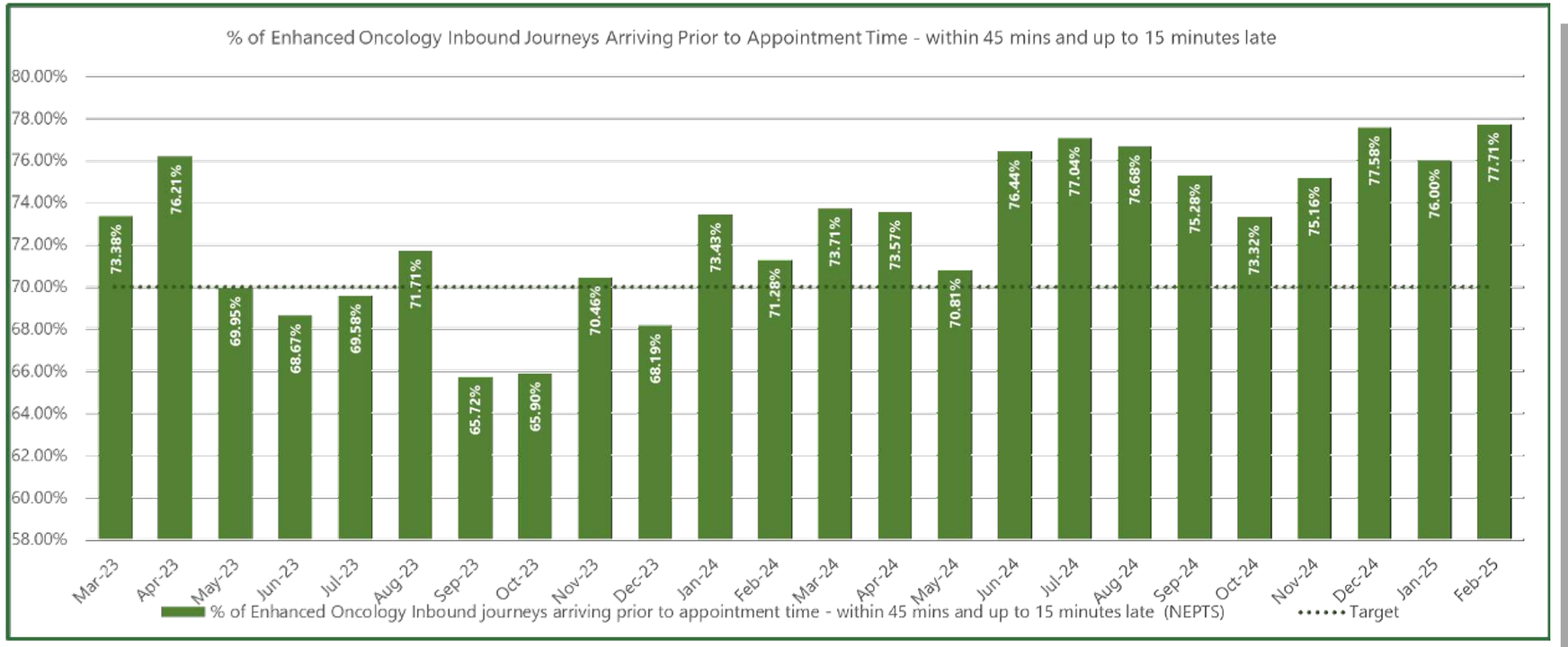
Patient Experience – Influencing Ambulance Care Indicators

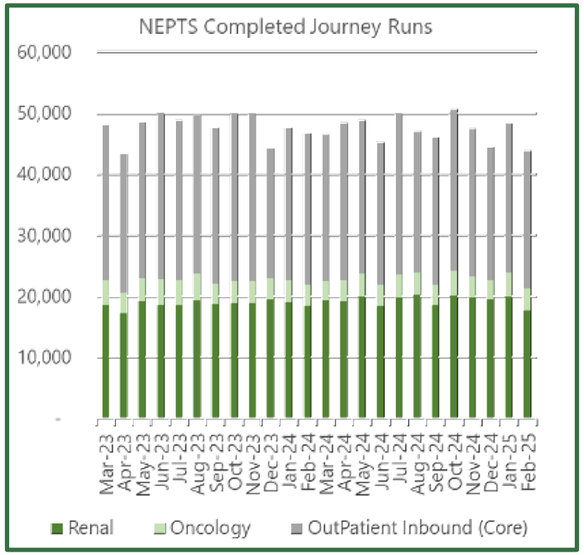
(Responsible Officer: Lee Brooks)

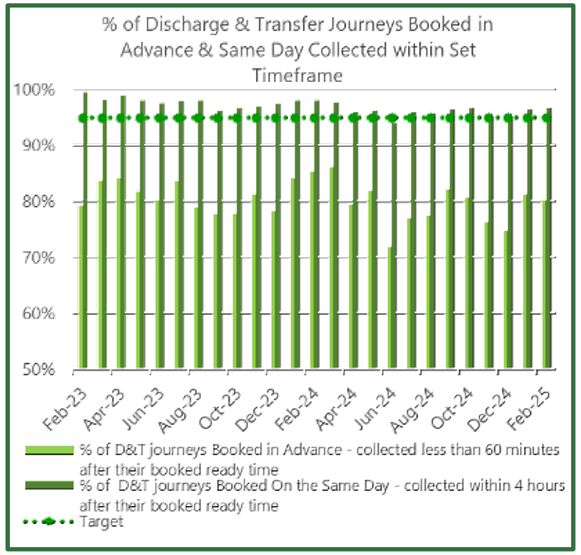
D&T	Oncology	Welsh Calls
R	G	G

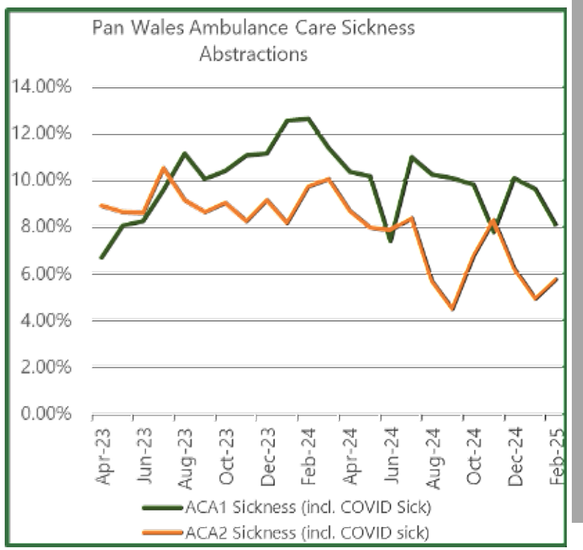
FPC

CI









Analysis

77.71% of enhanced Oncology journeys arrived within 45 minutes prior and up to 15 minutes late of their appointment time in February 2025, once again achieving the 70% target. Oncology performance continues to be an area of focus for the service, and we continue to invest both time and resources on these journeys.

Discharge and Transfer journeys booked in advance and collected less than 60 minutes after their appointment decreased marginally in February 2025 to 80% but remains below the 95% target. (95%).

Enhanced Renal journeys minimally increased for the third month in a row to 73.36%, which therefore achieved the agreed performance standard of 70% for only the second time since September 2024.

Call volumes answered decreased to 16,237 calls during February 2025, up from 18,808 in January 2025; however, the average speed of call answering improved from 4 minutes 21 seconds to 3 minutes 22 seconds.

ACA1 sickness remains above the 5.99% target, attaining 8.12% in February 2025. However, ACA2 sickness has remained below the target for the second consecutive month,, achieving 5.74% in February 2025.

Remedial Plans and Actions

Increased performance on data management and journey recording times is underway, with enhanced focus on weekend performance. Projecting an improvement in performance over next few months, although caution on achieving the 95% figure as this was always an aspirational target that needs engagement and system change from Health Boards which is complex and challenging to achieve.

New rosters keys have been finalised based on updated demand with the roster review now commenced.

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

Expected Performance Trajectory

The re-roster, which will take six months to deliver will enable the Trust to reach more patients within the current resource envelope (+400 additional patient journeys per week).

Our Patients: Quality, Safety & Patient Experience
Clinical Indicators

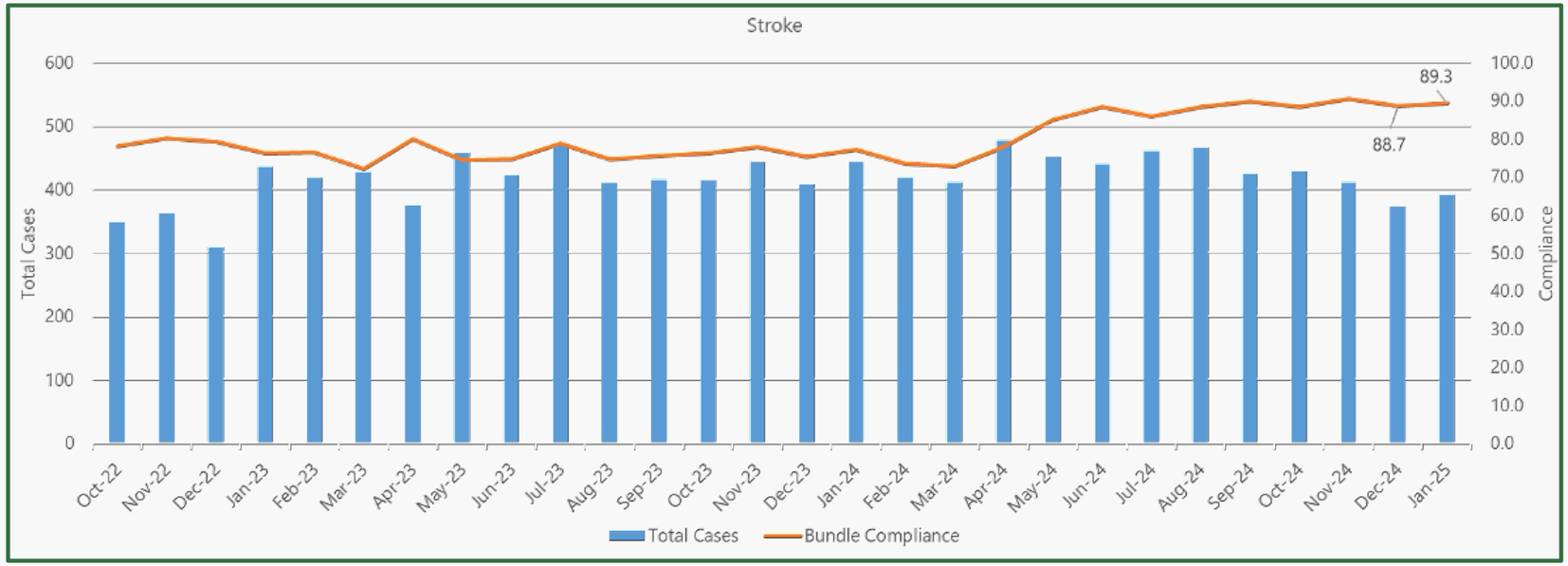
Return of Spontaneous Circulation, Suspected Stroke Patients with Appropriate Care, ST-elevation myocardial infarction (STEMI) with Appropriate Care

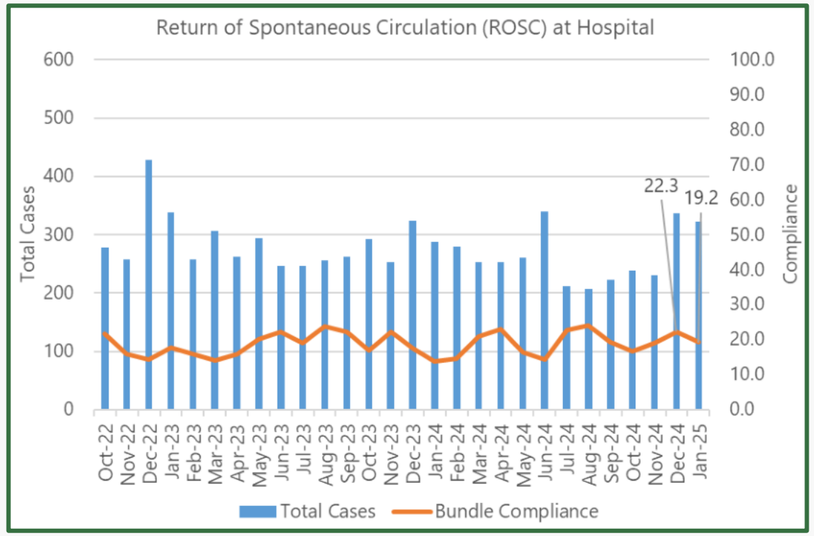
Stroke	ROSC	STEMI
A	G	R

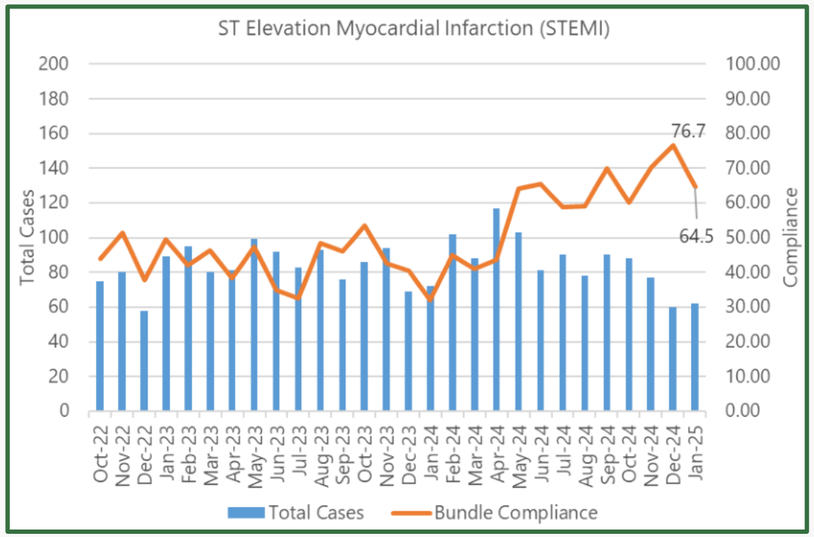
Self-Assessment: Strength of Internal Control: Moderate

QUEST

(Responsible Officer: Andy Swinburn)







Analysis

The percentage of patients documented as receiving appropriate care bundles in January 2025 was:

Stroke – 89.3%, a slight increase from 88.7% in December 2024. There is a close correlation between documenting FAST (a test to detect symptoms of stroke) and care bundle compliance.

STEMI (heart attack) – 64.5%, a decrease from 76.7% in December 2024. There was a marked decrease in documenting all criteria in January with a reduction in the recording of analgesia component. The number of cases remained low (61) therefore, increasing the volatility of the compliance data so this could be natural variance.

Return of Spontaneous Circulation at hospital (from cardiac arrest) – 19.2%, a decrease from 22.3% in December. An update was made to the ROSC coding scripting which affected the data from July 2024. This resulted in a step change with August 2024 being the highest since ePCR was implemented. A 'nudge' to improve documentation for specific fields including outcome was implemented in October 2024. Both December and January continued to see higher numbers of cases in this indicator.

N.B. Due to the nature of this metric, common cause variation occurs which can result in a marked reduction in performance from small numbers of unsuccessful resuscitations attempts. The factors that influence this are multifactorial and as such it is not possible to identify the specific element.

Following the switch to the electronic Patient Clinical Record , the way data is collected has changed. Automated Clinical Indicator reports are generated from data directly inputted by clinicians. As a result of the anticipated low compliance, risk 535 was generated with three key mitigations to work on:

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

Further electronic Patient Clinical Record User Interface changes are planned for the next update scheduled for Spring 2025, the impact will be monitored by the Clinical Intelligence & Assurance Group.

Our Patients: Quality, Safety & Patient Experience
Clinical Indicators

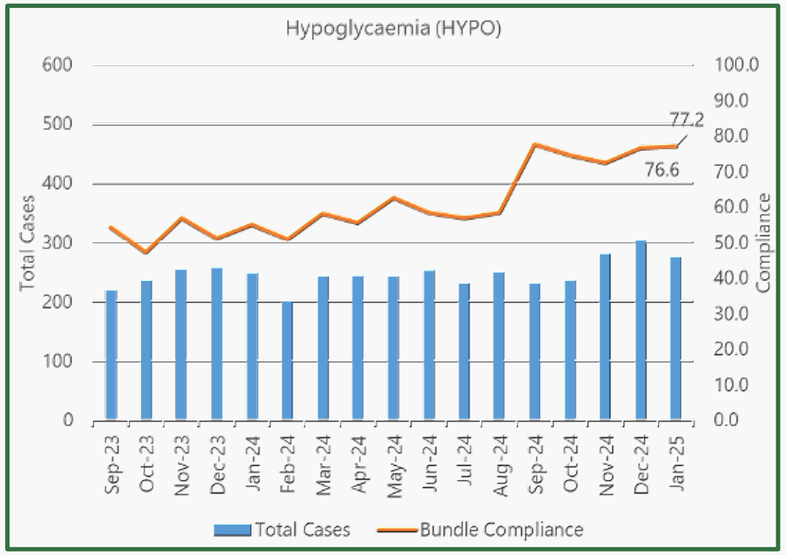
Hypoglycaemia, Fractured Neck of Femur (#NOF) and Time-Based metrics (Stroke & STEMI)

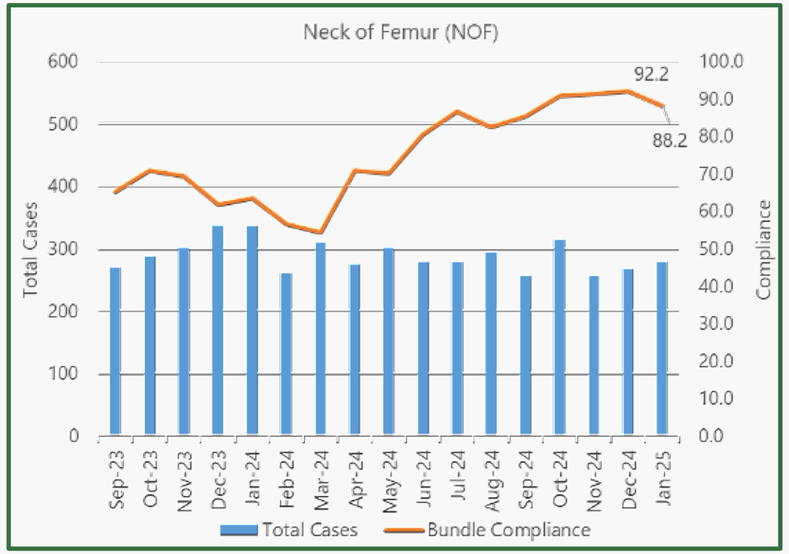
(Responsible Officer: Andy Swinburn)

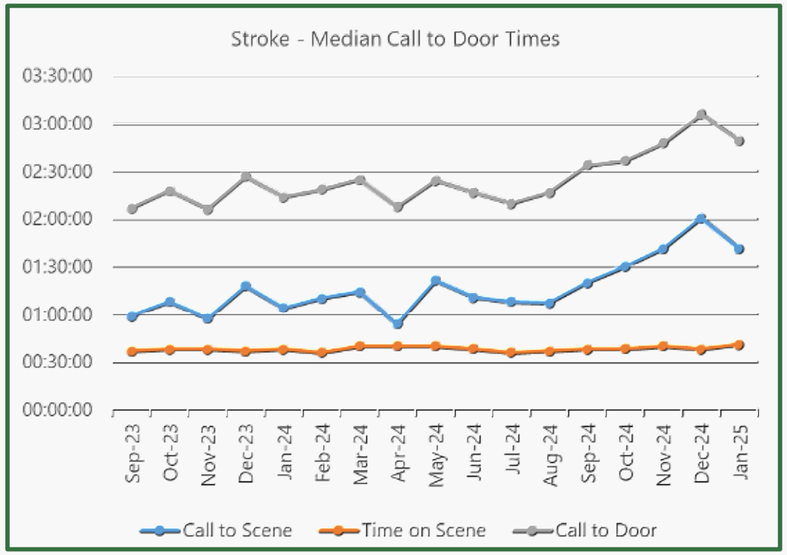
Call to Door
A

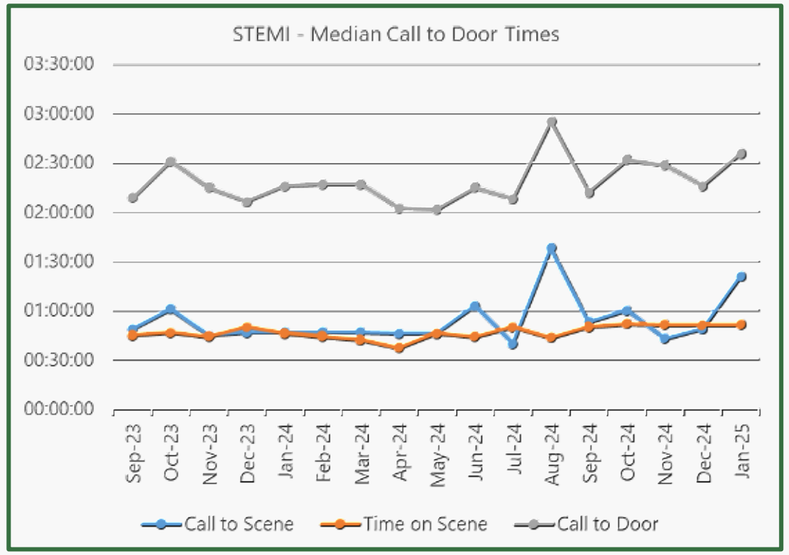
Self-Assessment: Strength of Internal Control: Moderate

QUEST









Analysis

The percentage of patients documented as receiving appropriate care bundles in January 2025 was:

Hypoglycaemia (diabetic patients with low blood glucose) – 77.2%, an increase from 76.6% % in December. Continuing with a slight increase in compliance in January although with a slight reduction in the number of cases from 303 (dec 24) to 276 for January. This is likely to be within the natural variation.

Fractured Neck of Femur (hip fracture) – 88.2%, a slight decrease from 92.2% in December. Although only a slight decrease in compliance this can be attributed to a decrease in the documenting pain scores element.

Call to door times for Stroke and STEMI – Although call to door times extended for STEMI during January, the corresponding report for stroke improved with the changes both being attributed to the call to door element of the call cycle. There have been changes in the clinical model in this period and more analysis over an extended period will be required to understand the underlying trend and route cause of this.

Remedial Plans and Actions

- A recovery plan implemented from April – September 2024 and remains BAU monitored through CIAG to maintain the improvements:
- Continued focus on communication with clinicians to use the bespoke electronic Patient Clinical Record fields (in addition to the narrative).
- Provided weekly non-compliant data to support Senior Paramedics conversations with clinicians to improve compliance.
- Promoted Clinical Indicators, care bundles and electronic Patient Clinical Record completion at Health Board area focussed workshops.
- Review of the ePCR interface led by the Digital Directorate.

Expected Performance Trajectory

As a result of the work from the CI Recovery Group T&F group and the ongoing improvement interventions, a continued increase in compliance rates is expected and will be monitored by the Clinical Intelligence & Assurance Group.

Our Patients: Quality, Safety & Patient Experience
Patient National Reportable Incidents & Patient Concerns

(Responsible Officer: Liam Williams)

Concerns.

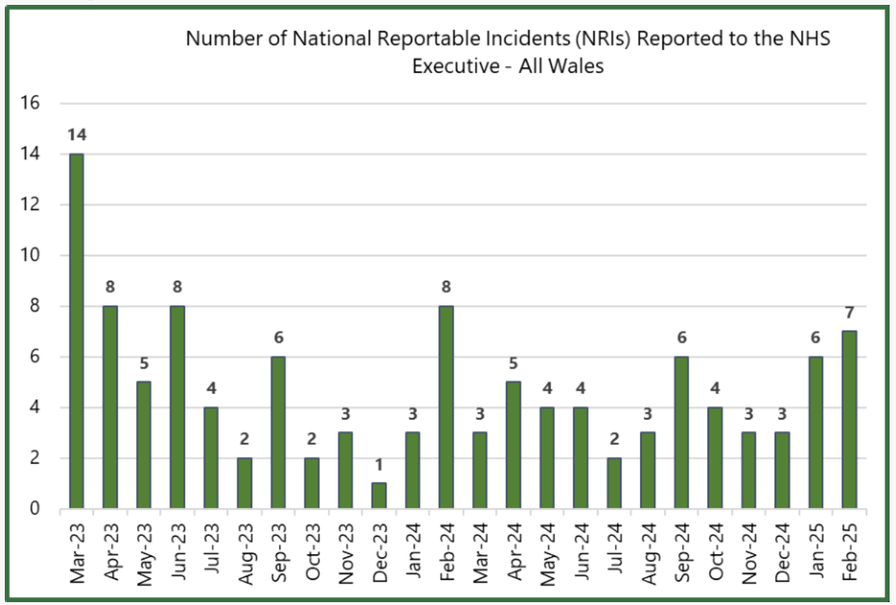
A

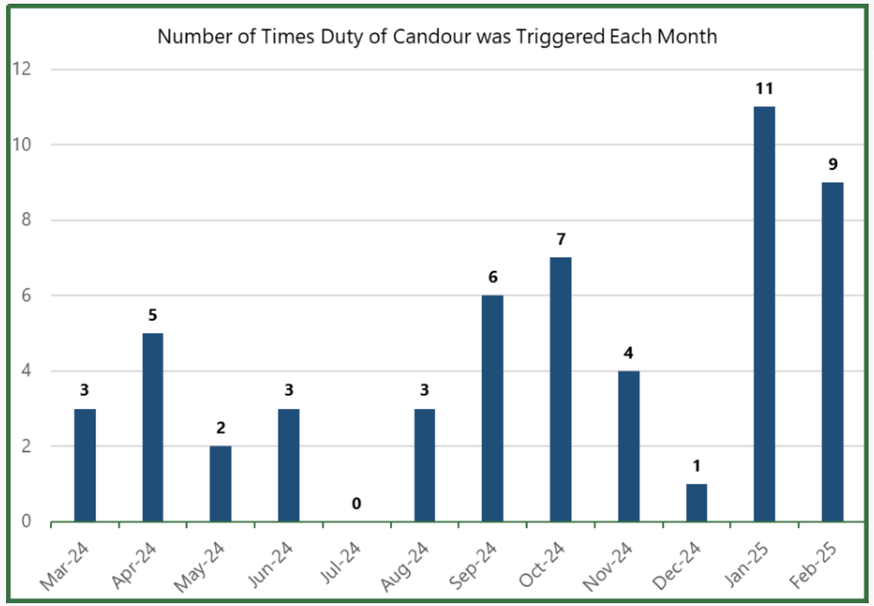
Self-Assessment: Strength of Internal Control: Moderate

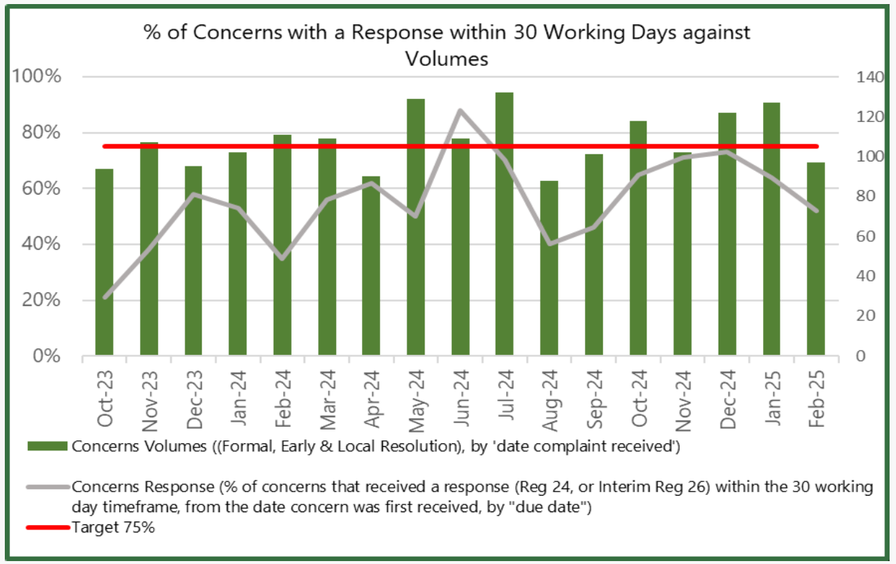
QUEST

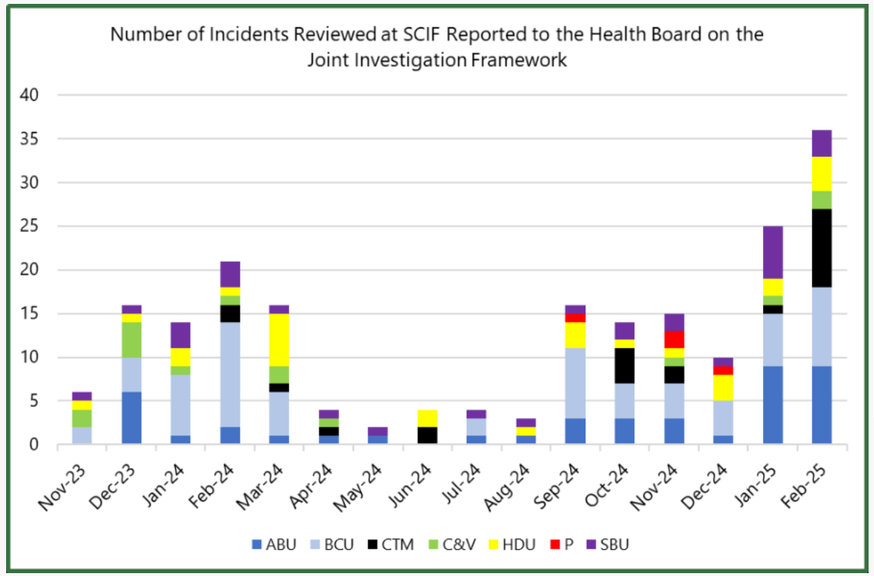
Health & Care Standard
Health - Safe Care / Timely Care

Responses Indicators









Analysis

Compliance with the 30 working day complaints target has decreased again last month, continuing to reflect the challenges associated with increased pressures across the organisation during the winter period. Open complaint volumes have also continued to grow.

The number of NRIs reported shows a demonstrable 'winter peak' following a period of Critical Incident declaration and sustained high levels of operational activity. The Trust continues to develop maturity in identifying Moderate harm incidents that trigger the statutory Duty of Candour, in addition to those which meet the threshold for NRI reporting.
Historically high volumes of incidents are being shared with Health Boards under joint investigation arrangements.

Remedial Plans and Actions

- Ongoing monitoring of national incident reporting, enactment of the Duty of Candour
- Complaints performance is monitored by team leads on a regular basis and all teams are working to achieve national timescales and a benchmarking position comparative to other NHS Wales organisations as visible in the national Quality and Safety dashboard, Beacon.

Expected Performance Trajectory

Operational frontline focus over the winter period is likely to continue to influence complaints performance over coming months.

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

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

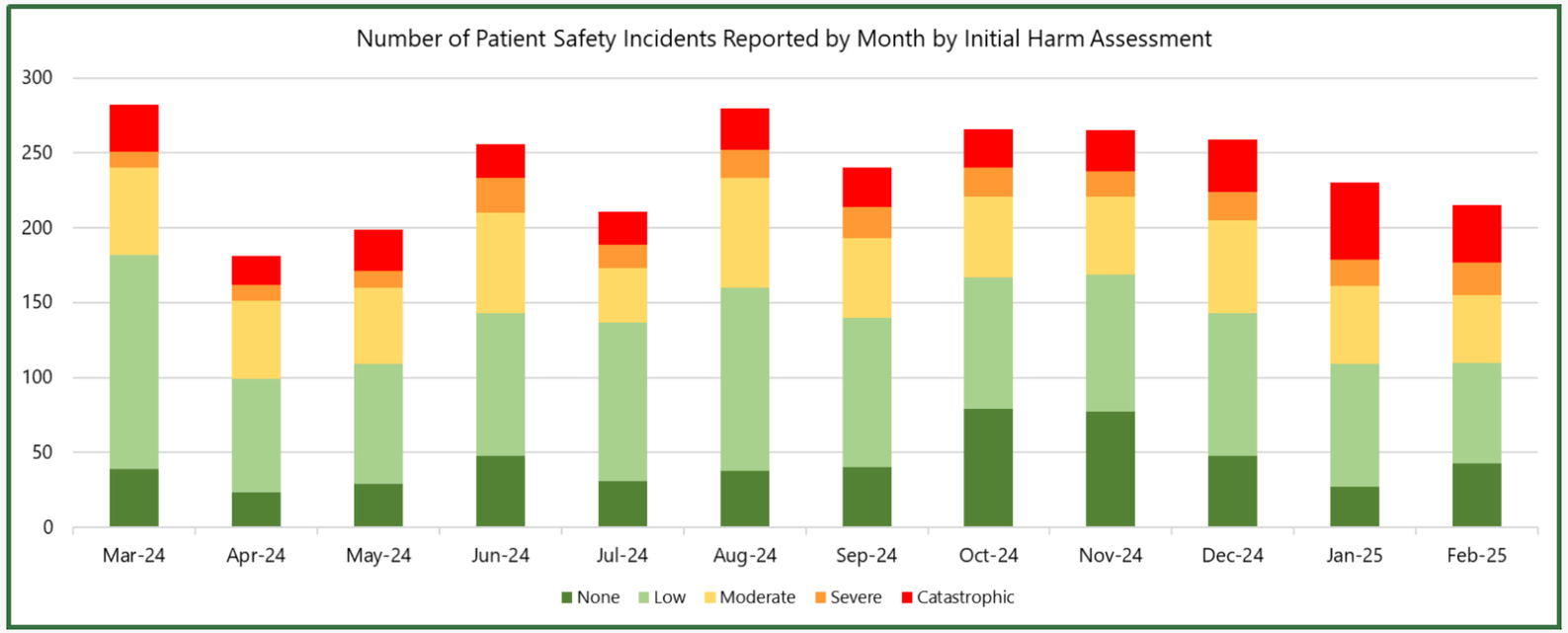
Our Patients: Quality, Safety & Patient Experience
Patient & People Safety Indicators

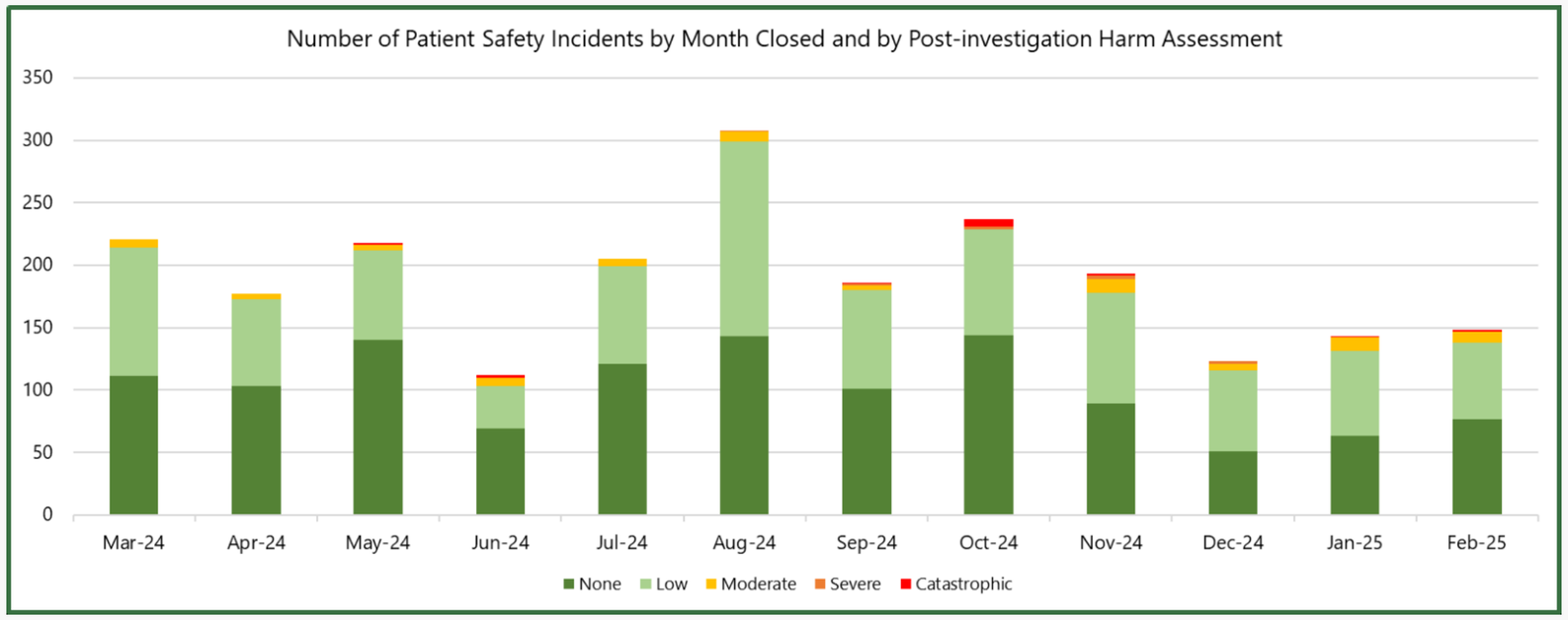
(Responsible Officer: Liam Williams)

Self-Assessment: Strength of Internal Control: Moderate

QUEST

Health & Care Standard
Health – Safe Care





Analysis

Incident reporting volumes have reduced since the last quarter, mainly across No harm reporting. Near miss reporting is being encouraged during daily operational meetings to ensure we learn from all opportunities. Closed incidents continue to demonstrate that validated levels of severe or catastrophic harm remain consistently low.

Monthly volumes should be interpreted with caution as incidents can be duplicated on the system (for example two crews submitting the same incident); however, the introduction of the Rejection SOP by the Quality Team has reduced the risk of duplication. Incident volumes include those reported internally by WAST staff, but also those reported by Health Board colleagues about WAST services or care.

Harm levels for February 2025 were: -

- No harm or hazard - 43
- Low - 67
- Moderate - 45
- Severe harm - 22
- Catastrophic/Death - 38

Remedial Plans and Actions

- Incident management culture is being supported through newly established Datix User and Datix Governance Groups (Datix Cymru is the electronic reporting software for incident reporting).

Expected Performance Trajectory

Incident volumes and harm levels are being closely monitored and triangulated with other sources of intelligence related to Clinical Model Transformation changes.

Data source: Datix

Our Patients: Quality, Safety & Patient Experience
Coroners, Mortality and Ombudsmen Indicators

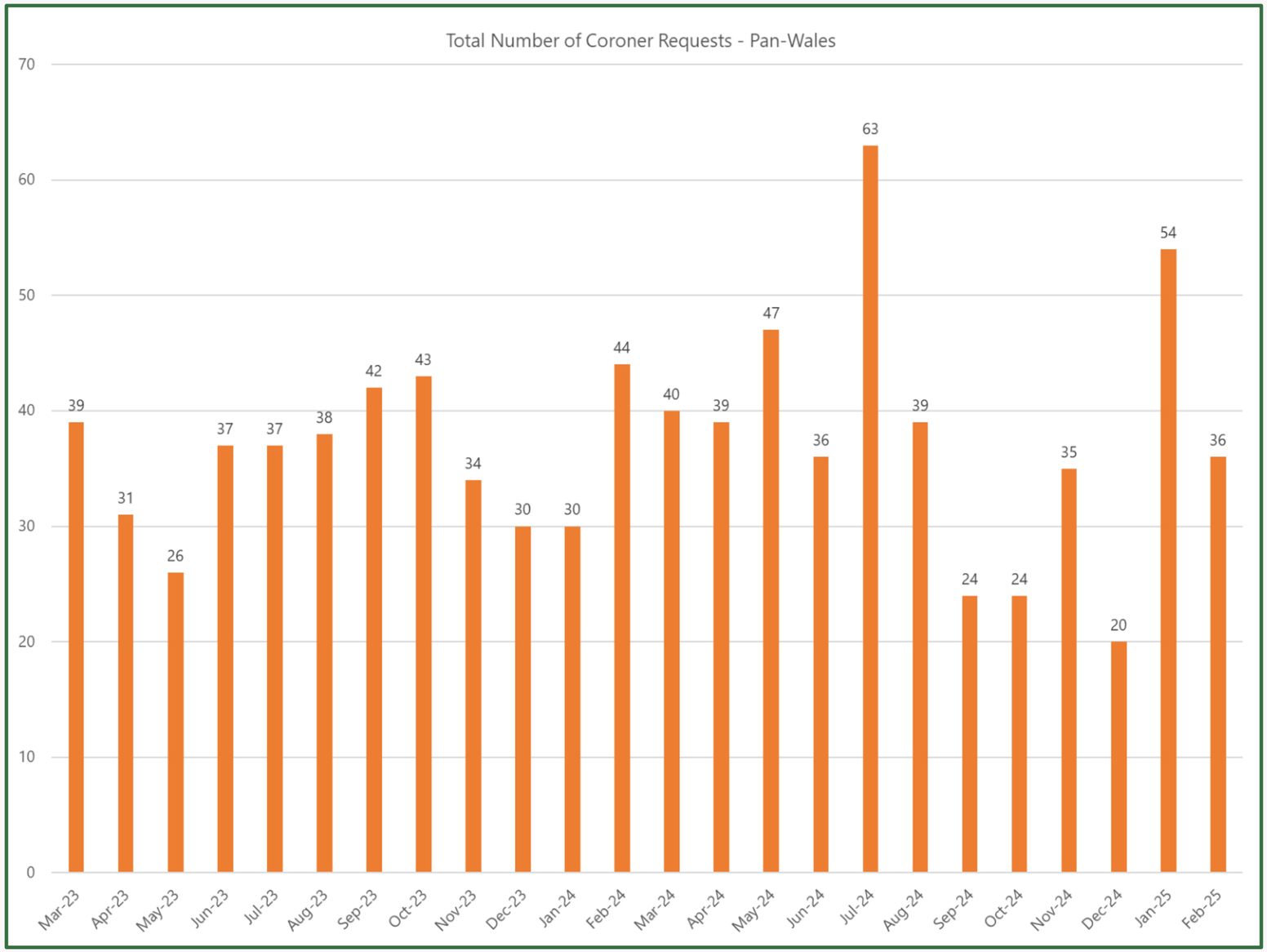
(Responsible Officer: Liam Williams)

Coroners Self-Assessment: Strength of Internal Control: Moderate

Mortality Self-Assessment: Strength of Internal Control: Moderate

QUEST

Health & Care Standard
Health – Safe Care



Analysis
The number of coroner approaches continues to bring a high level of activity to the Trust. Inquest cases continue to present with increased complexity and large numbers of statements and witnesses being called. It is noticeable that many requests are accompanied by short timescales. These factors combined makes this an area of continued pressure across Trust services and for the Individual staff involved in representing the organisation.
The Trust continues to mature its Learning from Mortality approaches, through a quarterly meeting on thematic learning, weekly triage of Medical Examiner referrals and fortnightly learning panels for Medical Examiner feedback.

Mortality - The Trust is developing a multi-directorate approach to reviewing Medical Examiner Service Feedback, in line with the revised All Wales Learning from Mortality Reviews Model Framework (Second Edition). This has included a Level 1 triage meeting and a Level 2 Medical Examiner Learning Panel. Level 1 triage is now being undertaken contemporaneously by Patient Safety Team with no concerns about timeliness / performance. There is a backlog of Level 2 cases, but it is anticipated that this will be recouped over the next two quarters as the Panel approach embeds and familiarity enables more efficient reviews.

There is a decreasing number of Medical Examiner referrals since April 2024 which is believed to be due to relational work undertaken with other health bodies to reduce the duplication of cases, whereby the same case was, at times, previously being sent by both the ME service and the associated Health Board. This trend will however be monitored closely to assess whether there are other influencing factors.

Remedial Plans and Actions
- Additional temporary resource in the Legal Services team is supporting the management of inquest coordination and activity across the Trust.

Expected Performance Trajectory
Coroner activity will continue to be monitored and delays in statement gathering escalated and prioritised internally as appropriate.

Mortality Reviews Data source: Internal Web Application

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

(Responsible Officers: Jonny Sammut & Liam Williams)

Health & Care Standard
Health – Safe Care

Self-Assessment: Strength of Internal Control: Strong

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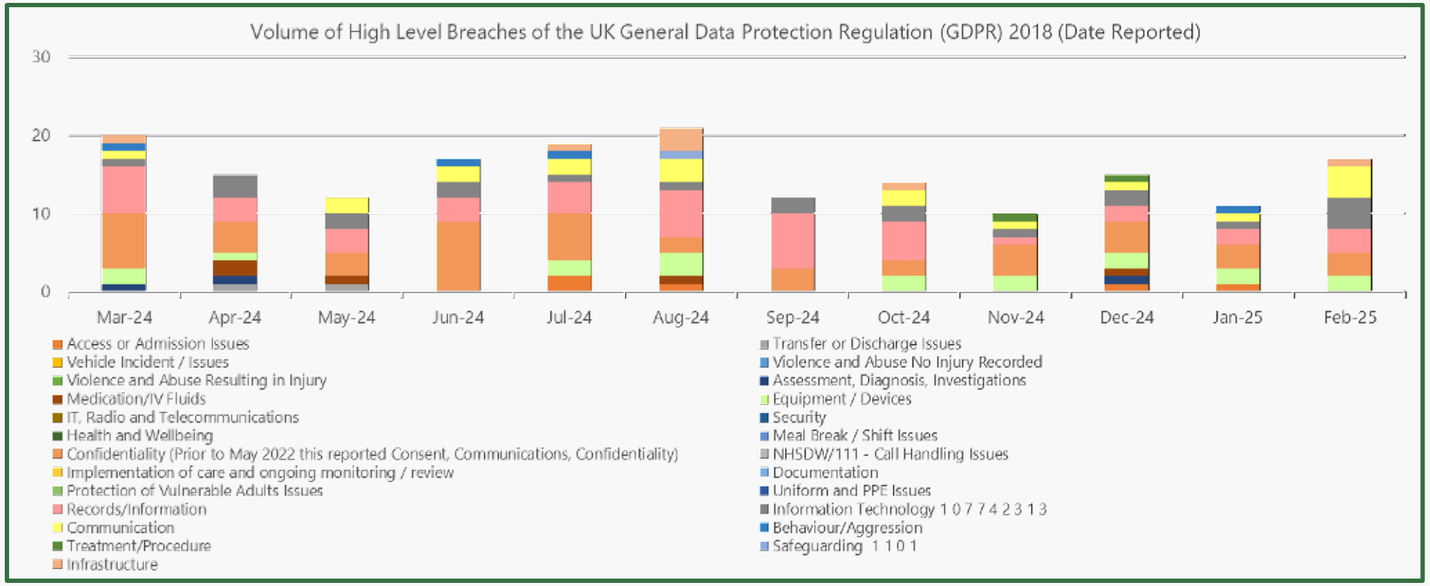
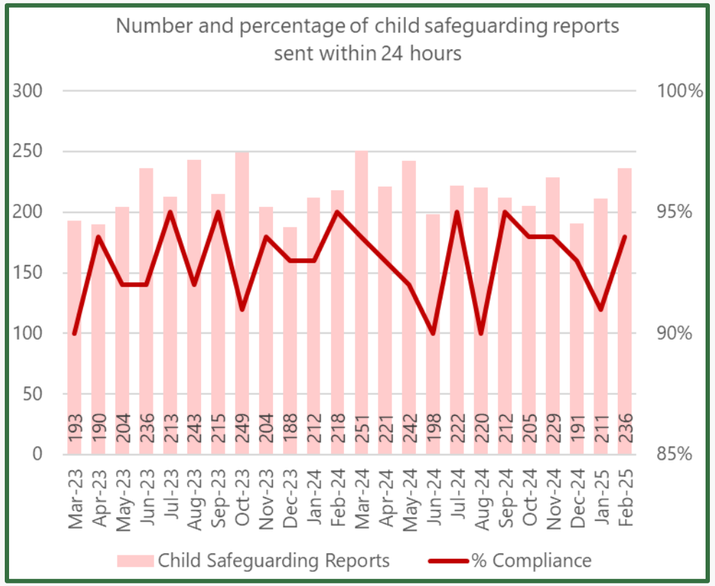
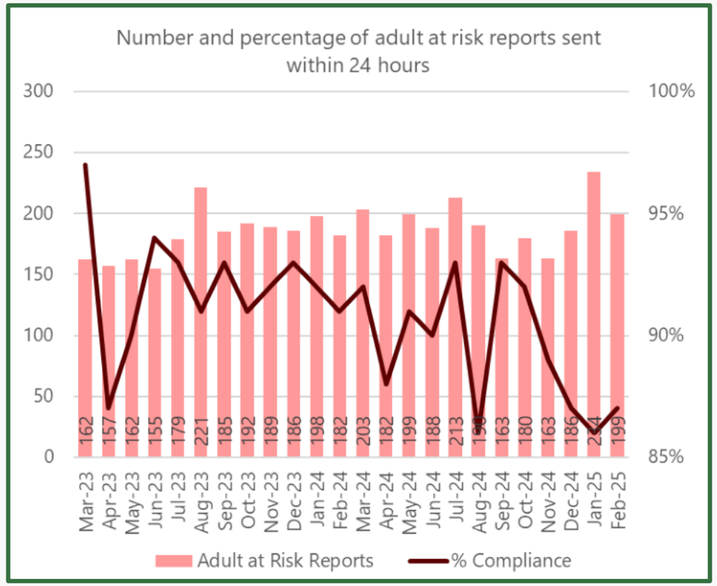






Analysis

Safeguarding: In February 2025 WAST colleagues submitted a total of 199 Adult at Risk Reports, 87% of these were processed within 24 hours. Whilst the Trust does not report on Adult Need for Care & Support reports (wellbeing); 631 reports were shared with local authorities across Wales during this reporting period. There have been 236 Child Safeguarding Reports submitted in February 2025, 94% of these were processed within 24 hours.

Data Governance: In February 2025, there were 17 information governance (IG) related incidents reported on Datix Cymru categorised as an Information Governance (IG) breach. Of these 17 breaches, 4 related to Information Technology, 4 Communication, 3 Records/Information, 3 IG/Confidentiality, 2 Equipment/Devices, and 1 Infrastructure.

Public Engagement: During December, PECI attended 18 community engagement opportunities, engaging with approx. 500 people. This included attending Newport 50+ Forum, Cardiff Southwest Healthy Lifestyle Event, Helal Lifestyle Expo, Cardiff Health Inequalities Fair and Newport Carers Network. Attended further 'Winter Messaging' event at Ystradgynlais Community Hospital to discuss and promote the NHS 111 Wales service.

Remedial Plans and Actions

Safeguarding: The Trust manages all safeguarding reports digitally via Doc-works Scribe and regular monitoring of the system by the Safeguarding Team provides a means to identify any problems with delayed reports with appropriate action taken to support WAST colleagues with using the Doc-works Scribe system and liaising with local authorities when required. Only minimal paper safeguarding reports are now received, they are used as a back-up and are sent directly to the Safeguarding Team for actioning. The Safeguarding Team monitor any paper reports received and provide direct feedback to colleagues to improve practice.

Data Governance: During the reporting period, of the 17-information governance related incidents reported on Datix, no incidents were reported to the Information Commissioner's Office (ICO). The IG Team continues to monitor, and review reported incidents where applicable.

Public Engagement: The work delivered by the PECI Team is supporting the Trust's principles of providing the highest quality of care and service user experience as a driver for change and delivering services which meet the differing needs of communities we serve without prejudice or discrimination.

Expected Performance Trajectory

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

Data Governance: The IG Toolkit Improvement Action Plan continues to be progressed in readiness for the submission deadline in March 2025. The status of the Action Plan is reported to and monitored by IGSG.

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

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

Safeguarding Data source: Doc Works

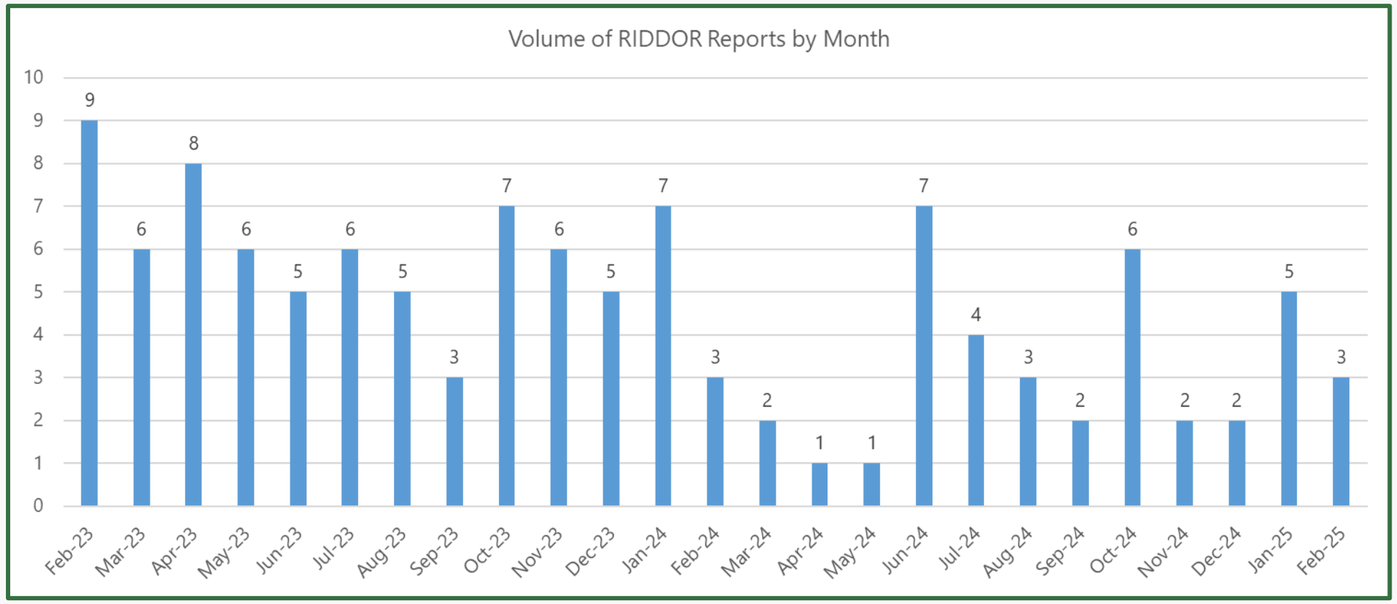
Our Patients: Quality, Safety & Patient Experience
Health & Safety (RIDDORS) Indicators

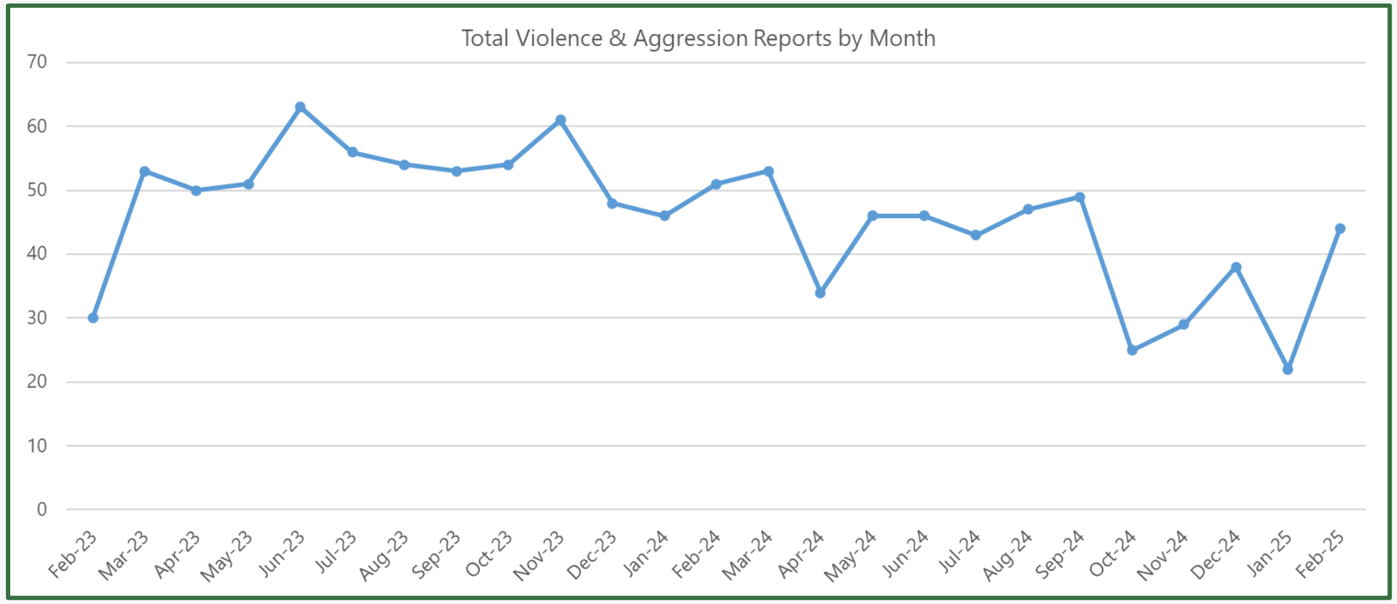
(Responsible Officer: Liam Williams)

Self-Assessment: Strength of Internal Control: Moderate

PCC

Health & Care Standard
Health – Safe Care





Analysis

RIDDOR: There were 3 incidents requiring reporting under RIDDOR during February 2025 2 were for an injury requiring over 7 days of work and 1 was noted as a specified injury.
100% of the RIDDOR's were submitted within the HSE reporting timelines due to good working relationships with the H&S and Operational Teams.
1 fracture (Specified Injury) was 7-day a staff member falling from height whilst mopping the saloon of the ambulance
1 over 7-day injury was a result of manually handling equipment on the tail lift of a vehicle.
1 over 7-day injury was acquired whilst placing an oxygen cylinder into the ambulance side cupboard and the door shutting on their hands

Violence and Aggression: A total of 44 incidents have been reported of V&A in February.
1 Physical Assault on staff was reported during the quarter with 43 incidents of verbal abuse
10 incidents were reported as Moderate in harm and 19 noted as low harm with 0 cases being noted as causing severe harm.
The number of verbal assault incidents increased significantly during the month with aggressive and threatening behaviour accounting for 19 of the 43 incidents.

Remedial Plans and Actions

RIDDOR: A weekly Datix incident meeting is being used to identify RIDDOR reportable incidents and assign a Safety Advisor to assist with the investigation and reporting to the HSE.
Violence and Aggression: V&A incident causation is being trended to identify the suitability of recording incidents in response to the volume of low harm and no harm incidents to with the aim of undertaking suitable investigations and providing sufficient support for staff members affected. Of note is a number of staff on staff reported incidents The team continue working with the Clinical Support Desk to explore mechanisms to better protect staff by use of Community Behavioural Orders via the Patient Care Plans.

Expected Performance Trajectory

RIDDOR: As the weather improves over the coming months there us expected to be a lower number of slip and trip incidents reported due to improvement in ground conditions at patient properties.

Violence and Aggression: The number of verbal assaults is expected to rise over the coming months as staff become more confident in the support provided by the V&A team.

Data source: Datix

Our Patients: Quality, Safety & Patient Experience
Potential Patient Harm Indicators

(Responsible Officer: Andy Swinburn)

R

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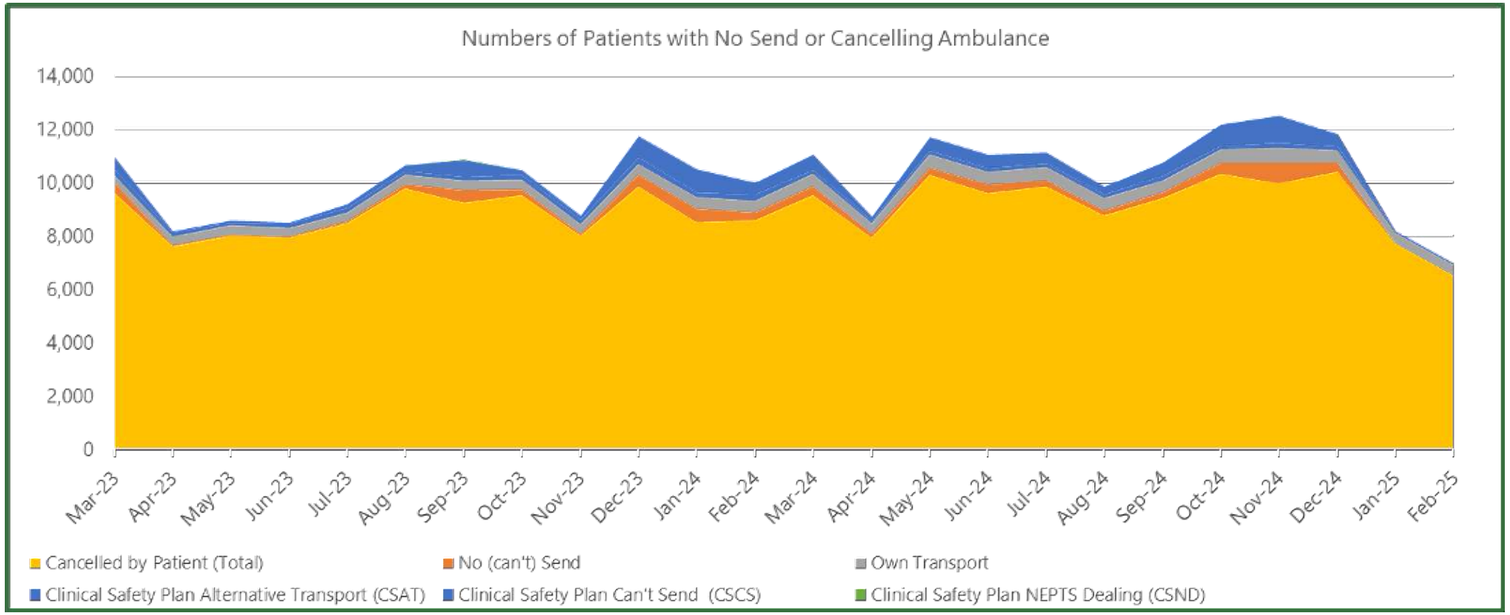

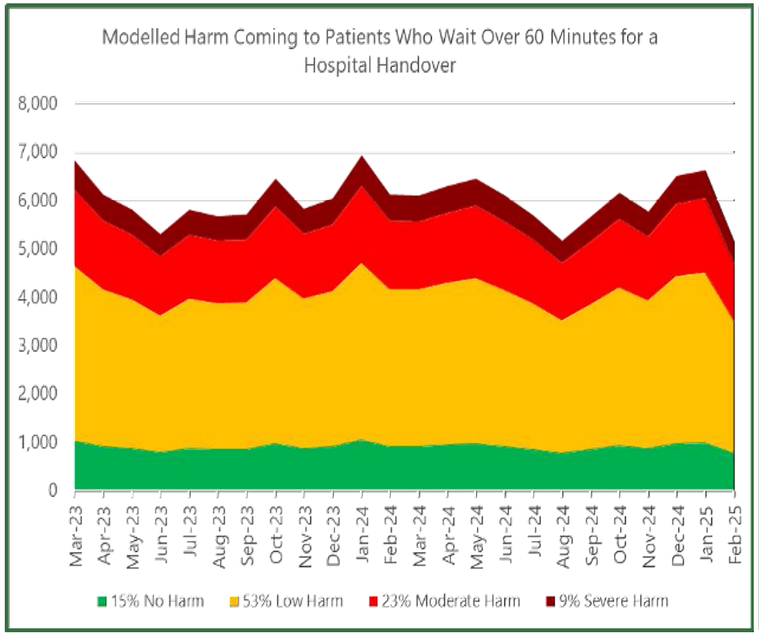

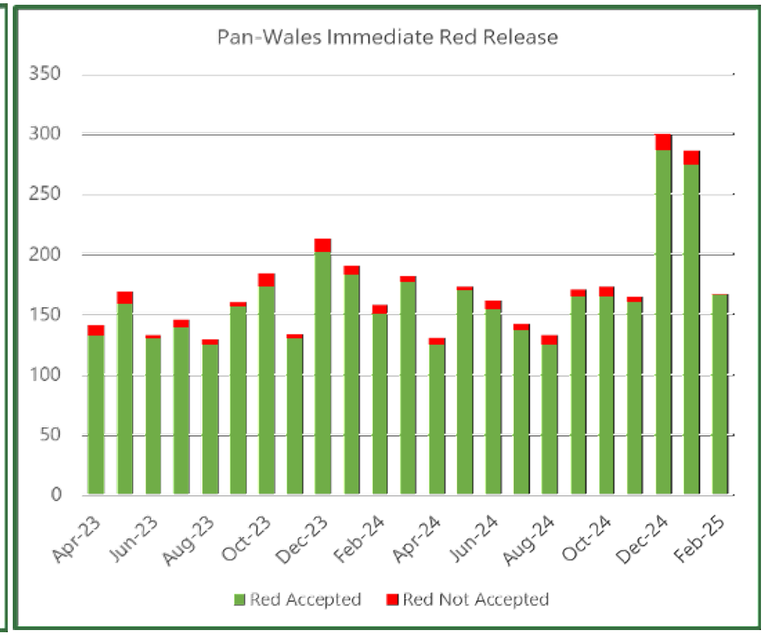

Analysis

In February 2025, 63 ambulances were stopped due to Clinical Safety Plan (CSP) alternative transport. In addition, 6,449 ambulances were cancelled by patients (including patients refusing treatment at scene) a decrease from the 7,707 in January 2025. There is a downward trend in patient cancellations which the Trust thinks is connected to the implementation of Rapid Clinical Screening.

There were 720 requests made to Health Board EDs for immediate release of Red or Amber 1 calls in February 2025. Of these 166 were accepted and released in the Red category, with 1 not being accepted. Further to this, 183 ambulances were released to respond to Amber 1 calls, but 370 were not.

The graph in the bottom left shows that in February 2025 of the 5,144 patients who waited outside an ED for over an hour to be handed over to the care of the hospital, the Trust could assume that 15% (772 patients) would experience no harm, 53% (2,726 patients) would experience low harm, 23% (1,183 patients) would experience moderate harm and 9% (463 patients) would experience severe harm.

In February 2025 CSP levels for the Trust were:



Remedial Plans and Actions

Red immediate release is monitored weekly by the Chief Executive and reported through to Health Board CEOs with the expectation that there are no declines for Red Release from any of the 7 Health Boards. All health boards have agreed to this measure. Integrated Commissioning Action Plan (ICAP) meetings had been paused as the Trust moves into the new commissioning arrangements with new arrangements expected from Q1. The NHS Wales Performance Delivery framework 2024/25 has a target of no handovers of more than one hour, this equates to 7,500 hours of handover lost hours.

Expected Performance Trajectory

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

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

Our Patients: Quality, Safety & Patient Experience
Patient Experience Surveys

(Responsible Officer: Liam Williams)

Self-Assessment: Strength of Internal Control: Moderate

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Health & Care Standard
Health – Safe Care

January & February 2025		
NEPTS (527 responses)	Benchmark	Score
How long did you wait for your transport to take you home after your appointment.	85	83
Were you happy with the transport you received?	85	95
999 (15 responses)	Benchmark	Score
The 999-call taker who answered your call was reassuring.	85	92
The 999-call taker who answered your call explained what was going to happen next.	85	92
You felt confident in the call taker ability to manage your call and provide appropriate advice.	85	92
The length of time I waited for an ambulance to arrive was acceptable.	85	55
111 (34 responses)	Benchmark	Score
Do you feel your call to 111 Wales was helpful?	85	50
Did you follow the advice given to you by NHS 111 Wales?	85	79
Would you consider using NHS 111 Wales again?	85	52
WAST Overall - Friends & Family Test How was your overall experience with the service today?	Ranked from very poor to very good.	
○ Ambulance care	92.46% Good	4.66% Poor
○ Integrated Care (NHS 111 Wales Telephone line only)	33.33% Good	41.67% Poor
○ EMS (including CSD)	86.67% Good	0.00% Poor
○ NHS 111 Wales Online	54.39% Good	22.81% Poor
	* Where totals above do not add up to 100%, this is because a 'Do Not Know' answer was given, these are excluded from overall total.	

Analysis

Within the NEPTs survey the response provided did not hit the benchmark in relation to the question 'How long did you wait for your transport to take you home after your appointment, while the question 'Were you happy with the transport your received', came out above the 85-benchmark figure (n=95).

In the 999 survey-all questions reported on exceeded the 85-benchmark except for one, this being 'The length of time waited for an ambulance to arrive was acceptable' (n=55). Whilst within 111 survey no reported-on questions achieved the 85-benchmark.

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

Remedial Plans and Actions

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

- 999 EMS Response (incorporating CSD)
- Ambulance Care (NEPTS)
- NHS 111 Wales Telephony
- NHS 111 Wales Online

A DPIA to allow distribution of surveys to patients via SMS Texting is currently with the IG Team. Expediting the approval of this DPIA has been raised with senior colleagues in the Digital Directorate.

Plans to place QR codes in the back of EMS vehicles to increase patient feedback are also progressing and we continue to work with IPC and Fleet colleagues.

We continue to work closely with the Trust's Falls Improvement Lead to deliver a targeted survey looking at the experiences of people who are responded to by either a Level 1 or Level 2 falls responder. Plans are in place to duplicate this method of survey delivery with patients attended to by a CWR Volunteer.

We continue to engage with the Once for Wales Programme Board who have updated the 'All Wales Patient Experience Question Set' and 'People's Experience Framework'. The Framework and new questions will be formally launched by WG in the coming months.

Expected Performance Trajectory

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

Our People
Capacity - Ambulance Abstractions and Production Indicators

(Responsible Officer: Lee Brooks)

EA Production	Abstractions
G	R

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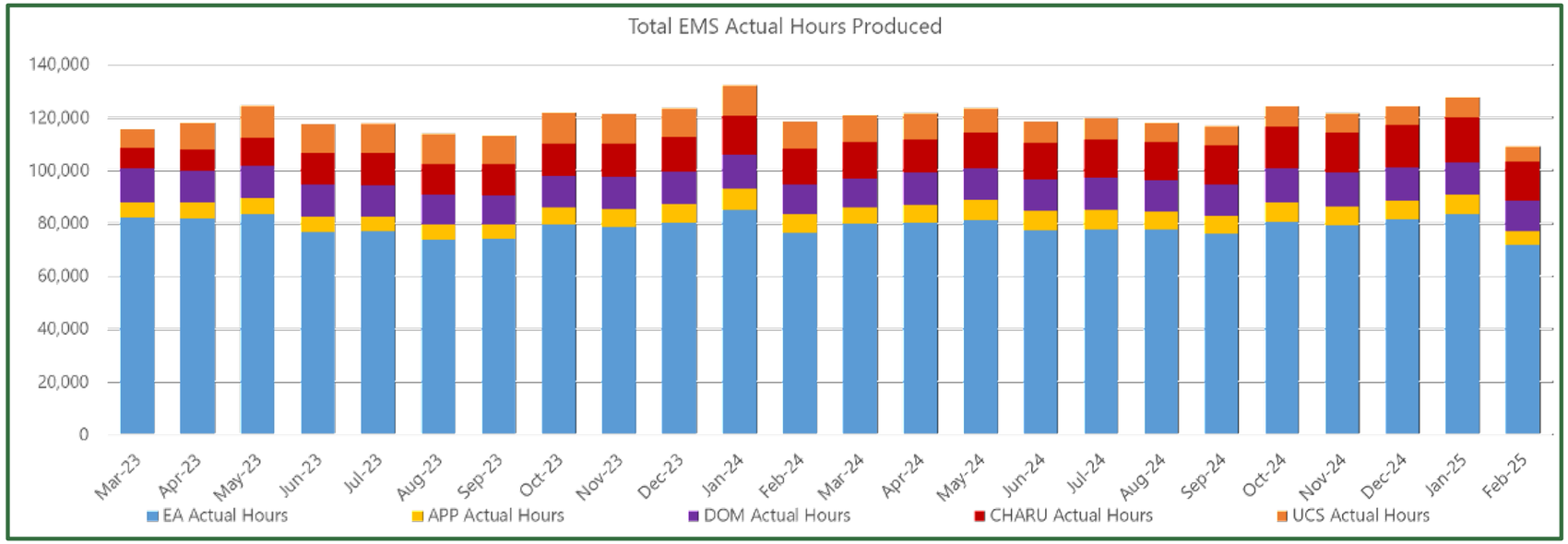

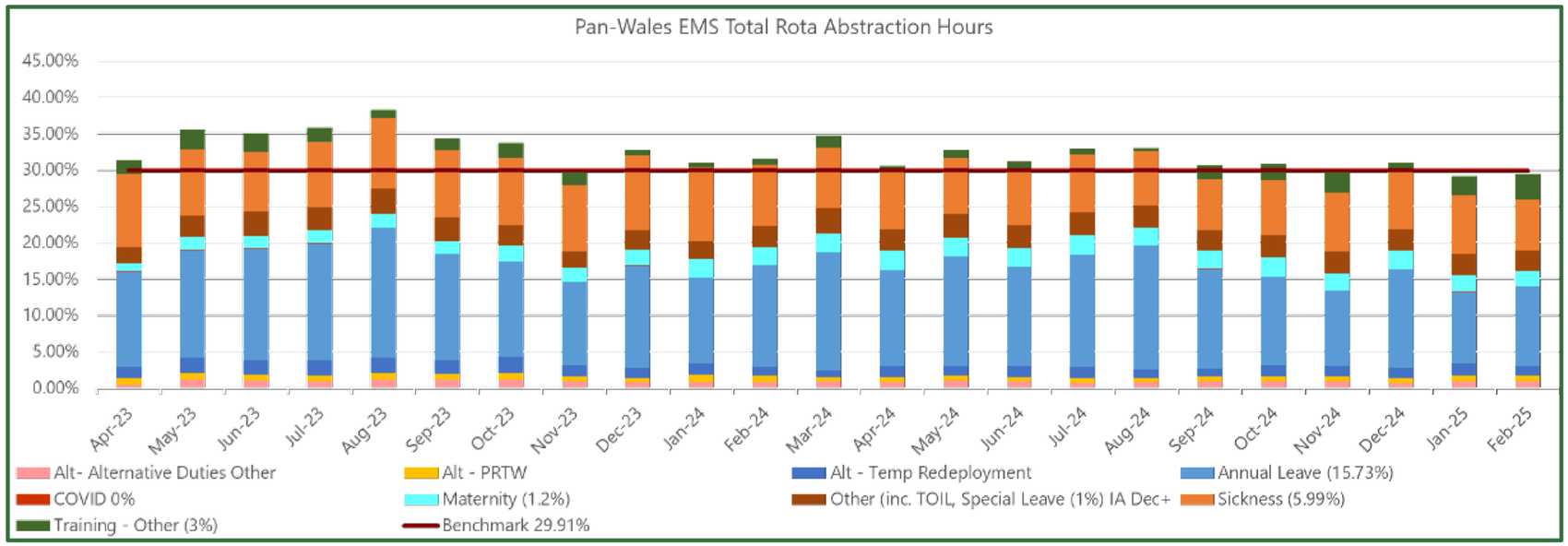

Analysis

The total EMS hours produced is a key metric for patient safety. The Trust produced 109,257 hours during February 2025, a decrease compared to the 118,349 hours produced during February 2024. The Trust is delivering good levels of production.

As shown in the bottom graph, monthly abstractions from the rosters are key to managing the number of hours the Trust has produced, as are the total number of staff in post. February 2025, saw a total EMS abstractions (excluding Induction Training) of 29.36%. This was a minimal increase on the 29.19% recorded in January 2025 and achieves the 29.91% benchmark. The highest proportion of abstractions was due to annual leave at 10.90% followed by sickness at 7.10%.

Emergency Ambulance Unit Hours Production (UHP) achieved 92% in February 2025 which equated to 71,840 Actual Hours.

In February 2025 CHARU UHP was 91% against the full roll out requirement.

Remedial Plans and Actions

- Continued focus on managing attendance across the Trust and managing abstractions from rosters.
- Full roll out of CHARUs.
- Continued focus on staff in post to establishment, aiming for 95% benchmark.
- Smoothing of staff between urban and rural areas.
- Focus on recruitment to reduce identified vacancy gap, in particular, EMTs and APPs.

Expected Performance Trajectory

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

The Trust maintains an ambition to reduce sickness to 6% and maintain abstractions to 30%. This has not yet been achieved for sickness, but the direction of travel is good, while the abstractions benchmark has been achieved a number of times this year.

Our People
Capacity - Sickness Absence Indicators

(Responsible Officer: Angela Lewis)

Mental Health R

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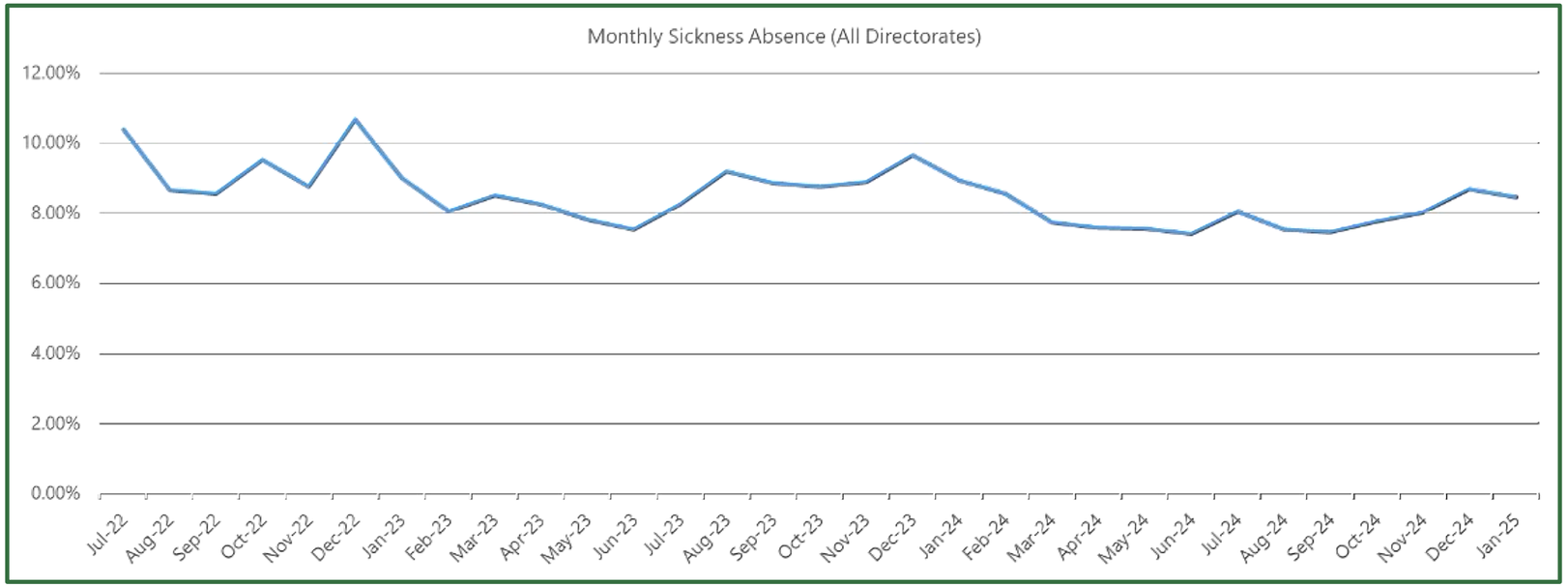
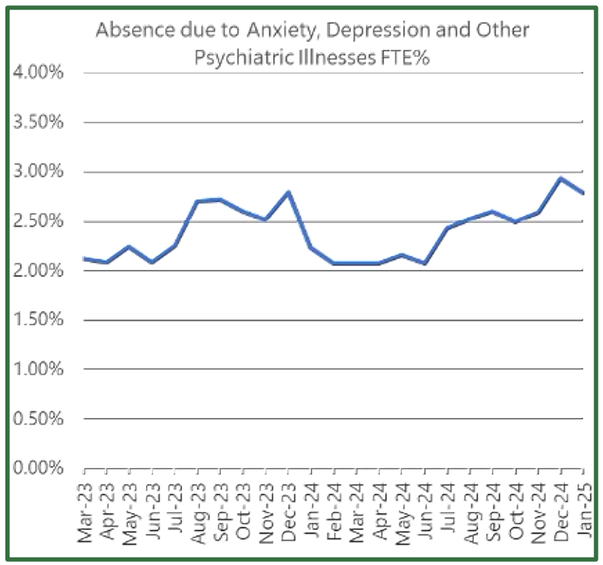
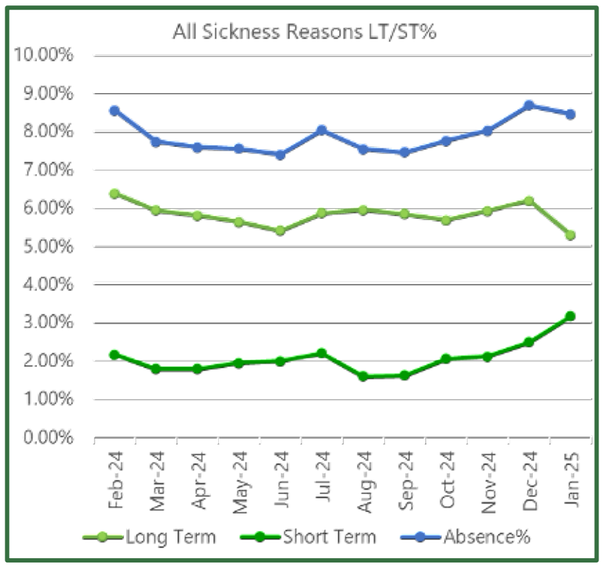




Average working days lost per FTE (Annual)	
18.02	days
Single month Absence %	
8.46%	
Long Term	**Short Term**
5.30%	3.16%
Mental Health	**Other MSK**
(S10 Stress/Anxiety)	(excluding Back)
2.78%	0.79%



Analysis

There was a slight decrease in overall sickness absence rates between December 2024 and January 2025, dropping from 8.69% to 8.46%. Long term absence decreased from 6.19% in December 2024 to 5.30 % in January 2025, while short-term absence increased slightly to 3.16% in January from December 2024 (2.49%).

The highest reasons for absence in January 2025 were Anxiety/ Stress/ Depression, cold/cough/flu/influenza, other musculoskeletal problems, Gastrointestinal problems and injury fracture. Absence due to Mental Health decreased slightly from 2.93% in December 2024 to 2.78% in January 2025.

From the start of the flu campaign until 3rd Feb-25, 1,422 flu vaccines have now been administered by our WAST OH / Peer Vaccinators. 1,039 were given to WAST employed staff with 222 WAST staff also confirming they have received the flu vaccine elsewhere i.e. GP / Pharmacy, therefore, 28.5% of the WAST workforce has now been vaccinated. A further 244 WAST staff have completed our Microsoft Form to state they wish to opt-out from having the flu vaccine this year.

Remedial Plans and Actions

- The team have been working closely with the Clinical Directorate flu project team for the 2024/25 flu campaign, they have been holding flu clinics across the regions. Due to limited resource within the team, we have revised the programme plan for the pilot Health Check Programme, Health Diagnostics, (HD), which looks at reducing risk of cardiac ill health in our older workforce, by implementing a screening programme. We have been working closely with the provider to arrange relevant training and to launch the programme in February.
- Communications will continue to drive and promote the Flu Campaign to engage with the highest number of staff possible. Many events have been attended by Occupational Health / Peer Vaccinators so far and there are still several key events upcoming where Vaccinators will be available to further promote the flu vaccine. The flu campaign ended on 28th February 2025.

Expected Performance Trajectory

The Trust has indicated through its IMTP that sickness levels will fall in this financial year, but the Trust is not going to achieve the 6% target for the year.

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

January 2025

Our People
Capacity – Staff Turnover

(Responsible Officer: Angela Lewis)

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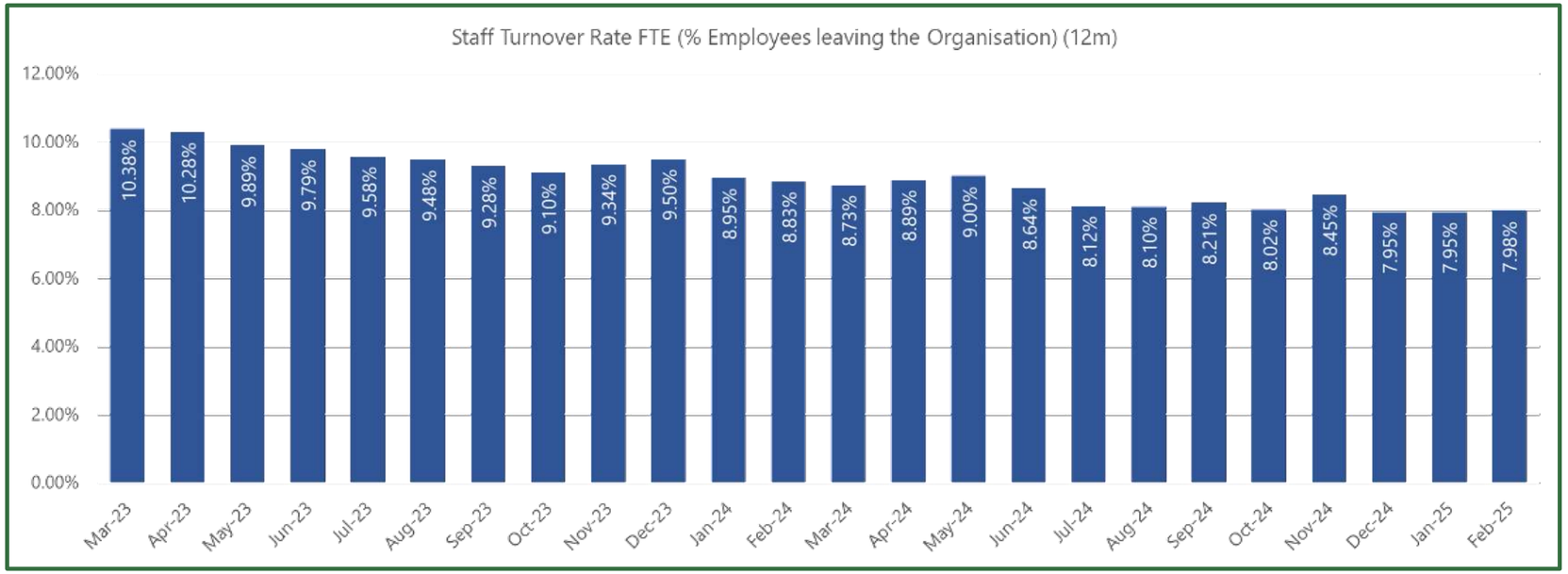

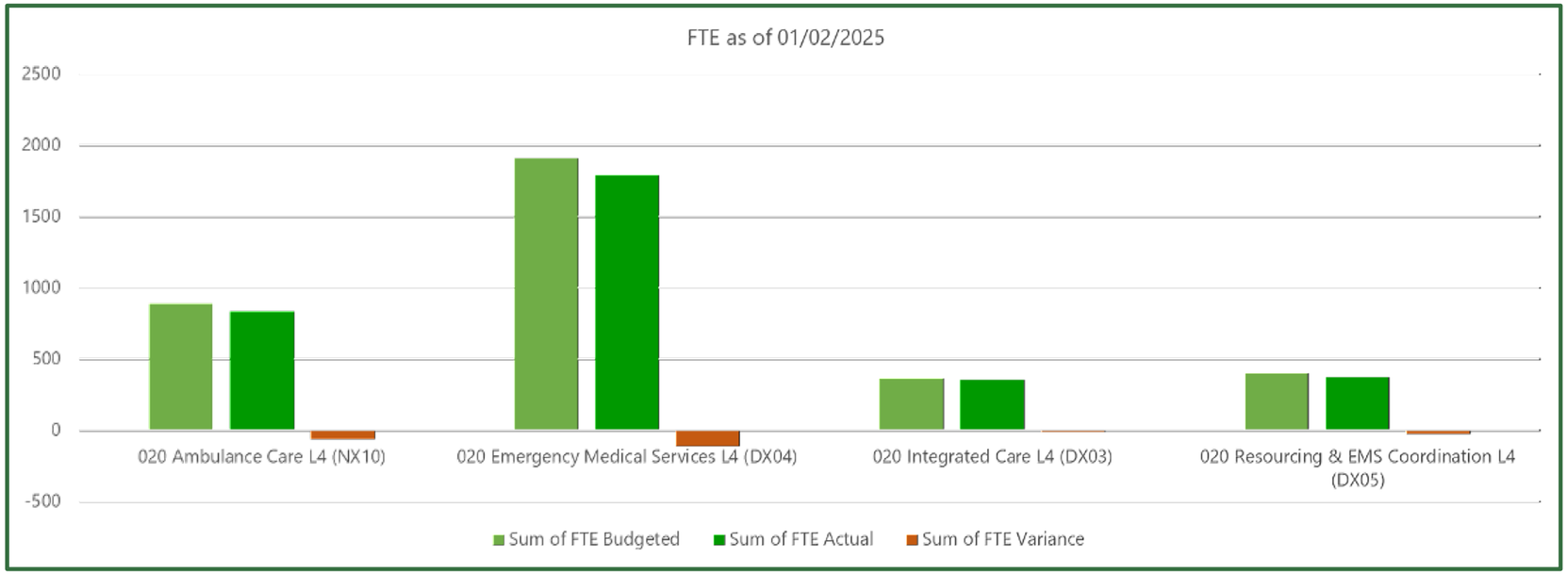

Analysis

Staff turnover rates in February 2025 were 7.98%, increasing minimally from 7.95% in January 2025. February saw 29 leavers (25.98 FTE). Turnover in months at the end of the quarter are generally higher. This was compensated by 34 joiners (31.78 FTE) in February. Of those leaving, the group with the greatest number were Technicians (7 people), Paramedic (5 people) and Ambulance Care Assistants or Patient Transport Drivers (5 people).

Occupational Health continue to meet national KPIs set by the All-Wales Occupational Health standards and scope of practice, i.e., regarding turnaround times for referrals the national KPI states: The 1st offered appointment date will be within 29 calendar days of the date referral received. KPI that this is achieved 80% of the time.

Our waiting times have fluctuated over the past months, this has been due to staff changes and staff sickness. The current waiting time for a referral (management referral or self-referral is 3 weeks).

Staff are currently waiting approx. 4.3 days for pre- employment screenings from date of this has been due to submission to first offered appointment.

Remedial Plans and Actions

- The team continue to work closely with Civica to improve the system, including a text reminder service for appointments.
- The Wellbeing team continue to support colleagues and managers by attending regular meetings, providing targeted support and facilitating drop-in sessions for colleagues.
- Team members from OH/Wellbeing/TRiM continue to promote our services via Siren, outstation visits/ drop-in clinics, presenting to newly recruited staff and through attendance at managers' meetings.
- The Health and Wellbeing Plan for 2025-29 was approved by the WAST Board in Q3 2024/25. The delivery period will begin in the April 2025. The focus of the plan is to highlight improve workplace relationships, increase the trauma-awareness of the organisation and address health and wellbeing challenges increasingly on a systemic level, in addition to providing support on an individual level.

Expected Performance Trajectory

The team continue to review the Occupational Health and Wellbeing provision, so that we ensure that services/interventions offered are relevant, appropriate, and up to date, our focus is on continuous improvement.

Our People
Capability - PADR and Training Rates Indicators

(Responsible Officer: Angela Lewis)

PADR: A

Stat & Mand: G

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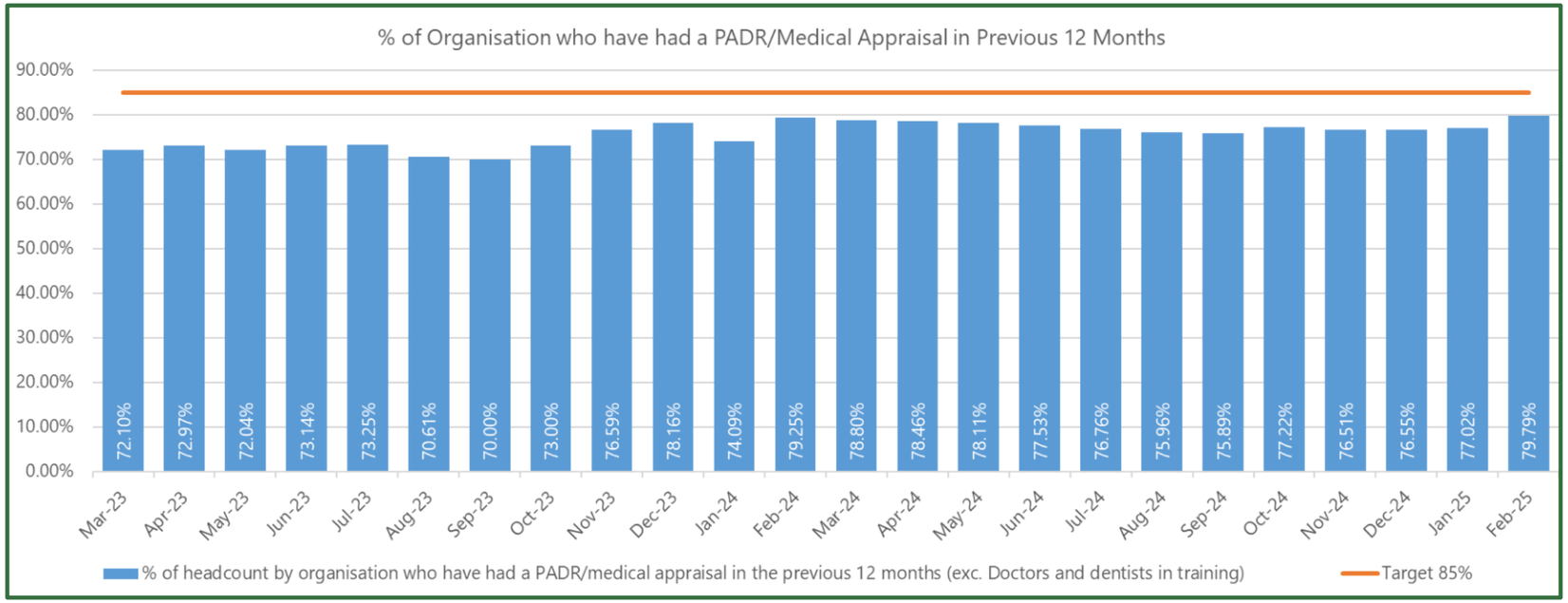
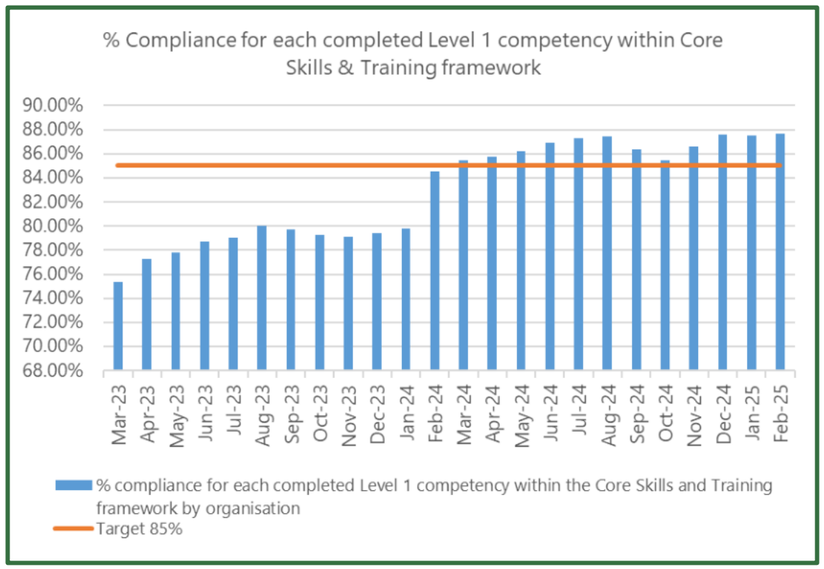
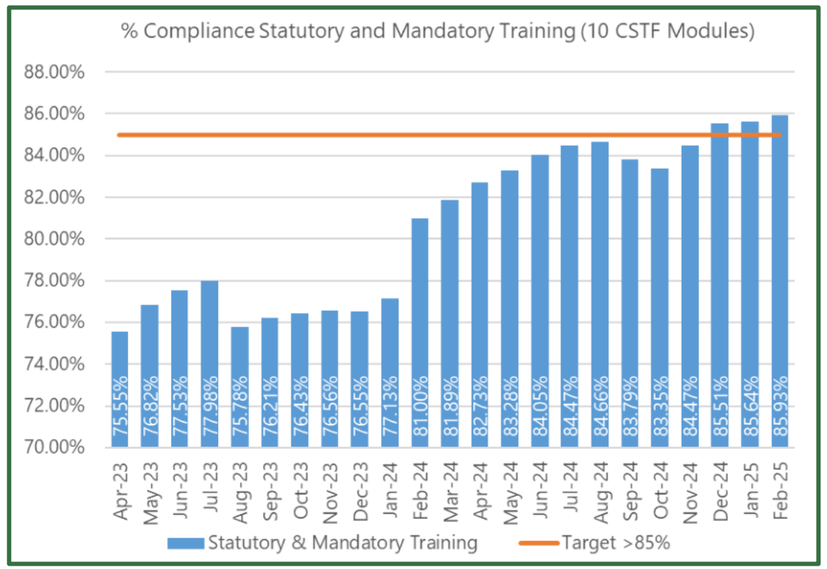
Health & Care Standard Health – Staff & Resources

Self-Assessment: Strength of Internal Control: Strong







Analysis

PADR rates minimally increased from 77.02% in January 2025 to 79.79% in February 2025 and is close the 85% target. Over the reporting period this target has only been achieved once, in December 2022.

In January 2025 Statutory & Mandatory Training rates reported a combined compliance of 85.93% exceeding the 85% target for the third consecutive month. However, only Dementia Awareness (97.23%), Moving & Handling (94.29%) and Safeguarding Adults (91.59%), achieved the 85% target. Equality & Diversity (82.29%) Fire Safety (77.06%), Paul Ridd (75.03%), Information Governance (74.40%), Fraud Awareness (73.73%), Violence Against Women, Domestic Abuse & Sexual Violence (73.12%) and Welsh Language Awareness (69.74%) all remain below this target.

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

Remedial Plans and Actions

Engagement in the PADR process serves as a Key metric for evaluating team cultural health. By increasing engagement with the PADR process, our goal is to enhance employee Development, support better Communication between managers and employees and develop a culture of accountability and continual improvement.

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

Expected Performance Trajectory

Performance is improving as compliance has risen.

Skills and training Framework	NHS Wales Minimum Renewal Standard
Equality, Diveristy & Human Rights (Treat me Fairly)	3 years
Fire Safety	2 years
Health, Safety & Welfare	3 years
Infection Prevention & Control Level 1	3 years
Information Governance (Wales)	2 years
Moving and Handling Level 1	2 years
Resuscitation	Yearly
Safeguarding Adults Level 1	3 years
Safeguarding Children Level 1	3 years
Violence & Aggression (Wales) Module A	No Renewal
Mandatory Courses	
Violence Against Women, Domestic Abuse and Sexual Violence	3 years
Dementia Awareness	No renewal
Welsh Language Awareness	3 years
Paul Ridd Learning Disability Awareness	No Renewal
Enviroment, Waste and Energy (Admin & Clerical Staff only)	Yearly
Duty of Quality	3 years
Fraud Awareness	3 years
Prevent Awareness	No Renewal

Data source: ESR

Our People
Health and Well-being – Shift Overruns

(Responsible Officer: Angela Lewis)

Overruns
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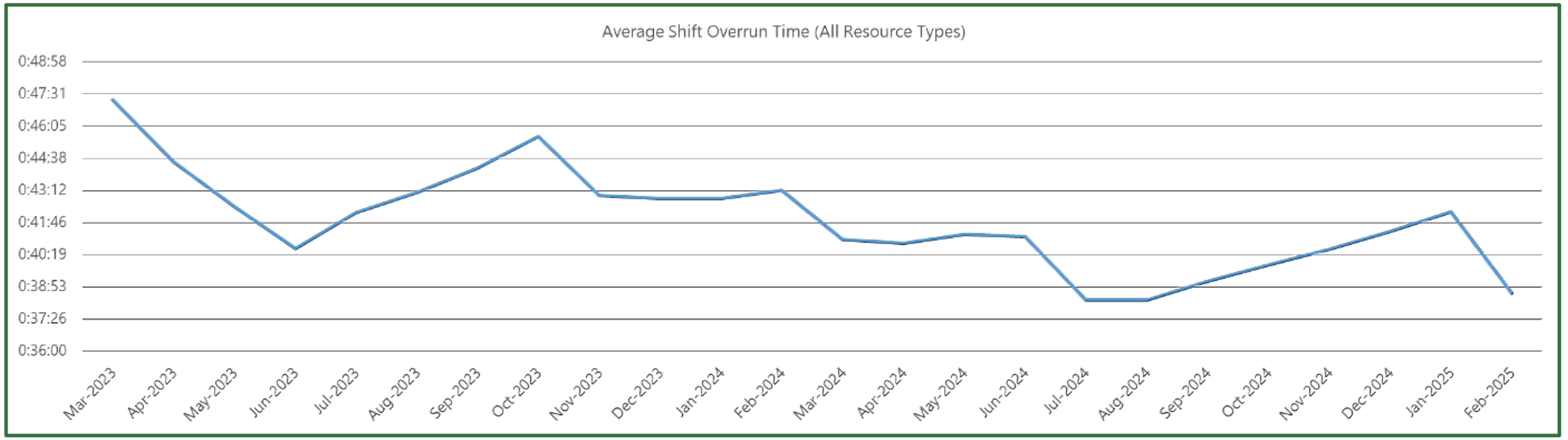

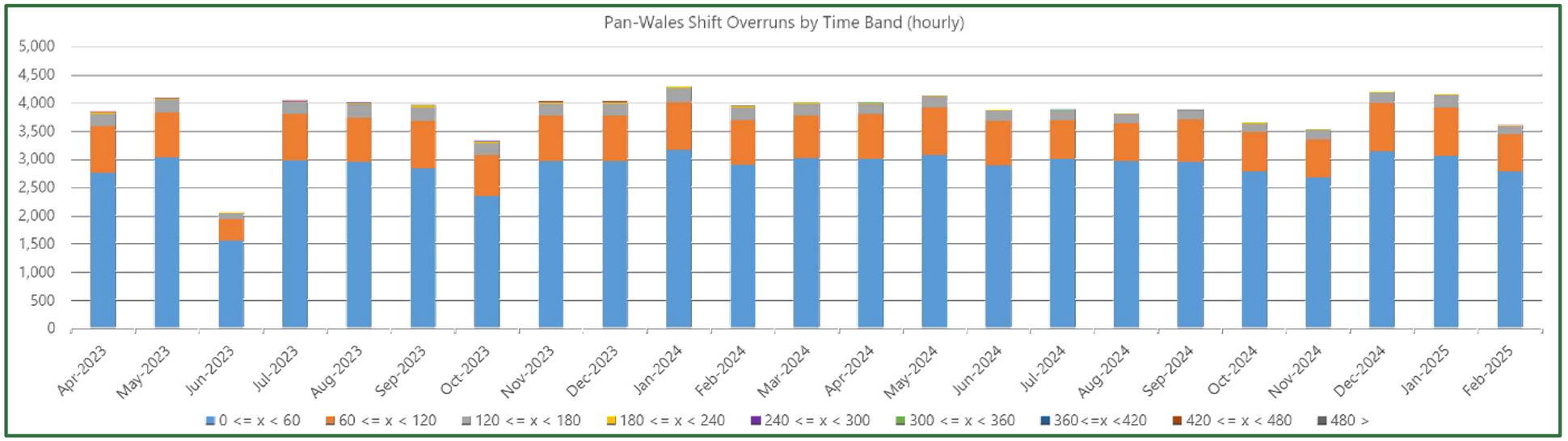

Analysis

There were 3,599 shift overruns during February 2025.

The average overrun figure for February 2025 was 38 minutes and 36 seconds, a minimal decrease from January 2025 (00:42:14). The trend continues to be downward over the past two years.

The highest volume of shift overruns occur within the 0 to 60-minute category, accounting for 75.1% of the total. 19.2% fall within the 61 to 120-minute category, 4.6% in the 121 to 180-minute category, 0.3% in the 181 to 240-minute category and 0.2% in the 241 minutes and over category.

Remedial Plans and Actions

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

As part of the Trust's winter resilience planning, it introduced "pods" at some hospital locations to aid staff finishing on time. These are continuing, at this time, into 2024/25.

Expected Performance Trajectory

Overruns correlate with handover lost hours and may continue to increase.

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

(Responsible Officer: Angela Lewis)

Self-Assessment: Strength of Internal Control: Moderate

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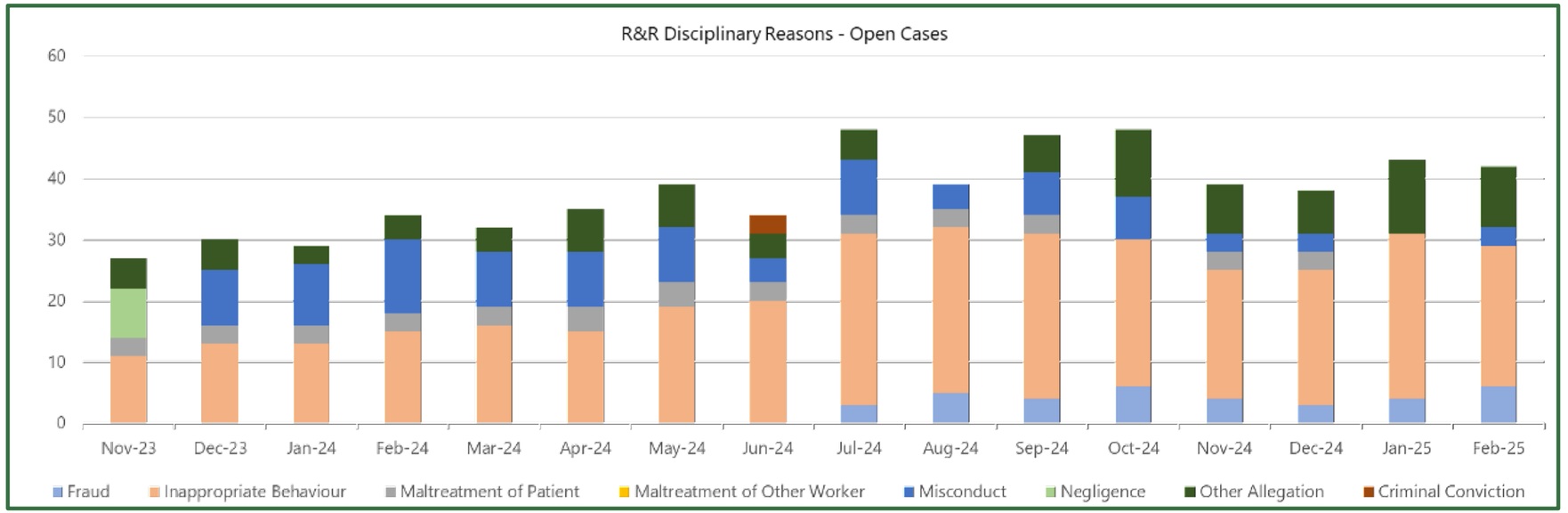

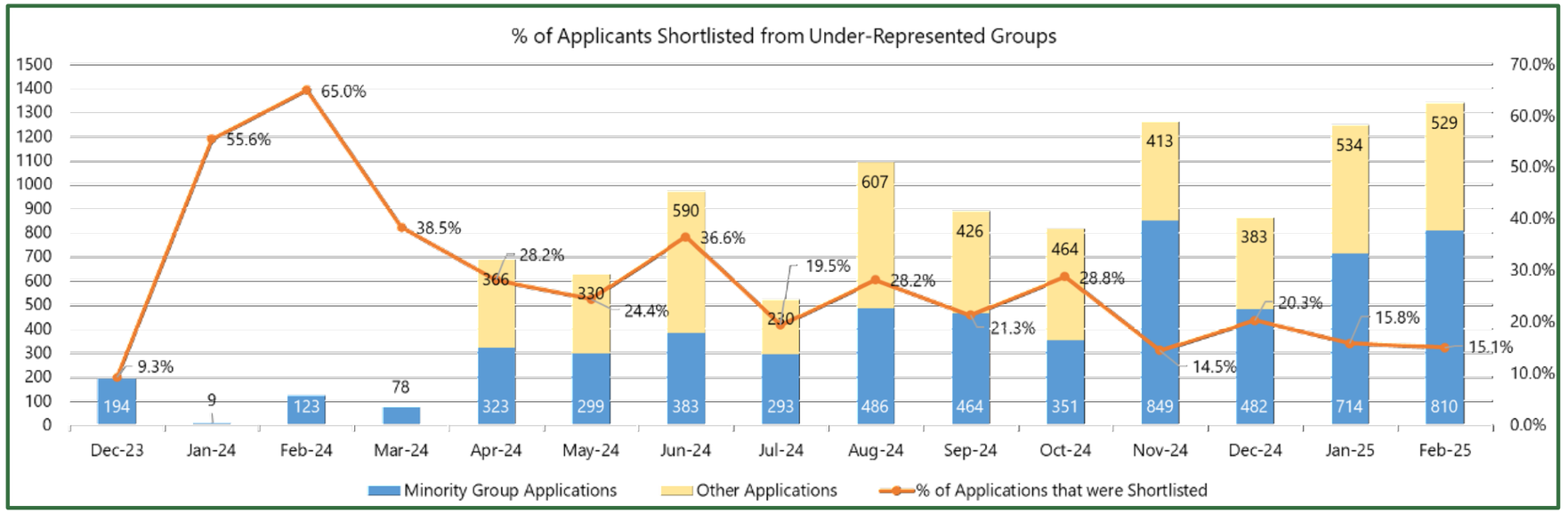

Analysis

There were 42 open formal disciplinary cases recorded at the end of February 2025, which is a slight decrease compared to 43 in January 2024. Of these Disciplinary cases, the majority are again due to allegations of inappropriate behaviour, followed by fraud.

There were 16 open formal Respect and Resolution cases submitted by employees in February 2025, remaining consistent with January 2025 (16). These are a mixture of both Respect and Resolution Grievances and Dignity at work.

The bottom graph shows that in February 2025, 1,339 job applications were processed, and 333 interviews planned.

Of the 1,339 applications, a total of 810 were from under-represented groups with 510 in the category of Ethnicity, 141 within Disability and 159 identifying within Sexual Orientation.

In February 2025, 15.1% (n=122) of all applications from under-represented groups made it through shortlisting and were invited for interview. This was a slight decrease from the 15.8% in January 2025.

Remedial Plans and Actions

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

Applications: The inclusive recruitment work is ongoing to develop targeted recruitment campaigns and events. Two workshops have taken place to recruit for Black, Asian and Ethnically diverse applicants into our digital roles. Unconscious bias training for the managers that will be involved in their recruitment is underway.

Expected Performance Trajectory

Continue to monitor levels, no trajectory for this measure.

Finance, Resources and Value
Value: Ambulance Care Indicators

(Responsible Officer: Lee Brooks)

Cancellations
R

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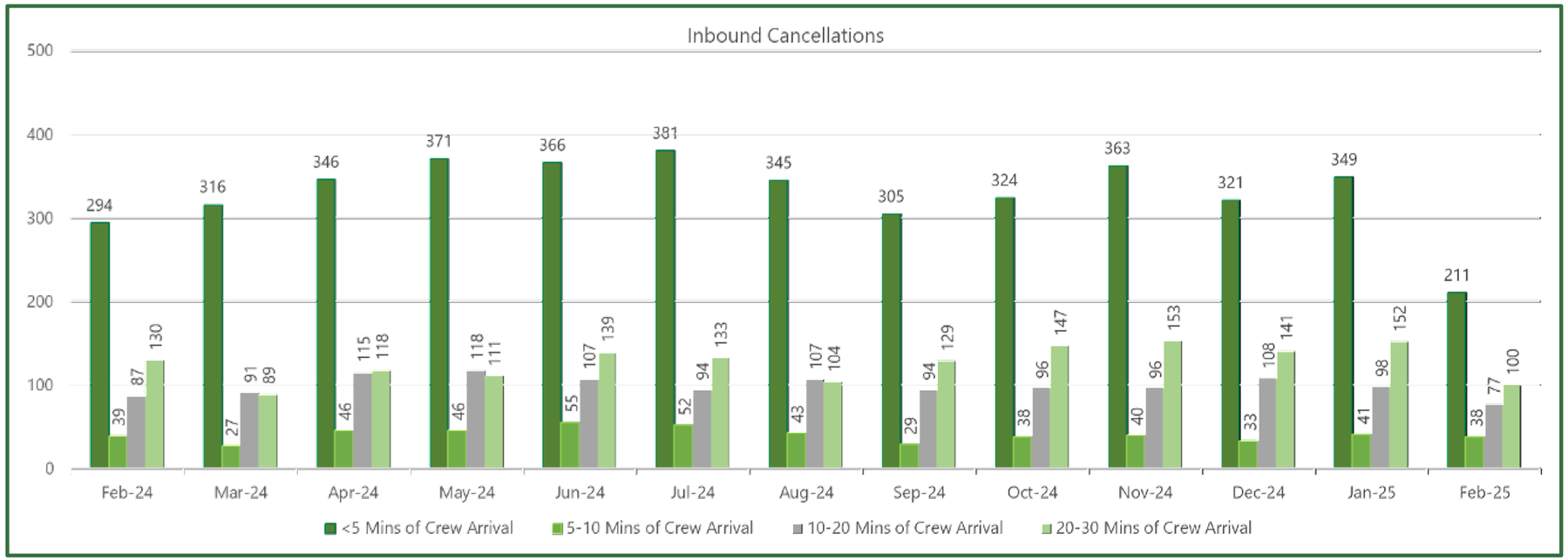
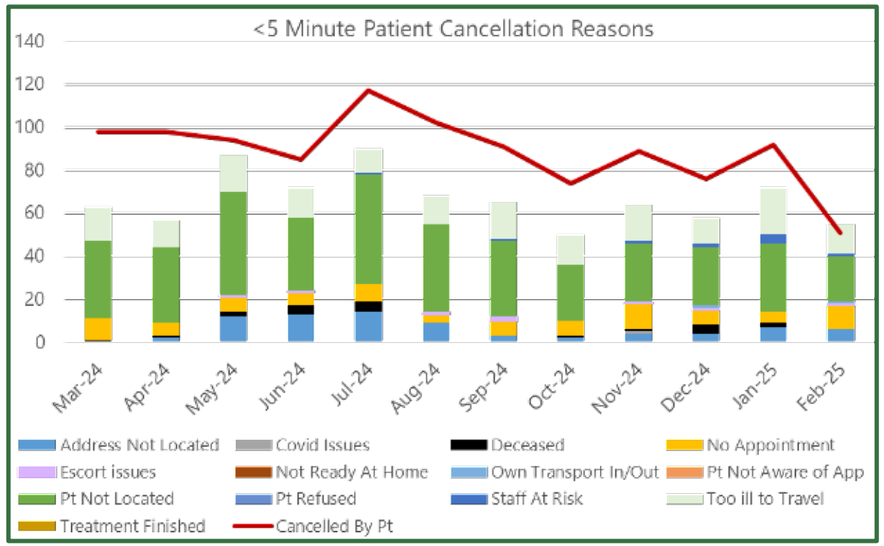
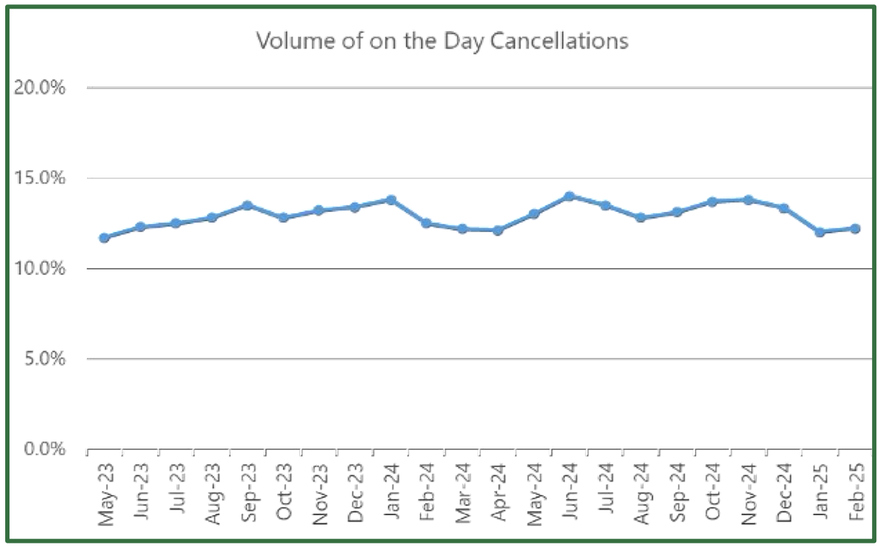






Analysis

Inbound cancellations of 5 minutes or less of the crew arrival time saw a decrease in February 2025 to 211, compared to 349 in January 2025. The total number of cancellations within 30 minutes also decreased from 640 in January 2025 to 426 in February 2025.

In February 2025 there were 51 travel bookings cancelled by patients (including via SMS), decreasing from 92 in January 2025.

The other top reasons for less than 5-minute cancellations included: 21 patients not located, 14 unwell/too ill to travel and 11 no appointment.

Same day cancellations increased slightly in February 2025 to 12.2%, up from 12% in January 2025.

Remedial Plans and Actions

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

Work is also underway to enhance the service's text messaging options to improve notification to patients.

Expected Performance Trajectory

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

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

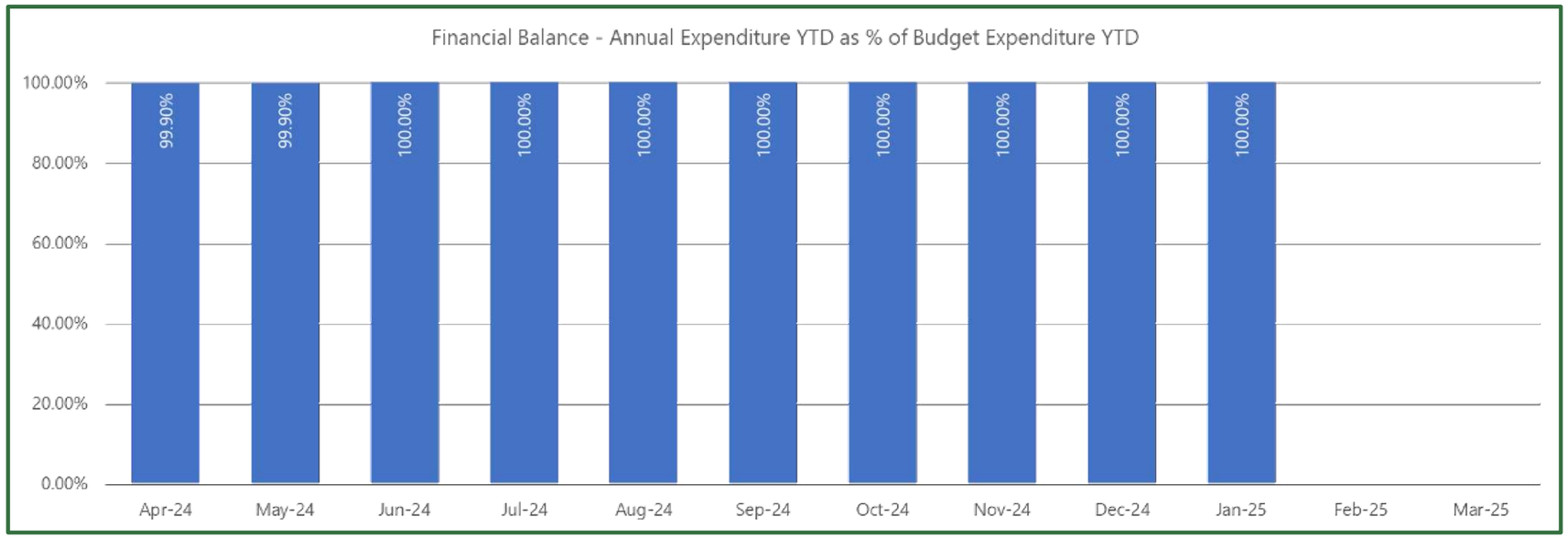
**Please note that MDTs do not appear to provide specific cancellation reasons for either inbound or outbound journeys. There are at present multiple and duplicated reasons both crews, control and the liaison desk can select.*

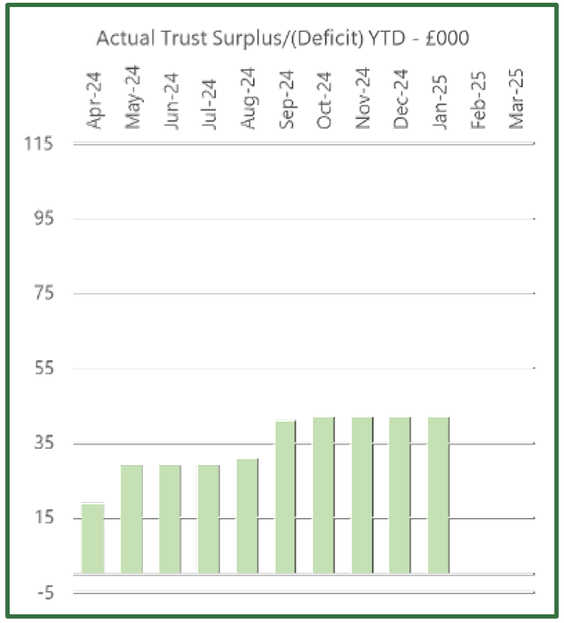
Finance, Resources and Value
Value - Finance Indicators

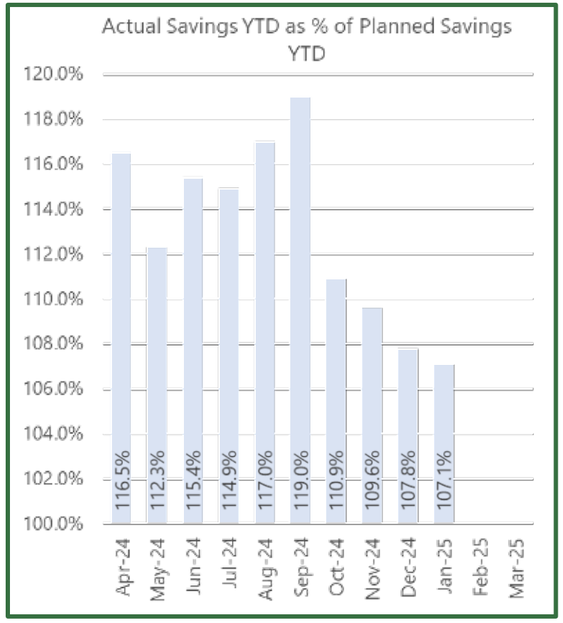
(Responsible Officer: Chris Turley)

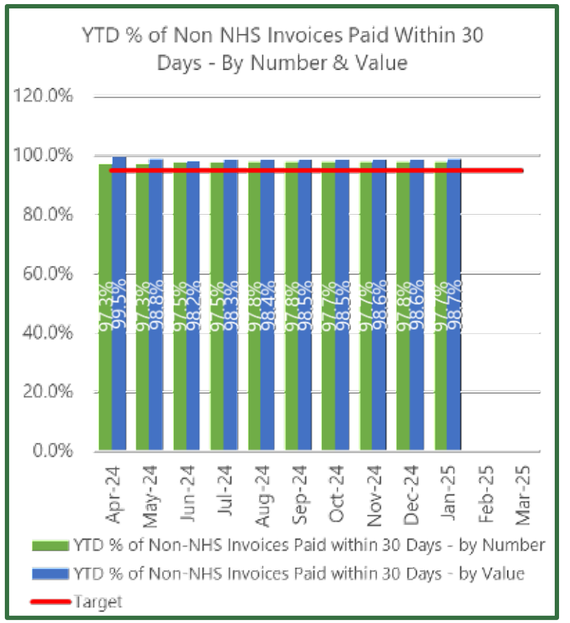
G

FPC









Analysis

The reported outturn performance at Month 10 is a surplus of £42k, with a forecast to the yearend of breakeven

For Month 10 the Trust is reporting planned savings of £5.084m and actual savings of £5.481m (an achievement rate of 107.1%).

The Trust's cumulative performance against PSPP as at Month 10 is 97.7% against a target of 95%.

At Month 10 the Trust is forecasting to achieve both its External Financing Limit and its Capital Expenditure Limit.

Remedial Plans and Actions

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

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

Expected Performance Trajectory

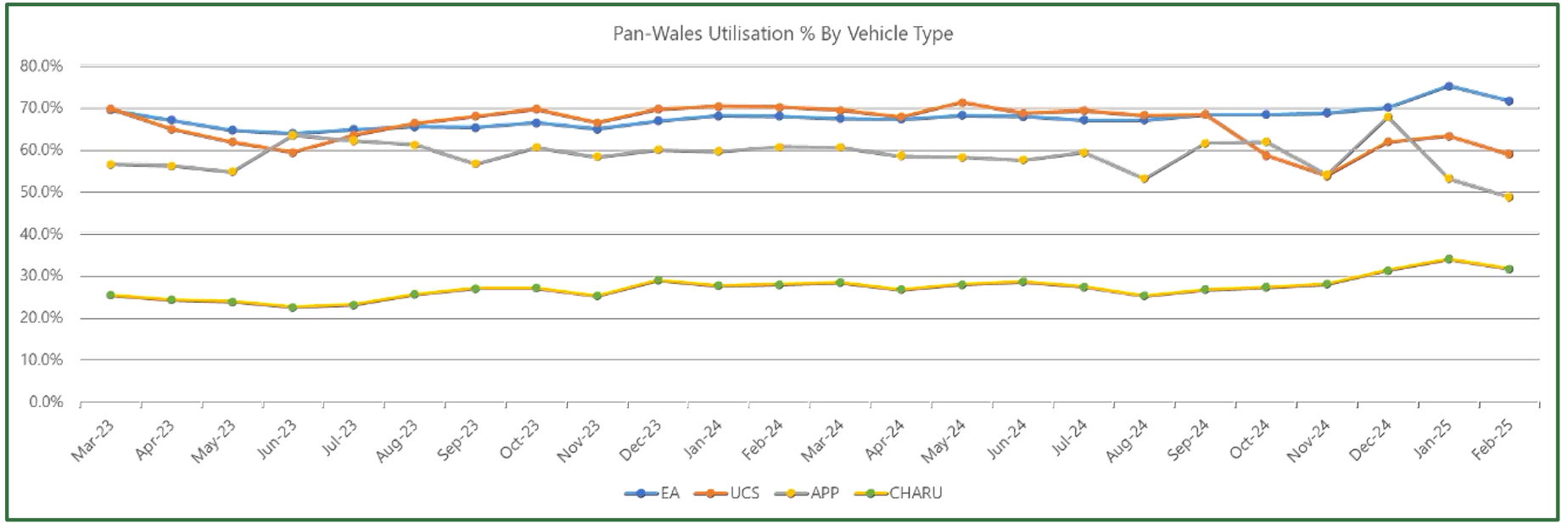
The expectation is that the Trust will continue to meet its statutory financial duties, as outlined in its IMTP for the 2024/25 financial year; however, it is expected that the Trust will continue to operate in a challenging financial environment and will need to deliver a planned level of savings in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

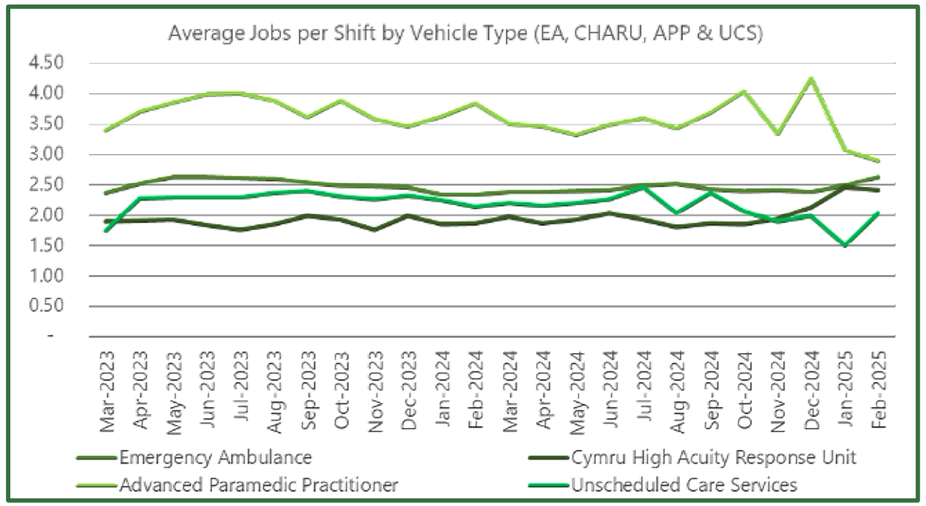
Finance, Resources and Value
EMS Utilisation & Average Job/Shift Times

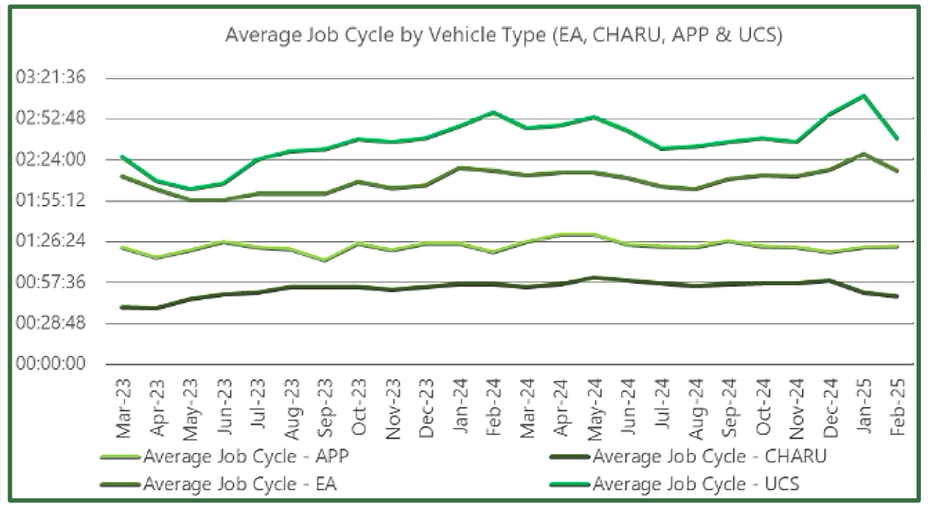
(Responsible Officer: Lee Brooks)

Jobs Per Shift	CHARU Utilisation	FPC
R	G	

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







Analysis

Pan Wales Utilisation metrics in February 2025 were 63.8% for all vehicles types, an increase from 67% in January 2025. EA saw the highest rate during the month at 71.7%, which is the first month this metric has decreased in seven months. The optimal utilisation rate for EAs needs to be lower so that they are free to respond to incoming calls.

As demonstrated in the bottom left graph, the average job cycle increased in February 2025 only for APPs (1 hour 23 minutes). The others reduced, UCS (2 hours 39 minutes), EAs (2 hours 16 minutes) and CHARU (48 minutes).

Overall average jobs per shift was 2.55 in February 2025, indicating a slight increase from January 2025 (2.46). EAs averaged 2.62 jobs per shift and UCS crews 2.02. This is lower than what would be ideal and a product of handover delays.

APPs attended on average 2.89 jobs per shift and CHARU's 2.41. Both sets of data are under review.

Remedial Plans and Actions

EA and UCS jobs per shift is fundamentally a product of handover delays.

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

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

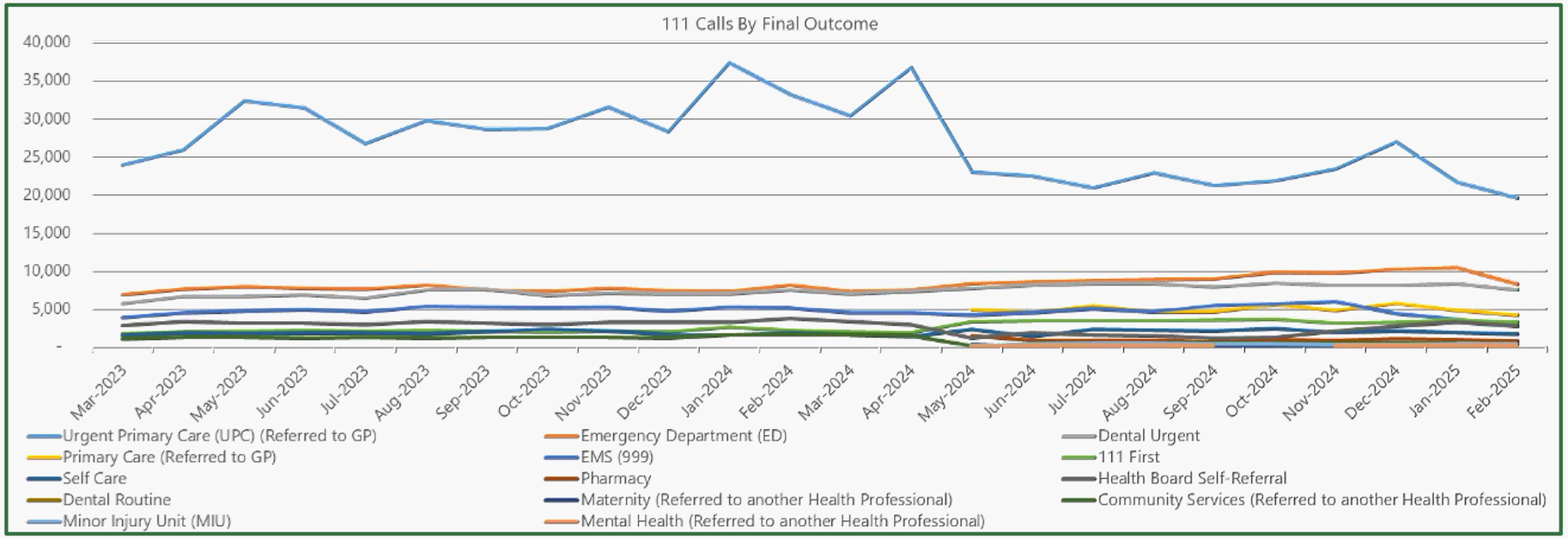
Expected Performance Trajectory

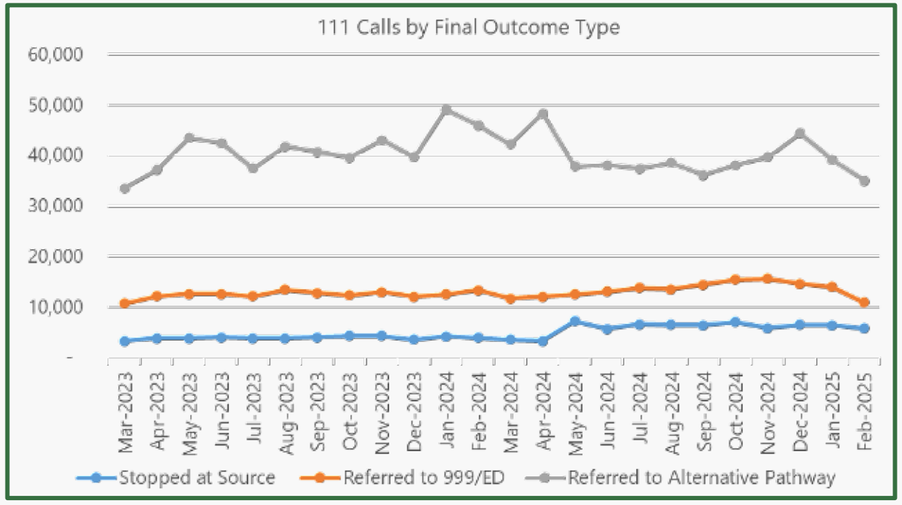
The Trust's ability to reduce the high utilisation rates for EAs and UCS is a product of handover, which it does not control. The Trust would expect an increase in APP and CHARU utilisation during 2024/25 linked to the remedial actions identified above.

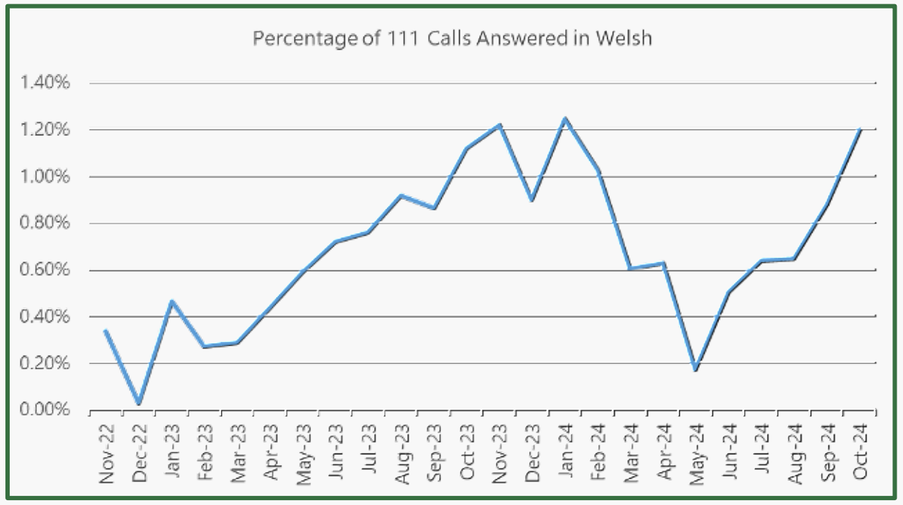
Partnerships / System Contribution
NHS111 Hand Off Metrics and NHS111 Consult & Close Indicators
Influencing Factors – Demand and Clinical Hours Produced

(Responsible Officer: Lee Brooks)

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







Analysis

During February 2025, 51,833 calls were allocated into the 14 categories displayed in the graph opposite, a decrease compared to the 59,707 seen during January 2025. However, data quality issues continue within 111 reporting which are currently being addressed.

Calls Referred to a General Practitioner (handover of care) continued to be the top outcome for NHS111 accounting for 35.59% of all calls during February 2025, but there has been a material drop since the implementation of new 111CAS.

As the bottom left graph highlights, in February 2025, 5,801 calls were 'Stopped at Source', with no onward referral, a slight decrease from 6,471 in January 2025. 10,928 calls were referred to 999/ED in February 2025.

The percentage of 111 calls answered in Welsh increased from 0.88% in September 2024 to 1.20% in October 2024. This equated to 68% of all 111 calls being offered in Welsh being answered. A data quality review is being undertaken meaning this metric is currently unavailable .

Remedial Plans and Actions

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

Expected Performance Trajectory

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

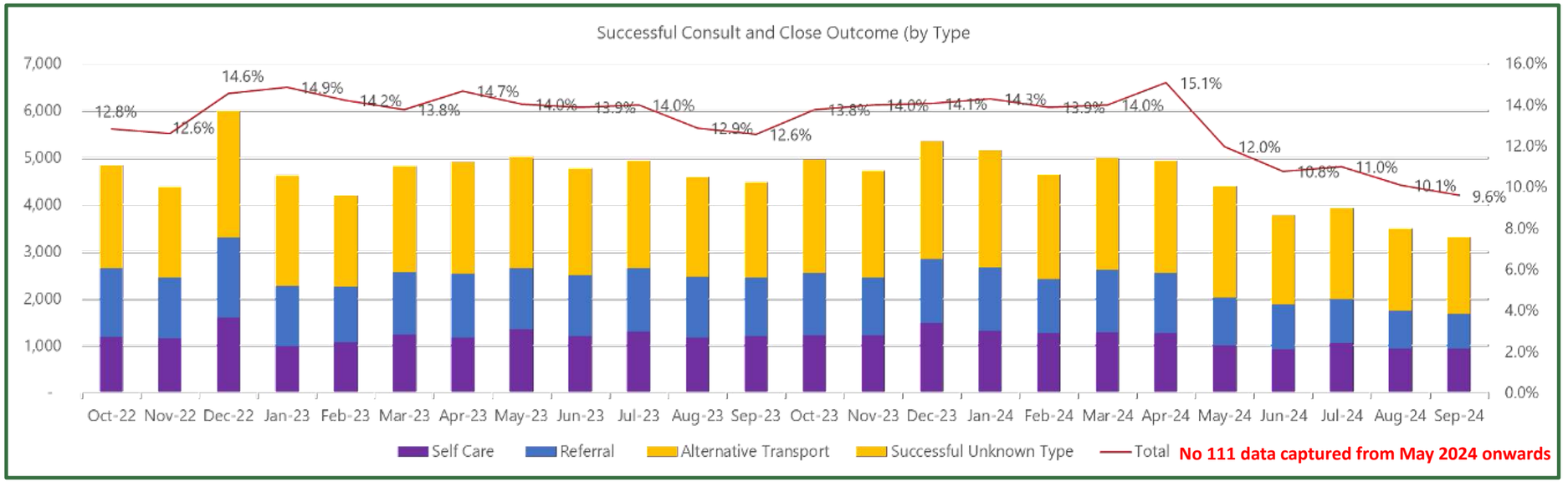
Partnerships / System Contribution
Consult & Close Indicators

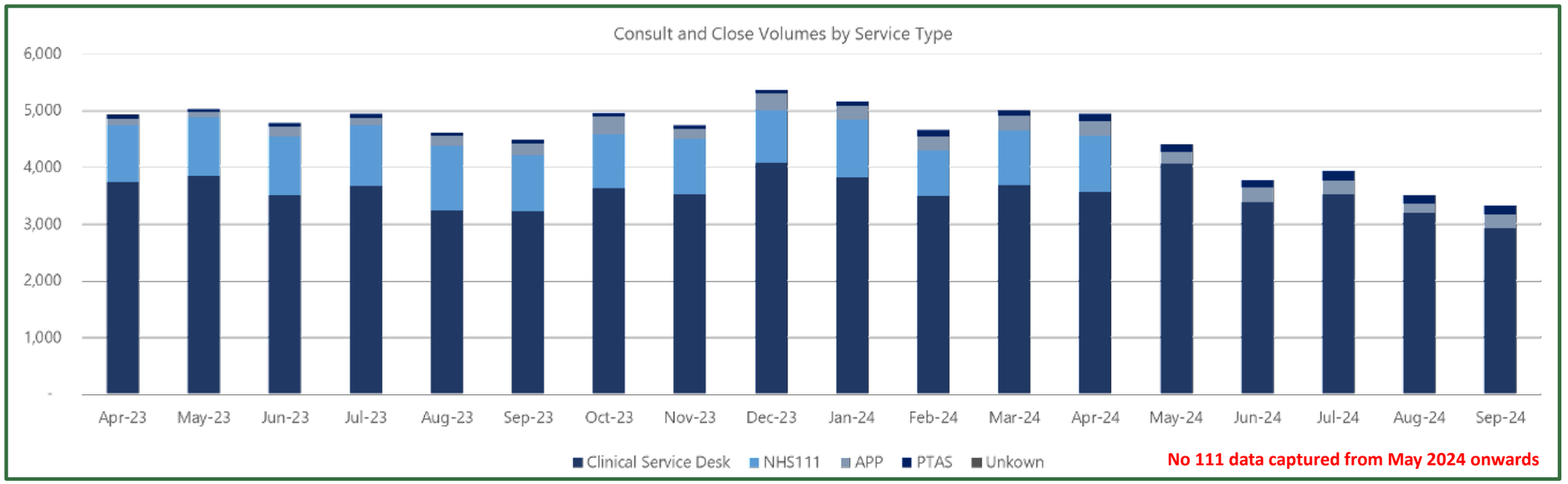
(Responsible Officer: Lee Brooks)

C&C Outcomes

FPC

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





No additional analysis possible given no 111 data is currently available on these metrics.

A revised metric is under development.

See separate patient harm mitigations report to Trust Board.

New metric definition agreed. Required Executive and Commissioner sign off before it be used.

A one-off IDS assured graph indicates that the Trust is achieving a +20% consult & close rate.

Partnerships / System Contribution
Conveyance to ED Indicators

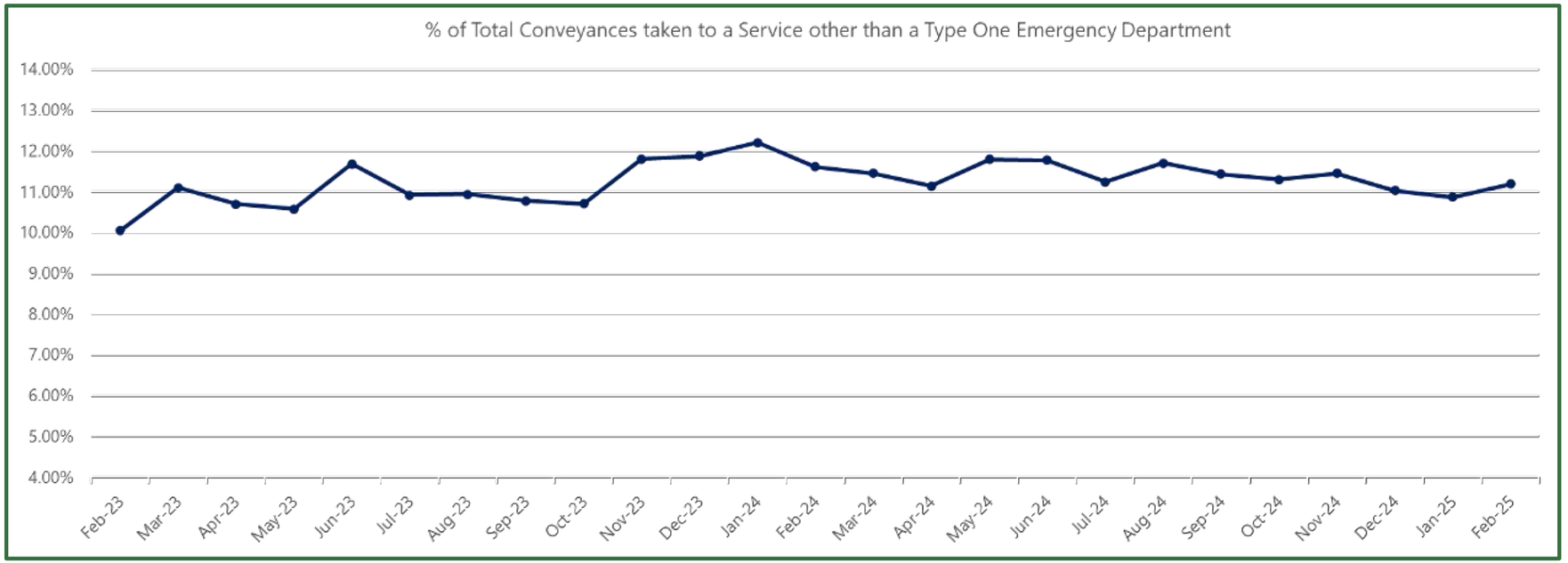
(Responsible Officer: Andy Swinburn)

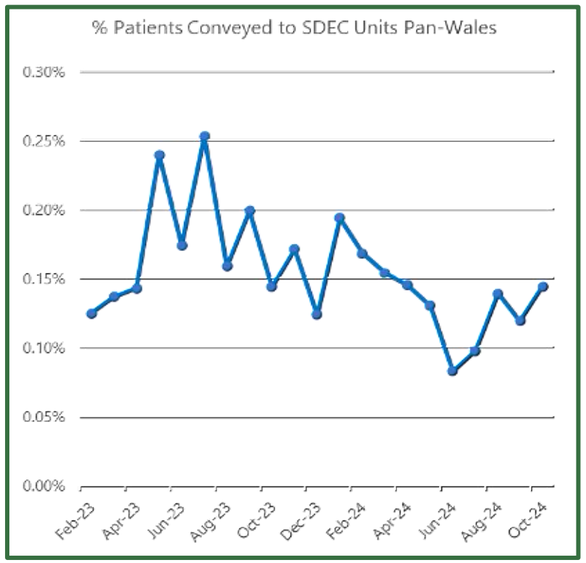
Conveyances
G

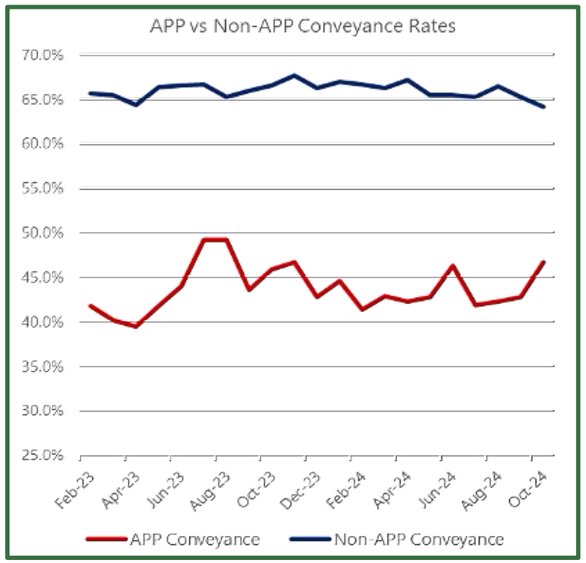
FPC

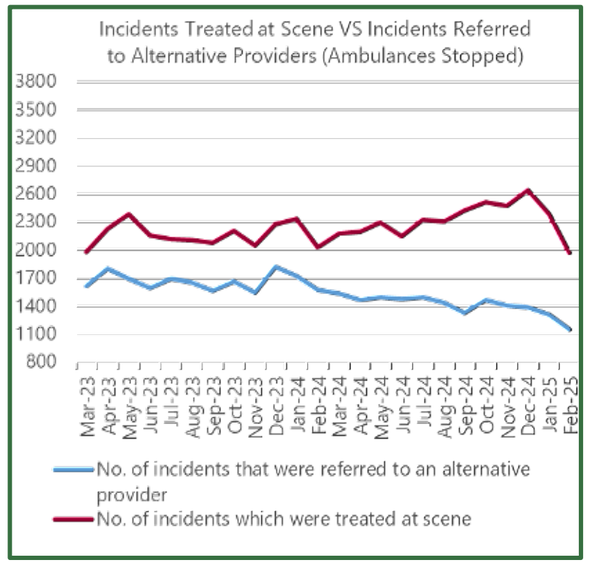
Ministerial Measure

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









Analysis

In February 2025 11.20% of patients (1,311) were conveyed to a service other than a Type One ED, while 34.73% of patients were conveyed to a major ED, as a percentage of verified incidents.

The combined number of incidents treated at scene or referred to alternate providers decreased, from 3,684 in January 2025 to 3,124 in February 2025.

The APP conveyance rate was 46.6% in October 2024 and continues to experience a generally increasing trend since March 2023; whilst the DCR table highlights by code the incidents where the preferred response should be an APP (if available). Pilot schemes are in place to clinically dispatch advanced and enhanced clinical resource to safely manage care closer to home, however, data quality is being undertaken and therefore no further data is available.

Patients conveyed to SDEC's in October 2024 remained low at 0.14%. No further data is available.

Remedial Plans and Actions

- Continued contribution to the SDEC strategy the 6 goals programme with HB actions around reporting measures from referral and bedding of SDECs in times of escalation. It should be noted that WAST data reflects a direct referral to an SDEC where some HB models require a conveyance to ED initially and then streaming to SDEC on this basis.
- Further investment in the APP workforce in 2024/25 (+32 APPs).
- Formal education support and induction package for APPs agreed trust-wide.
- Embedding the Urgent Care response within the Clinical Model Transformation, tasking optimisation (alongside HB partners if available), scheduling care and APP development and workforce.
- Inclusion of specific Frailty and Falls workstream within Urgent Care Response Service with involvement in the review of the All Wales Falls Response Framework alongside NHS Executive Colleagues.

Expected Performance Trajectory

The 2023 EMS Demand & Capacity Review (strategic) models various future states. The modelled scenarios indicate that the Trust will need to evolve its clinical model with health boards also significantly reducing handover e.g. 12,000 hours or 7,500 hours, alongside varying levels of investment. Seasonal modelling continues to be undertaken.

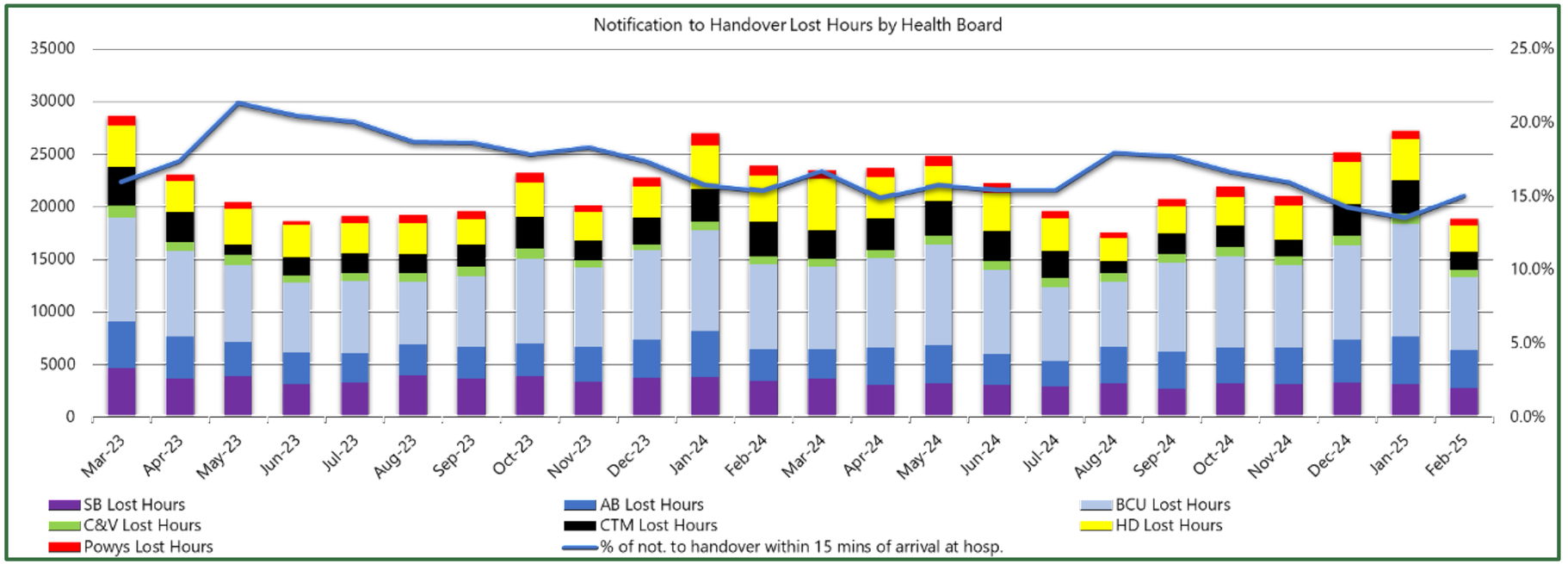
Partnerships / System Contribution
Handover Indicators

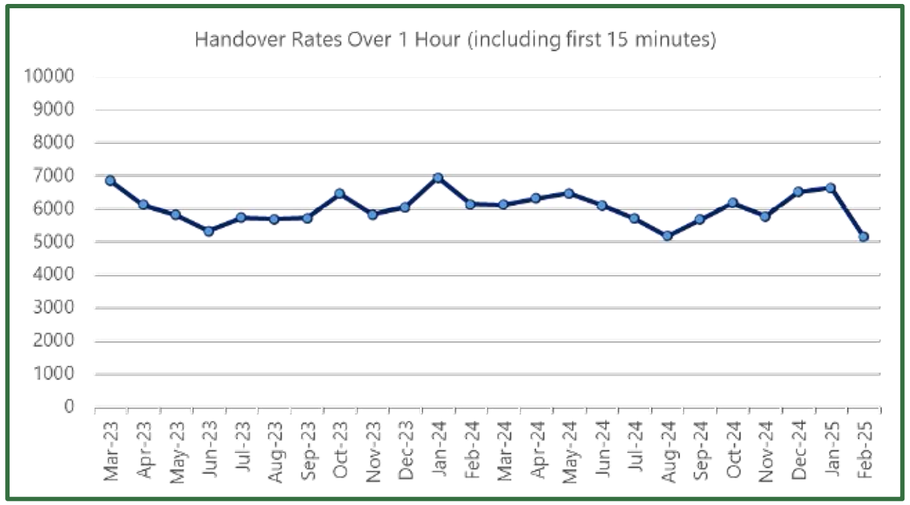
(Responsible Officer: Health Boards)

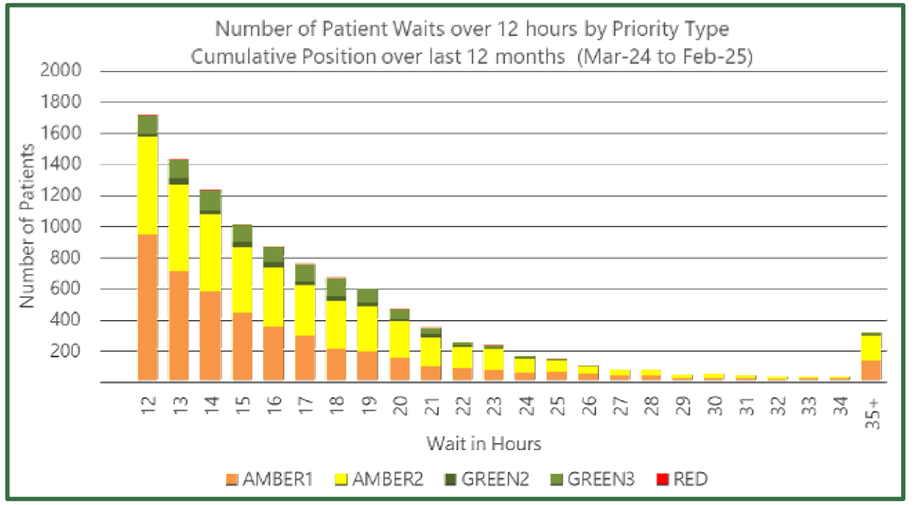
Lost Hours R

CI

QUEST







Analysis

265,944 hours were lost to Notification to Handover, i.e. hospital handover delays, over the last 12 months (Mar-24 to Feb-25), compared to 265,615 hours over the same timeframe the previous year. There were 18,811 hours lost in February 2025, which is 21.27% lower than the 23,896 hours lost during February 2024.

The hospitals with the highest levels of handover delays during February 2025 were:

- Grange University Hospital (ABUHB) at 3,526 lost hours
- Morriston Hospital (SBUHB) at 2,616 lost hours
- Ysbyty Maelor Hospital (BCUHB) at 2,400 lost hours
- Ysbyty Gwynedd Hospital (BCUHB) at 2,206 lost hours
- Glan Clwyd Hospital (BCUHB) at 2,002 lost hours

Notification to handover lost hours averaged 672 hours per day during February 2025 (28 days) compared to 878 hours per day (31 days) in January 2025.

In February 2025, the Trust could have responded to approximately 5,934 more patients if handovers were reduced, which highlights the impact these numbers are still having on the service.

In February 2025, 858 patients waited over 12 hours for an ambulance response.

Remedial Plans and Actions

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

Expected Performance Trajectory

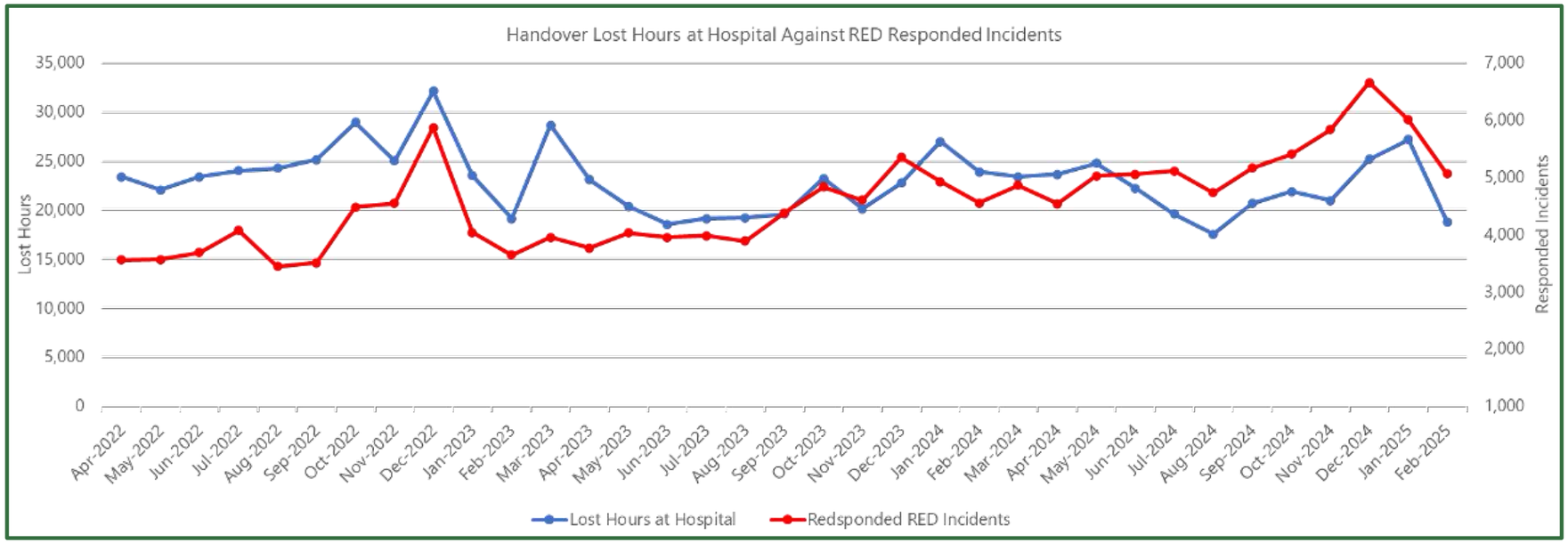
The Welsh Government handover target for 2024/25 is no waits over one hour; this equates to 7,500 hours lost to handover delays per month. There would need to be a 60% reduction in current handover levels for this to be achieved.

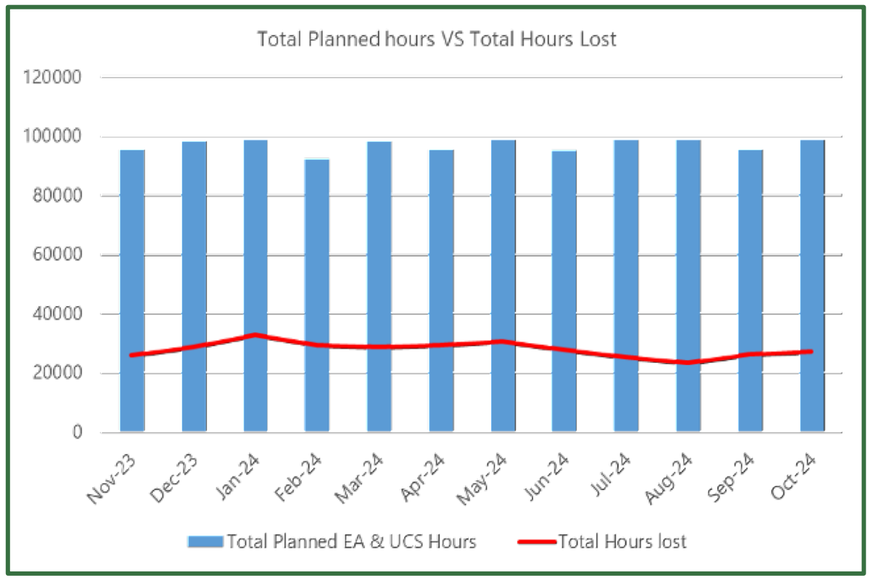
Partnerships / System Contribution

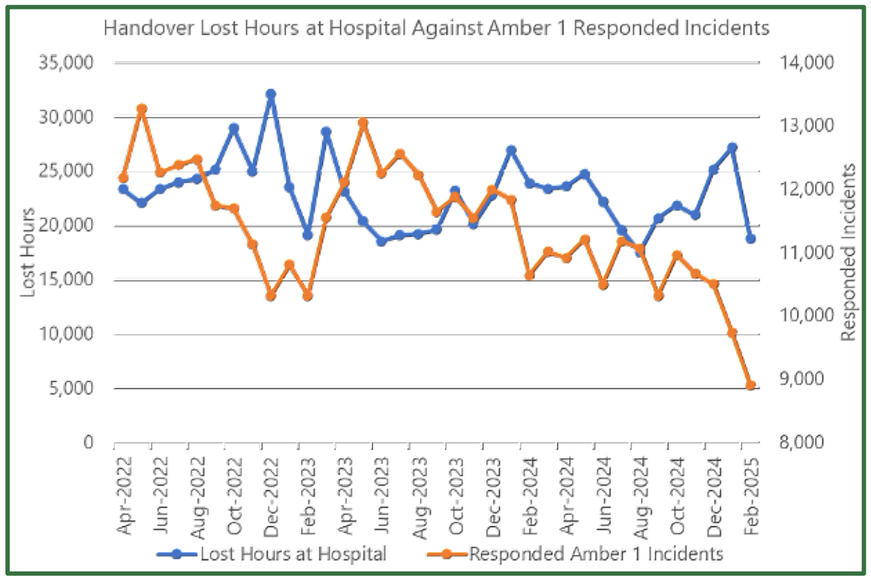
Handover Lost Hours Against Red & Amber 1 Responded Incidents

(Responsible Officer: Health Boards)

CI QUEST







Analysis

The top graph highlights that as handover lost hours have increased since February 2022, so too have the number of Red incidents being responded to. This shows that when CSP is in periods of high demand and hospital handover increases, Red responses are protected, even during high pressure within the system.

However, as the bottom right graph illustrates, there is a correlation between lost hours increasing and a decrease in the number of Amber 1 incidents being responded to, particularly at times of high demand, such as during December 2022. This is notwithstanding that some of these patients within the Amber 1 category will still be seriously ill.

Remedial Plans and Actions

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

Expected Performance Trajectory

The Welsh Government target is no patient handovers of more than one hour, which equates to 7,500 lost hours a month. The Welsh Government target was to see a 30% reduction in this metric by December 2024. However, this has not been achieved, with the 18,812 hours lost in February 2025.

**NB: Data correct at time of abstraction*

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

Definition of Indicators

Indicator	Definition	Indicator	Definition
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.	**Duty of Candour**	A notifiable adverse outcome is any incident whereby harm (moderate harm, severe harm and death) is caused, which is unintended or unexpected and that the provision of the health care was or may have been a factor in the service user suffering that outcome.
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 acute in-patient and out-patient specialist services together with the necessary support systems, which allow emergency admissions, and which usually has an Accident and Emergency Department).
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.	**Immediate Release requests**	The number of requests submitted to Health Boards for the immediate release of vehicles at Emergency Departments to release them back into the community to respond to other urgent and life-threatening calls

AGENDA ITEM No	12
OPEN	OPEN
No of ANNEXES ATTACHED	1

QUALITY & PERFORMANCE MANAGEMENT FRAMEWORK RE-FRESH 2025-28

MEETING	Trust Board
DATE	27 March 2025
EXECUTIVE	Rachel Marsh – Executive Director of Strategy, Planning & Performance
AUTHOR	Hugh Bennett - Assistant Director, Commissioning & Performance
CONTACT	Hugh.Bennett2@wales.nhs.uk

EXECUTIVE SUMMARY

1. The purpose of this report is to obtain approval for the re-fresh of the current Quality & Performance Management Framework (Q&PMF)**.**

2. The Trust has operated a Q&PMF for a number of years, with the current 2022-25 version requiring a three-year refresh.

3. Benchmarking indicates that the Trust has set itself a high bar with its current approach; consequently, the re-fresh is an evolution not a revolution with the emphasis on completing what the Trust has started, with a particular focus on completing self-assessments across all the of the Trust against the Organisational Requirements (the Trust's quality and performance management standards) and ensuring consistent good practice.

4. The emphasis on completing what the Trust has started is consistent with the internal audit of the Q&PMF in 2024, which gave the Q&PMF a "reasonable assurance" rating, but "limited assurance" on progress. Progress has been a product of a lack of capacity, which is now being resolved.

5. Based on benchmarking, discussion and feedback received, a number of tweaks have been made to the Q&PMF as part of this refresh, in particular, a stronger focus on quality (balanced and holistic metrics) and outcomes.

6. The Q&PMF represents the Trust's quality policy and forms part of its approach to discharging the statutory Duty of Quality.

7. Board/ELT has responsibilities under the Q&PMF, with the Q&PMF Steering Group (Chair: Executive Director Strategy, Planning & Performance) accountable for its development and oversight. The Q&PMF Steering Group meets monthly, with the

Executive Director Quality & Nursing and Director of Corporate Governance also representing ELT. The Steering Group has a refreshed work programme.

RECOMMENDATION

Trust Board is asked to: -

a) **Note Finance & Performance Committee's endorsement of the Q&PMF Re-fresh;**
b) **Identify any further amendments as part of the re-fresh; and**
c) **Approve the Q&PMF 2025-28.**

REPORT APPROVAL ROUTE
03.03.25 Quality & Performance Management Steering Group 05.03.25 ELT 18.02.25 Finance & Performance Committee 27.03.25 Trust Board

REPORT APPENDICES
Appendix 1 – Q&PMF 2025-28

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

SITUATION

1. The purpose of this report is to obtain approval for the re-fresh of the current Quality & Performance Management Framework (Q&PMF)**.**

2. The Trust has operated a Q&PMF for a number of years, with the current 2022-25 version requiring a three-year refresh taking it through to the period 2025-28.

BACKGROUND

3. The Trust has operated a Q&PMF for a number of years.

4. Generally, the Trust has a strong track record of delivery, which indicates a strong culture of planning and quality/performance management. A formal Q&PMF is designed to ensure there are formal structures and processes to further support the quality and performance management culture of the Trust.

5. The formal Q&PMF is also an important part of the Trust's response to the statutory Duty of Quality and the 12 Health & Care Standards.



6. Ultimately, good performance management should give assurance that a quality service is being delivered, whether that is to patients or other users of our services (external and internal).

ASSESSMENT

Benchmarking

7. The Quality & Performance Management Steering Group, which is accountable for delivery and oversight of the framework, undertook benchmarking in Q3 2024/25. This involve looking at frameworks in other ambulance trusts, health boards, health organisations and the private sector.

8. The benchmarking identified that the Trust has set itself a high bar, with the Q&PMF setting out over 20 Organisational Requirements, the quality and performance management standards for the Trust.

9. The development and roll out of the Q&PMF is actively managed through the Q&PMF Steering Group. The Trust appears to be unusual in undertaking quality & performance self-assessments i.e. we did not find evidence of other organisations undertaking them. It does this at a corporate, whole organisation, level, and at an individual service level.

10. The key takeaway from the benchmarking was an identified need to increase the focus on the importance of people within the framework, with the recommended action being a senior member of the People & Culture Directorate joining the Steering Group.

Duty of Quality

11. As part of the refresh Corporate Governance, QSPE & SP&P held a workshop to reflect on the Framework in general, reflecting specifically on the Duty of Quality within the context of the Trust. The workshop identified:

    - A need for a stronger emphasis on completing timely quality impact assessments (QIA);
    - The use of more balanced and holistic metrics, with less emphasis on time and more emphasis on experience and outcomes; and
    - Data linking that supports the measuring of clinical outcomes

Quality & Performance Management Survey

12. A short, two question, survey was made available to all colleagues across the Trust, asking them to rate quality and performance management in the Trust and identify how it could be approved.

13. The score was 4.62 out of 10, with the following identified areas of improvement:

- Strengthening the connection between the Framework and people (as against numbers);
- More emphasis on quality and outcomes; and
- Improved access to quality and performance data.

14. Whilst the score is less than 50%, a degree of circumspection is required here i.e. performance management can involve having difficult conversations.

Corporate Self-Assessment

15. A corporate level i.e. Trust level, self-assessment against the Organisational Requirements was undertaken in 2022. This has been refreshed. Key identified areas for improvement included:-

- Refreshing the Trust's Long Term Strategy (LTS);
- Measuring the impact (outcomes) of the LTS and Integrated Medium Term Plan (IMTP);
- Ensuring every directorate has a proportionate Local Directorate Plan (LDP);
- Strong emphasis (organisational discipline) on completing lessons identified, closure reports and benefits realisation reports;
- Developing a quality & performance (data literacy) training for all B7 managers and above

16. The above bullets are not an exhaustive list, but key points from the corporate self-assessment.

Internal Audit

17. The Framework was subject to an internal audit in 2024. The framework and its delivery received an overall rating of "reasonable assurance", but progress on delivery received only a "limited assurance".

18. The completion of quality & performance self-assessments across all of the Trust, with supporting work plans, is considered key here. Completing these self-assessments encourages reflective practice, identifies good practice, reduces variation and moves the Trust towards consistent good practice.

19. Development capacity v capacity to manage the day-to-day needs of quality & performance management has been the fundamental problem; however, this is being addressed by additional capacity in the Insight & Data Services service.

20. The internal audit did not recommend any changes to the actual framework, just the delivery of it.

Q&PMF 25-28

21. The Q&PMF 25-28 is attached at Appendix 1. The wording on its relationship to the broader Duty of Quality has been strengthened and a number of the Organisational Requirements have had there wording tweaked: OR1, OR3 OR4, OR5, OR6, OR9, OR11 and OR23. The changes are marked in red.

22. One new OR is recommended, OR16:-

OR16	There should be a focus on measuring and evaluating the benefits, effectiveness and eventual outcomes from services and service change.

Summary

23. The Trust's Quality & Performance Framework 2022-25 will come to an end on 31 March 2025. It has been reviewed and refreshed for the period 2025-28. The refresh has included benchmarking, surveying users of it, internal audit recommendations, a self-assessment and consideration of the Trust's statutory Duty of Quality. The framework is considered sound and to set a high bar for the Trust. The overall conclusion of the refresh was to complete and finish what the Trust has started. Doing so should give the Trust assurance that it is delivering a quality service.

RECOMMENDATIONS: The Trust Board is asked to:

(1) Note Finance & Performance Committee's endorsement of the Q&PMF Re-fresh;
(2) Identify any further amendments as part of the re-fresh; and
(3) Approve the Q&PMF 2025-28.

WAST QUALITY & PERFORMANCE MANAGEMENT FRAMEWORK

VERSION: (2)

2025-2028

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3.	Quality & Performance Management Cycle

1. Purpose

This Quality & Performance Management Framework sets out an integrated approach to helping the Trust **improve the quality of its services and outcomes for patients** and **achieve its ambitions and objectives** by monitoring and improving the performance of people, teams, and the organisation. It will be communicated across the organisation, supported by a work plan and formally reviewed every three years.

It establishes a framework for developing a **shared understanding** about what is to be achieved and an approach to leading and developing people which will ensure that it is achieved. It should **empower** colleagues at every level in the organisation to do their jobs more effectively and help remove barriers that are preventing them from giving their best.

The Framework also provides a formal document to give assurance to Trust Board that the Trust has a clearly defined approach for delivering quality and performance at all levels of the organisation, and quantifiable measures that enable the Trust to assess our delivery of the Health & Care Quality Standards 2023 and therefore deliver against our responsibilities as set out in the Health & Care (Quality & Engagement) (Wales) Act 2020 ("the Act") and more specifically the **Duty of Quality**. The Framework applies to the whole organisation, including operational service delivery, clinical services and support services

Quality is defined within the Act as "continuously, reliably and sustainably meeting the needs of the population we serve". This includes, but is not limited to:

- the effectiveness of health services;
- the safety of health services; and
- the positive experience of individuals to whom health services are provided.

Performance Management is the process of actively managing delivery of a plan, in particular, regular review and corrective action to remain on target to deliver a plan and the process of making change to a process or system that is key to delivering improved performance, normally involving a service redesign technique. Ultimately, performance management should give assurance that a **quality service** is being delivered.

2. Background

As a quality driven organisation, the Trust is focused on promoting a culture that ensures that its behaviour, attitudes, activities and processes meet our patients and service user needs and expectations. The quality of the services we provide should be assessed not only on our capacity to achieve statutory requirements, but on our capacity to meet patient expectations and consider the intended or unintended effects on our stakeholders. Quality services encompass not only our operational functions and performance, but also how these services are perceived and valued by our patients.

The performance of the Trust is intrinsically linked to the behaviour of our people within their areas of work. Ensuring alignment and engagement among our people requires a shared understanding of our quality policy and the Trust's desired outcomes. This Framework provides the **Quality Policy** of the Trust and is an integral component of the Trust's **Quality Plan**, which aligns with the Trust's Strategic Vision: *Delivering Excellence 2030*, and complements the organisation's broader strategic initiatives and priorities.

In Wales, health and care organisations are subject to legislative requirements that set legal obligations on the Trust, including the *Duty of Quality*, the *Duty of Candour*, and engagement with our patients through Wales's *Citizen Voice Body* (Llais). A critical aspect of fulfilling the Duty of Quality involves developing and integrating robust **Quality Management Systems** with Quality Planning, Quality Improvement, Quality Control and Quality Assurance all working together to create a learning environment. This Framework supports the information and data flow required for maintaining an effective quality management system within the Trust.

The Trust's structured assessments, internal audits, Audit Wales Quality Governance Review, and Welsh Government Duty of Quality 'self-assessment' have also identified the need to enhance measurement and reporting of quality and performance.

This Framework forms part of the wider QMS:



This Framework works within the 12 Health & Care Quality Standards:



In developing this updated Framework, consideration has been given to similar frameworks in other public sector organisations, literature on quality and performance, external stakeholder requirements e.g. Welsh Government policies and frameworks etc., and feedback from internal stakeholders.

The Quality & Performance Management Framework is pivotal as an **internal control mechanism** within our broader assurance arrangements. This framework is instrumental in reinforcing mitigations and serving as a robust second line of defence, ensuring the Board receives thorough assurance. Alongside the **Risk Management Framework -** which is vital for governing the Trust's objectives and central to effective risk management - this framework supports the delivery of quality improvement. These efforts are further enhanced by fostering a strong risk management culture and adhering to the principles of good governance across the organisation. Additionally, the **Board Assurance Framework** delineates how WAST will further fortify the risk management framework, detailing the comprehensive arrangements for providing the Board with assurance regarding the risks that could hinder the organisation from achieving its strategic objectives. Together, these frameworks ensure that quality and performance management remain central to identifying and addressing potential risks effectively.

3. Framework Overview

The Trust's Quality & Performance Management Framework is a broad organisational framework made up of **5 key building blocks,** set out in the visual below**.** These set out both the **processes** that need to be in place across the organisation, but importantly also touch on the **values and culture** that need to be embedded around **supporting people and teams,** as key enablers to take positive ownership and accountability for improvement.



The Trust is a complex and diverse organisation, and there needs to be some flexibility in terms of how this Framework is implemented on the ground i.e. proportionality. The Framework sets out the core principles or **organisational requirements** for each of these building blocks, which are set out in more detail in the following sections.

In each part of the organisation, whether that be in corporate or operational Directorates and teams, managers are required to assess their own systems and processes against the requirements in this Framework, and where necessary, implement changes and improvements. The arrangements for quality and performance management, aligned to this Framework, for a particular part of the Trust, will be documented in a series **of local Frameworks**.

The Framework is designed to be a dynamic document, reflecting the fact that quality and performance management practices are being amended and improved on a weekly basis to reflect the fast moving and changing nature of the Trust's work, and later in the document, how this will happen will be described.

The Quality & Performance Framework will be supported by a **work programme.** The **Q&PMF Steering Group** will be responsible for delivering the work programme and accountable to Executive Leadership Team and will develop reporting for the responsible director to the Finance & Performance Committee.

4. Setting Aspirational and Stretching Objectives

OR1	The Trust will clearly set out its long-term ambitions in a Board approved Long Term Strategy, the LTS. It will be easily accessible and understood by our people, across the organisation, and by stakeholders. The LTS may be supplemented by additional key plans e.g. Strategic Workforce Plan, Quality Plan, etc., however, these must show a direct alignment to the LTS.

OR2	The Trust will operationalise these long-term ambitions through a Trust wide, rolling, three year **Integrated Medium Term Plan** (IMTP).

OR3	More detailed **Delivery Plans** will be developed as required at Directorate, Team or Programme level**,** setting out how they will contribute to achievement of the Trust's Strategy and IMTP and local deliverables not contained in the IMTP.

OR4	The LTS and plans will take account of their operating context, including service users e.g. **citizen's voice, person centred, patient feedback**, internal customer feedback etc.

OR5	Our people will understand their value and contribution through an annual **Personal Appraisal Development Review (PADR)** with an individual plan for the year, connecting the individual's contribution to the Trust's ambitions and plans.

OR6	All plans at every level will **be balanced**, taking into account; our patients, our people, resources & value, and how the plan contributes to partnerships and the wider system (and within these four the 12 Health & Care Standards). The plans will also consider risks and opportunities and how they might be mitigated.

OR7	The Trust will give due regard to Welsh Government, Commissioner and other **strategies and statutory requirements** when developing its plans and planning arrangements.

OR8	All plans should include objectives that are **FAST**: frequently discussed, ambitious, specific (SMART) and transparent.

OR9	All plans should be **dynamic** and responsive to changing circumstances, with supplementary plans being produced as agreed

The Trust is committed to developing, evolving and clearly articulating its LTS and ambitions, taking into account the wider context in which it operates, and working in collaboration with internal and external stakeholders. The process of **production of plans** that then turns these longer-term ambitions into specific aims and objectives that are stretching and focused is a key component of the Framework.

The Trust has a requirement to give regard to all relevant statute in its planning and delivery. Of particular relevance are: a generational focus (the Well-Being of Future Generations (Wales) Act 2015), plan in a way that is consistent with the NHS Wales Planning Framework, commissioning requirements, Welsh Government strategy and a statutory requirement to embed quality and engagement in decision making – the Health & Social Care (Quality & Engagement) (Wales) Act 2020.

The Trust will develop plans at every level of the organisation - **strategic, tactical and operational**. This will produce a **hierarchy of plans** that link together, aligning the Trust and all its people towards achieving its agreed, overall vision.

At an organisational level, **the Integrated Medium Term Plan** will set out, on a three-year rolling basis, the prioritised actions that the organisation will take to move it towards its strategic ambitions. The IMTP will take account of national planning guidance issued by Welsh Government, the external environment in which we operate including statutory requirements and commissioning intentions, as well as intelligence gathered from patients and staff.

Underneath the IMTP, a range of more detailed **delivery plans** will be developed. These may be at a programme level, a Directorate level, or a sub-Directorate level. These are important mechanisms which set out the actions that individuals and teams need to take at all levels of the organisation, linked back to the IMTP.

Lastly, these plans will all be linked back to individuals through their **PADRs,** which will allow each member of staff to understand how they contribute to the Trust's aims and objectives.

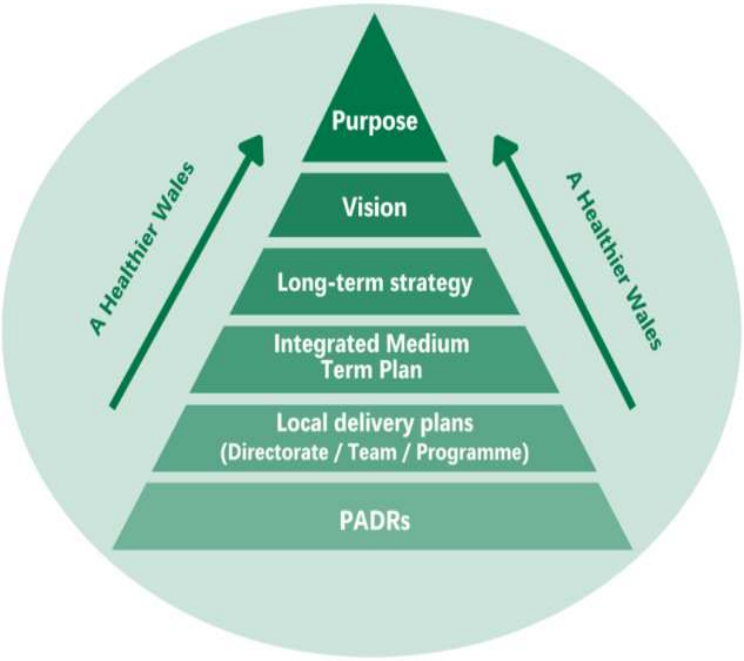
In addition, emergency and business continuity plans should be produced to deal with unplanned situations that interrupt the planned delivery of strategic ambitions and impact on the quality and performance delivery.

All plans will set out clear objectives which should be FAST (frequently discussed, ambitious, specific and transparent). Actions should have clear milestones for delivery.

Plans should be based on the principles of quality, in particular, the domains and enablers of the Health & Social Care (Quality & Engagement) (Wales) Act 2020.

Strategies and plans must be developed alongside the relevant impact assessment. All strategies and plans must have an Equality Impact Assessment (EqIA), but some may also require a Quality Impact Assessment (QIA) or a range of other relevant cyber, digital or environmental assessments. Further information on all the different types of impact assessments can be found in a SIREN notice from the Corporate Governance Directorate.

The Trust's planning arrangements are set out in the following diagrams:-


Purpose
Vision
Long-term strategy
Integrated Medium Term Plan
Local delivery plans (Directorate / Team / Programme)
PADRs
A Healthier Wales
A Healthier Wales


Long Term Strategic Framework
IMTP
Programme, delivery & directorate plans
PADRs

5. Balanced & Coherent Measures and Targets

OR10	The Trust will develop appropriate measures **at every level** of the organisation, aligned to plans that demonstrate progress in achieving long term ambitions and objectives.

OR11	The measures will **be proportionate and balanced** reflecting the quality of services to our patients, our people, resources & value and partnership & system contribution and reflect the 12 health & care standards.

OR12	In reviewing progress against quantitative measures, consideration will be given to **progress over time,** and information will be **simply presented** to ensure that it is clearly understood.

OR13	Everyone in the Trust should have **easy access** to information on the measures relevant to their role, **empowering** quality and performance management in their job.

OR14	Everyone in the Trust should have access to and **be aware** of the corporate level measures and metrics to understand the progress that is being made.

OR15	All reports setting out progress against these measures will be **quality assured** in terms of the data, with clarity provided on data definitions.

OR16	There should be a focus on measuring and evaluating the benefits, effectiveness and eventual outcomes from services and service change.

Quantification of Aims & Objectives

The development and monitoring of measures is the mechanism by which the organisation can assess whether its strategy, aims and objectives are being achieved. If an aim or objective does not have an agreed quantifiable measure, then assessing progress becomes subjective and more difficult. Aims and objectives, normally contained in plans, projects or programmes should be supported by measures. These measures should be FAST.

Balanced, Logical & Coherent Metrics

There is plenty of quality and performance literature that identifies that setting the wrong measures can cause perverse incentives or sub-optimise performance i.e. an over focus on one measure to the detriment of another. The origins of the **balanced scorecard** approach to measures came from a number of high-profile organisational failures, where there was an over focus on profit or public sector targets at

the expense of wider considerations like safety. The Welsh Government paper "A Healthier Wales", set out the Quadruple Aims, which is based on this approach.



Benefits Realisation & Evaluation

There is a need to quantify plans and use balanced metrics for day to day operations, but also change and transformation. There is a general recognition in the Trust that it needs to improve its approach to assessing the **benefits** of a planned change/transformation and **evaluating change/transformation**, particular, larger scale ones.

Trust Balanced Scorecard

The Trust agrees with this balanced approach and has interpreted it into the Trust setting out the following 4 areas of focus.

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

Within these four the Trust will also give regard to the 12 Health & Care Standards.

The metrics chosen should be logical (based on evidence) and **connected to one another** so that they provide a coherent picture of the interaction between variables that affect quality and performance.

A coherent set of metrics will usually look at the links between **inputs, processes and outputs & outcomes**, for example, ambulance hours produced, speed of mobilisation, chain of survival times and lives saved, which helps determine value achieved from the initial investment of taxpayers' money.

The Institute of Health Improvement (IHI) similarly advise that metrics should be **proportionate**, focusing on "**the vital few**" i.e. the key metrics that need to be affected, in order to improve quality and performance.

Vanguard Systems Thinking also recommends the avoidance of hit/miss targets to help manage quality, safety and patient experience, so the use of **distribution curves** (median, 65th and 95th percentiles). This is not to say that hit/miss targets cannot be used, but that they should be supported by distribution measures. The Trust has also learnt that a focus on what is happening in the last five percentile points is also an important aspect to patient safety.

Both IHI and Vanguard recommend the use of **time series analysis** graphs. Time series analysis enables colleagues to identify trends, variations, and changes in the metrics over time which may be driven by service change or presenting demand (user or patient). Time series analysis can be further supported

using supporting techniques like statistical process control (SPC) and pathway/system mapping of flow (work, users and patients).

Metrics should be presented in a way that are **easy to read** and use, with an emphasis on graphical presentation that provides the reader with a coherent narrative of what is happening and why.

There will need to be an appropriate level work undertaken within the organisation to ensure that data is of sufficient **quality** to be used in reporting of these measures, and an appropriate clear definition of each measure.

And finally, **predictive techniques** are encouraged, for example forecasting patient demand and simulation modelling, which enable decision makers to get upstream and have sufficient time to take balanced, coherent and FAST actions to mitigate potential identified quality and performance issues.

Clearly, not all quality and performance reports need to be balanced and coherent, they may rightly have a specific focus, but **decision-makers should be receiving either balanced and coherent quality and performance reports or a suite of reports that together provide this balance and coherence.**

By providing a balanced, logical and coherent set of metrics the Trust, at whatever level, should have a strong set of business intelligence and the ability to triangulate information, to form a clear picture on what is happening.

Quality and Clinical Outcomes

A lot of the current metrics that the Trust produces are time based and therefore are a proxy for quality and clinical outcomes i.e. it is assumed that if a clinician arrives in reasonable time the outcome will be positive. It is generally acknowledged that the Trust **needs to improve its suite of information on quality and clinical outcomes**, in particular, data linking that enables the Trust to track patients it has had contact with and identify what the eventual outcome for that patient was and not just that the Trust arrived in a timely manner and completed a bundle of care.

Drill Down

Most performance literature agrees that for senior decision makers quality and performance reports need to focus on the "vital few" metrics; however, it must be also possible to "**drill down"** from key high level metrics and obtain more detailed information. This may be by geography (health board, locality, station) or by time (month, day, hour) or both. This ability to drill down enables colleagues to identify the geographic area or time period that is most important to improving quality and performance.

Alignment

The Trust operates in a data rich environment. Whilst this is a good thing, an issue can be that colleagues cannot always easily understand how the metrics they are working on align to what the Trust is trying to achieve overall. Most quality and performance literature agree that organisations are more effective if employees at every level in an organisation understand how their work and the metrics they are working on fit into the **"big picture".** The most famous example of this is the NASA janitor who was helping to put a man on the moon.

This alignment has traditionally been done through PADRs. The Trust knows that this is an area, particularly with the growth of ICT, where there are opportunities for further development over the three years of this Framework.

6. Ownership & Accountability

The requirements for Ownership & Accountability are:-

OR17	**Everyone in the Trust** has a level of ownership and accountability for quality and performance management and improvement, commensurate with their job description.

OR18	**The plans** at every level of the organisation will clearly set out the **owners** of each action and deliverable, although **matrix working** is a key part of the way in which owners can ensure actions are delivered

OR19	The individual owner is **accountable** for the action, deliverable and outcome achieved, and is provided with the support to deliver.

Overall accountability for quality and performance rests at Trust Board level, but **everyone** in the Trust has a responsibility for quality and performance. Accountability and responsibility are detailed through a variety of management mechanisms, for example, formal schemes of delegation, job descriptions, scope of practice, plans and PADRs.

However, quality and performance management theory points to **one person** needing to be identified as **owning an aim, objective or measure**, to avoid confusion, create clarity and ensure ownership and accountability. The Trust makes extensive use of action logs, risk registers, project plans, programme plans, tactical plans as well as the Board level IMTP and Monthly Quality & Performance Report. It is established practice in the Trust that these management mechanisms include a column which identifies the lead so that ownership and accountability are clear.

The identified lead is the person who is deemed to be **accountable** for a particular aim, objective or measure. The level of accountability should be appropriate to their job description with increasing breadth of responsibility and delegation to deliver the aim, objective or measure.

Accountability means that the lead will be **held to account**. This will normally be in a quality and performance forum (see next section) and will involve challenge and scrutiny if an aim, objective or measure is not being delivered. This process should lead to the identification of corrective actions to aid the delivery of the aim, objective or measure, which should be recorded.

Whilst it is right and proper that colleagues are held to account it is equally important that colleagues have the tools, techniques and capacity to deliver on what they are accountable for i.e. we set up to succeed.

7. Assurance & Review Mechanisms

OR20	There will be **regular meetings** at every level across the Trust (Trust wide, Directorate, team, individual) where quality and performance delivery is reviewed and assured, linked to the relevant plans.

OR21	These meetings will form part of a **quality and performance management cycle** (Trust, departmental or functional)

OR22	Where assurance is not achieved, **corrective action** will be agreed with a supporting improvement tool or the issue will be escalated.

OR23	The Trust will comply with and support all **external quality and performance management** assurance requirements (JET / JCC/ IQPD).

Assurance is positive declaration intended to give confidence that a key deliverable/action and the associated measures are being delivered. **Assurance is achieved through review**. Review invariably requires formal organisational mechanisms. A lack of assurance should lead to corrective action in order to achieve assurance.

Performance management theory and practice identifies that **regular meetings** provide a clear process for reviewing quality and performance, an organisational rhythm and through repetition the development of knowledge and insight. These are managed at various meetings and governance forums throughout the organisation. These are identified by the Quality and Performance Management Framework Steering Group. That Steering Group meets monthly and reports into the Executive Leadership Team.

The Finance and Performance Committee has oversight of this framework and the value of outcomes produced by the framework. Reporting to that committee is from the responsible director (Executive Director of Strategy, Planning and Performance), and the Steering Group provides a forum to support the establishment of robust monitoring and assurance processes, enable clear escalation routes for issues that require a resolution, and to support development of assurance reporting.

The integrated governance programme maintains a dynamic map of governance forums at the Trust, and the intention is that the forums that manage quality and performance throughout the organisation will be linked and visible in that programme. The Audit, Risk and Assurance Committee has oversight of the integrated governance programme.

For the Trust wide level meetings the expectation is that:-

- They are formal meetings, with clear terms of reference;
- Receive a regular supply of timely quality and performance information;
- Quality and performance information is historic, but also predictive;
- There is a supporting action log and maybe also an action plan (optional);
- The meetings are undertaken in collaboration, in a matrix style.

Corrective Action

The acid test of quality and performance meetings is whether quality and performance improves or the impact of system pressures is mitigated. In more formal meetings there should be a clear action log with a focus on corrective/remedial actions allocated to attendees. In less formal meetings email notes or hand-written notes in a daily log book may suffice. The actions/notes should be returned to in the next meeting.

8. Support to Individuals and Teams

OR24	The Trust will ensure that colleagues at every level in the Trust have **access to the resources, education, training & development and tools and techniques** to enable them to deliver and improve quality and performance.

OR25	Appropriate **quality and performance management training** will be available for colleagues at all levels in the Trust, including training in data, analytics and behaviours.

Functional Support

Whilst quality and performance management is everyone's responsibility, there are three parts of the Trust that provide lead functional support for quality & performance management. The three areas are Insight& Data Services, the Quality & Improvement Team and the Strategy, Planning & Performance Directorate.

Insight & Data Services

Insight & Data Services (IDS), previously known as Health Informatics, looks after the whole data lifecycle, from acquisition to storage and reporting, to sharing and destruction. This extends to the governance frameworks of data quality and data protection. IDS aims to provide all professional support regarding data, whether that be information and insight generated from data; ethics, security, and protection related to use and sharing of our data; or practical guidance when managing records and information.

Quality & Improvement Team

The Quality & Improvement Team provide advice, leadership and support on internationally recognised approaches to quality and improvement in the health sector. These involve a range of techniques, for example, the Plan, Do, Study, Act (PDSA) cycle, the use of time series charts, statistical process control. The Team also enables a wider community of quality and improvement advisors across the Trust.

Strategy, Planning & Performance Directorate

The Strategy, Planning & Performance Directorate (SP&P) leads on the LTS, IMTP, planning in general, transformation (including programme and project management), commissioning and performance management, with respect to committees/Board and key external accountability meetings.

All three have expertise to support the Q&PMF and support colleagues across the Trust.

Access to Improvement Tools and Techniques

The Trust will ensure that colleagues at every level in the Trust are supported to deliver and improve quality and performance through the **availability of good improvement tools and techniques**.

Quality & Performance Management Training

Training on quality and performance management is largely the responsibility of individual managers and staff via the PADR process; there is no real corporate overview (horizon scanning or needs analysis) of the Trust's quality, performance management and improvement tools & techniques. The Quality &

Performance Management Framework Steering Group will collaborate with the People & Culture Directorate (now members of the Group) to ensure appropriate quality and performance management training for colleagues at all levels in the Trust. The overall approach should be that of a learning organisation.

Nevertheless the Trust does have access to an extensive range of good improvement tools and techniques (see *Appendix 2*).

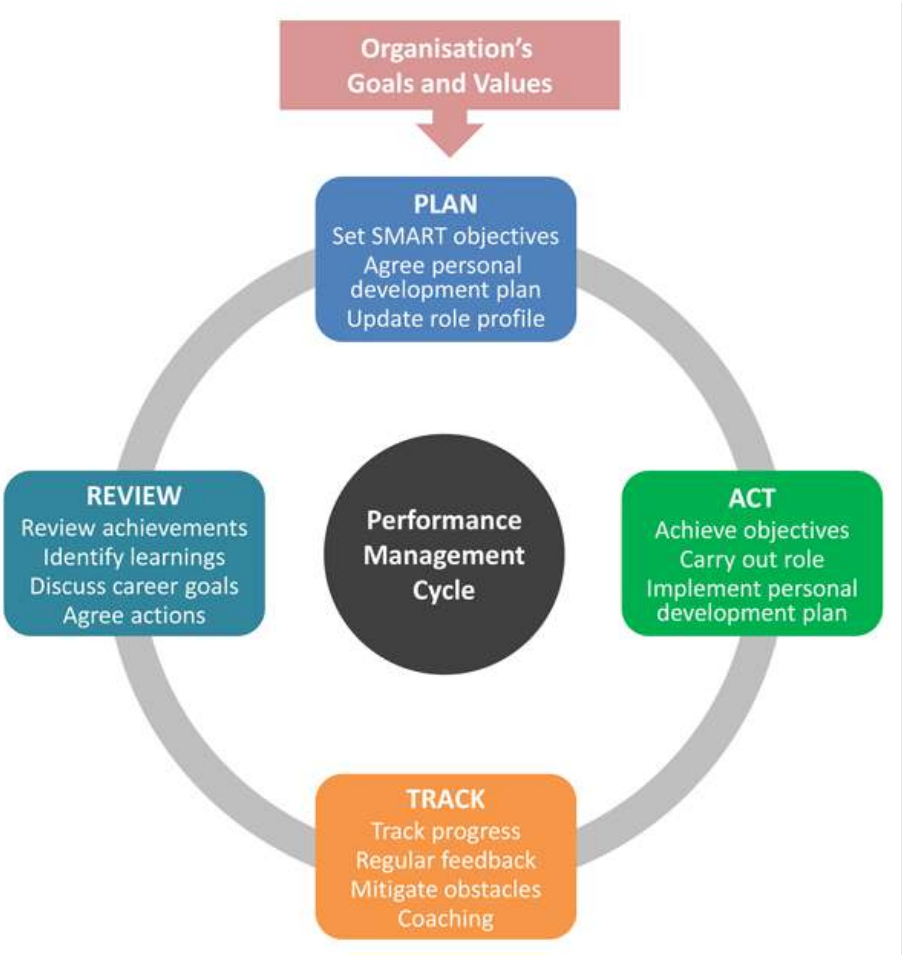
Quality & Performance Analysis

In 2024 the Trust moved is main quality and performance data analytics software from Qliksense to **Power BI**. As part of developing its approach to quality and performance management training across the Trust, the Steering Group will also consider data, information and Power BI literacy.

9. Quality & Performance Management Cycle

The process of developing and stretching aims and objectives in plans, the development of balanced, coherent and FAST measures and delivering these through ownership, accountability, assurance, review and improvement can be brought together and articulated into a formal quality & performance cycle.

Quality & Performance Management Cycle



Quality & Performance Management Cycle

In section 7 the Framework identified an Assurance & Review Governance Map (*Appendix 1*) i.e. the series of meetings that make up the Trust wide approach to quality and performance. In order for these meetings to be fully effective they need to fit together around a cycle that has the following characteristics:-

i. sufficiently upstream to enable good planning for quality and performance;

ii. integrated to ensure that plans are aligned to each other, what has been referred to as "planning advantage" (rather than competitive advantage);

iii. Delivery focused, in particular, sufficient mechanisms are in place in year to ensure that a plan is supported and delivered; and

iv. Evaluates, that the cycle asks “have we delivered what we set out to deliver?” and has “what we planned delivered the intended benefits and outcomes?”

Appendix 4 sets out the Trust’s Quality & Performance Cycle.

10.Roles & Responsibilities

Every colleague in the Trust has a role and responsibility for quality and performance management. There are also specific roles within the Framework.

The **Chair** has oversight and ultimate Board level accountability and responsibility for the Trust's quality and performance. In discharging this responsibility, the Chair is supported by the Board comprised of Non-Executive Directors, the Chief Executive Officer, Directors and Trade Union representatives. The Quality & Performance Management Framework provides a key assurance mechanism for the Chair, and Board to discharge their overall responsibility for quality and performance. The Chair has a specific role within this Framework to undertake a PADR and monthly one to ones with the Chief Executive Officer.

Non-Executive Directors support the Chair in discharging Board level accountability and responsibility for the Trust's quality and performance, in particular, act as Chairs and Vice Chairs of board committees with a specific focus as per the committee's terms of reference.

The **Chief Executive Officer** has ultimate officer accountability and responsibility for the Trust's quality and performance. The Chief Executive Officer will primarily discharge these responsibilities, in line with this Framework, through the Strategic Transformation Board, the Executive Leadership Team (ELT), monthly one to one meetings with Directors and PADRs.

The **Executive Director of Operations** has lead officer responsibility for Operation's quality and performance across the Trust's three patient pathways: 111, 999 and Ambulance Care.

The **Executive Director of Finance & Corporate Resource** has lead responsibility for the Trust's financial & resource planning, financial & resource monitoring and delivery and financial & resource benefits and outcomes, including financial balance.

The **Executive Director of Paramedicine** has lead officer responsibility for the Trust's overall Clinical Strategy, clinical practices and a specific lead responsibility for clinical quality and performance in the Clinical Directorate. The Executive Director of Paramedicine is also the Trust's most senior paramedic.

Executive Director of Quality & Nursing has lead responsibility for the regulation of registered nurses and professional standards in the Trust and the Trust's Quality Strategy. The Executive Director of Quality & Nursing is the Trust lead for Health & Social Care (Quality & Engagement) (Wales) Act 2020. The Executive Director of Quality & Nursing is a member of the Quality & Performance Management Steering Group, which forms part of the Trust's wider governance arrangements for the Act.

The **Director of People** has lead responsibility for People Services, employment relations, workforce planning & recruitment, Workforce Education and Development and Occupational Health and Wellbeing.

The **Director of Cultural Change** has lead responsibility for change management and developing the Trust's approach to cultural change, in particular, our behaviours, speaking up safely, sexual safety in the workplace, inclusion & diversity, the Staff Survey, PADRs and the Organisational Development function.

The **Director of Partnerships and Engagement** has lead responsibility for communications, engagement and partnership aspects of the Quality & Performance Management Framework e.g. communication metrics etc. The Director of Partnerships and Engagement has a specific responsibility for the Trust's Annual Report and specific responsibilities for quality and performance management as per the Support Services Quality & Performance Management sub-framework.

The **Director of Corporate Governance/Board Secretary** has lead responsibility for the Trust's Board Assurance Framework and overall governance of the Trust. The Quality & Performance Management

Framework is a key part of the Trust's Board Assurance Framework. The Director of Corporate Governance/Board Secretary has lead responsibility for managing the flow of reports to the Board and its committees including quality and performance management reports. The Director of Corporate Governance/Board Secretary has a specific responsibility for overseeing the management of the Trust's integrated year end reporting and specific responsibilities for quality and performance management as per.

The Executive **Director of Strategy, Planning and Performance** has lead responsibility for the Trust's planning and performance management processes, including the commissioning of the Trust's services by its funders. The Director of Strategy, Planning & Performance has lead responsibility for the Quality & Performance Management Framework and chairs the Quality & Performance Management Steering Group. The Director of Strategy, Planning & Performance also has specific responsibilities for quality and performance management as per the Support Services Quality & Performance Management sub-framework.

All **senior managers** have a responsibility to contribute to the on-going development of the Framework, in particular, its content and then application of the Organisational Requirements at every level of the Trust.

The following members of the Trust's senior leadership community have lead responsibility for the Quality & Performance Management Framework and are members of the Quality & Performance Management Steering Group:-

- Assistant Director Planning & Transformation;
- Assistant Director Commissioning & Performance;
- Assistant Director Quality Governance; and
- Assistant Director of Digital Services: Data & Analytics

Every member of staff has a responsibility to contribute to the on-going development of the Framework, in particular, its content and then application of the Organisational Requirements at every level of the Trust, in a way that is consistent with the Trust's behaviours.

11.Developing the Framework

The Framework will be formally reviewed (and Trust Board approved) every three years, but will also be dynamic and updated in the intervening three years if required. Accountability for dynamically updating the Framework resides with the Executive Director of Strategy, Planning & Performance and the Executive Director of Quality & Nursing, engaging with the wider ELT.

Responsibility for the ongoing development and implementation of this Framework will be discharged through a formal **Quality & Performance Management Framework Steering Group**, which will meet monthly and ensure the continued improvement of the Framework confirming it is dynamic, live and reflecting changes in theory, practice and the health care system. The terms of reference for the Quality & Performance Management Steering Group are attached at *Appendix 3.*

12.Further Advice & Guidance

Please contact:-

Kate Blackmore, Assistant Director Quality Governance

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Alex Crawford, Assistant Director of Planning & Transformation

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Leanne Smith, Assistant Director, Digital Services: Data & Analytics

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Hugh Bennett, Assistant Director Commissioning & Performance

Hugh.bennett2@wales.nhs.uk

Appendix 1

Tools & Techniques	Description	Lead
Benchmarks	Normally a level of quality or performance on a measurement which is considered best-performing, an industry standard or a "gold standard". The Trust has access to a range of benchmarks.	AD Commissioning & Performance
Benchmarking	The process of finding good practice in other organisations than can be applied into the Trust.	AD Commissioning & Performance AD of Quality Governance
Forecasting	Predicting or estimating a future trend, for example patient demand based on extrapolation of historic data using statistical techniques and software. The Trust has access to techniques and software.	AD Commissioning & Performance
Simulation Modelling	Simulation modelling is **the process of creating a digital model of part of the health care system to help predict quality and performance in the real world.** The Trust has access to a range of powerful simulation software.	AD Commissioning & Performance
Report Manager & Power BI (quality and performance software)	Power BI is a **business analytics solution that lets a user visualize data and share insights across an organisation** or embed them in an app or website. It is part of MS365 and replaced Qliksense in 2024. It is the Trust's main quality and performance software. The Trust also uses Report Manager, which is internal software that provides set reports.	AD Digital Services: Data & Analytics
Hackathons	A meeting or series of meetings, where interested parties and the Trust's experts in quality and performance data analytics get together to collaborate on drilling into data with a	AD Commissioning & Performance

Tools & Techniques	Description	Lead
	view to finding areas of focus for improvements.	
Deep Dives	Deep dives involve drilling down into a particular quality and performance issue and writing up the findings with a focus on resulting improvement actions.	AD Commissioning & Performance
Surveys	A method of investigating the opinions and experience of a cohort of people often using statements and scale of response e.g. strongly agree to strongly disagree that enables quantification of the results.	Head of Patient Experience & Community Involvement
User Feedback (non-survey)	A qualitative rather than quantitative method of investigating opinions and experience, for example, focus groups, structured interviews, stories of experiences.	Head of Patient Experience & Community Involvement
Process Mapping	Process maps are diagrams that show – in varying levels of detail – how the Trust delivers something through an interconnected series of steps. Mapping a process aids thinking about how a process or service can be redesigned to improve quality and performance.	AD Commissioning & Performance AD of Quality Governance
Systems Thinking	A system is an interconnected series of processes that make up a system that delivers an outcome. Mapping a system (which will normally span several organizations) aids thinking about how a system can be redesigned to improve quality and performance and outcomes.	AD Commissioning & Performance AD of Quality Governance
Project and Programme Management	Project management is **the application of processes, methods, skills, knowledge and experience to achieve specific objectives within an agreed time frame.**	Alex Crawford AD Planning & Transformation

Tools & Techniques	Description	Lead
	Programme management involves the management of a dossier of linked projects around a shared objective. The Trust has a Project & Programme Management Framework	
Statistical Process Control (SPC)	The use of time series analysis (run charts) linked to statistical techniques that seek to identify quality and performance variation and its causes. The Trust has software to support SPC. The Trust also has a number of colleagues trained as Improvement Advisors.	AD Commissioning & Performance AD of Quality Governance
Plan Do Study Act (PDSA) Cycles	PDSAs are tests of changes (normally in a series) that are undertaken in a planned and controlled manner to study the impact on quality and performance, linked to SPC.	AD Commissioning & Performance AD of Quality Governance
Roster Reviews	Roster reviews aim to improve the alignment between patient demand capacity and improve staff health and well-being through improved working patterns. The Trust has access to powerful roster design software.	AD Commissioning & Performance AD Operations, Resourcing & EMS Coordination

Appendix 2

QUALITY AND PERFORMANCE MANAGEMENT STEERING GROUP

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS APPROVED BY EXECUTIVE LEADERSHIP TEAM ON 05 MARCH 2025

1. PURPOSE

1.1. The Quality & Performance Management Steering Group (the Group) is established by the Executive Leadership Team (ELT) to implement, oversee and steer the ongoing development of the WAST Quality & Performance Management Framework (the Framework).

1.2. This Framework, the first version of which was approved by the Trust Board in March 2022, sets out the Trust's approach to quality and performance management though a set of Organisational Requirements, which incorporate how the Trust will comply with the quality and performance regulatory requirements. These include the Health and Social Care (Quality and Engagement) Act 2020, the NHS Wales Performance Framework, requirements of our commissioners and other key national requirements

1.3. The ELT is responsible for monitoring performance against KPIs and objectives set by the Board and ELT and for satisfying itself on the integrity of management information, ensuring there is an effective system of governance and internal control and integration, connection and liaison between services and directorates.

1.4. From a Board perspective, the Finance & Performance Committee oversees performance against targets and the effectiveness of the Framework; the Quality, Patient Experience and Safety Committee oversees the duty of quality; and the Audit, Risk and Assurance Committee has oversight of the implementation of the Framework.

1.5. The Framework aims to enhance organisational performance, align individual and directorate goals with strategic objectives, and promote a culture of continuous improvement while maintaining a strong emphasis on quality. The Group's primary responsibility is to ensure the effective design, implementation, and monitoring of the Framework with a focus on quality standards.

1.6. The Framework will be formally revised every three years and kept under review during this time. In 2023 the Framework was reviewed to ensure the duty of quality - as set out in the Health and Social Care (Quality and Engagement) Act 2020 - was appropriately reflected and embedded in the Framework.

1.7. The Group shall work diligently to enhance the organisation's performance management practices while ensuring the highest quality standards are maintained and improved. In so doing it will aid the delivery of appropriate patient safety, patient experience and staff well-being.

1.8. The Group recognises that there are a number of other forums within WAST that deal with related issues, particularly the implementation more widely of the duty of quality and the duty of candour. It is not the intention of this Group to duplicate that work and its members will be conscious of this as they fulfil their duties and as those various forums become clearer.

1.9. With regard to 1.8, from 01 April 2025 QMG will have a new reporting line, reporting into the Q&PMF Steering Group.

2. REMIT

It is impossible to be prescriptive on all matters the Group will discuss, monitor, and review, and there will from time to time be matters before the Group which do not fall within the items listed below, but which align to the Group's purpose and allow it to be agile in its ways of working. Ultimate authority on issues before the Group will be for the Chair.

The Group is established to:

2.1. Develop a work programme for the implementation of the Framework that includes the Framework's Organisation Requirements related to:

(a) Setting aspirational and stretching objectives;

(b) Balanced and coherent measures and targets;

(c) Ownership and accountability;

(d) Assurance and review mechanisms; and

(e) Support to individuals and teams.

2.2. Establish guidelines and processes for setting 'floor to Board' quality and performance goals, recommending performance appraisal methods, tools and frequency aligned to the Framework and which take account of the impact on quality.

2.3. Define key performance indicators (KPIs) and metrics that measure progress towards organisational goals with a specific focus on quality-related outcomes.

2.4. Ensure the quality and integrity of performance indicators in conjunction with the wider governance arrangements for informatics and information governance.

2.5. Provide clarity and, where necessary, develop, the meeting structures, roles and responsibilities and associated governance required to evaluate performance and recommend corrective actions.

2.6. Ensure fairness, transparency, and equity in the performance evaluation process, especially in relation to quality impact assessments

2.7. Provide guidance and training to managers and employees on performance management best practices, emphasising quality.

2.8. Monitor and assess the effectiveness of the Framework, particularly its impact on maintaining and enhancing quality standards;

2.9. Undertake a formal review of the Framework every three years, noting that continuous improvements will be identified and prioritised to the Framework within that period based on stakeholder feedback, and manage the delivery of these.

2.10. Ensure the implementation and continuous improvement of the Framework is communicated to the Trust on a regular basis.

3. AUTHORITY

3.1. The Group shall develop and present recommendations to the ELT for approval regarding changes, improvements, or modifications to the Framework.

3.2. The Group may determine that certain elements of it remit shall be exercised by Sub-Groups. Sub-Groups will report to the Group on a regular basis through a AAA (alert, advise, assure) report, highlighting matters for escalation.

4. MEMBERSHIP

4.1. Membership shall include:

- Executive Director of Strategy, Planning and Performance (Chair)
- Executive Director of Quality and Nursing (Deputy Chair)
- Director of Corporate Governance/Board Secretary
- Assistant Director Commissioning and Performance (Group Secretary)
- Assistant Director Quality and Governance
- Assistant Director Planning and Transformation
- Assistant Director Digital, Data & Analytics
- Assistant Director Operations Resourcing & EMS Co-ordination
- Head of Culture & OD
- Commissioning & Performance Manager
- TU Partner

4.2. The Chair shall:

- Facilitate Group meetings. Where the Chair is unavailable the Deputy Chair will Chair the meeting.
- Ensure the Group operates efficiently and effectively.
- Report to ELT on progress and any escalations via the AAA report.

4.3. The Group Secretary shall

- Schedule and coordinate meeting logistics including invitations to members and Microsoft Teams links;
- Collaborate with the Chair to develop the agenda;
- Call for, collate and distribute meeting papers;
- Serve as a point of contact for members;
- Draft the AAA report (note, no minutes of this meeting are required);
- Maintain an actions and decision log in addition to the AAA, ensuring that all actions are updated ahead of meetings;
- Track action items assigned during meetings and ensure responsible parties complete them within specified timelines;
- Maintain an up to date repository of the terms of reference, actions and decisions log, and meeting papers which are accessible to all members.

4.4. Members may send deputies in their absence who will act with their full authority. Such deputies must be notified to the Chair in advance of the meeting. The Chair will appoint another member to chair meetings when they are absent.

4.5. Invitations may be extended to others to attend all or part of a meeting both from within or outside the organisation to assist with its discussions on any particular matter.

5. OPERATING ARRANGEMENTS

5.1. Meetings of the Group are internal to the management and executive governance structure at WAST are not open for the public.

Quorum

5.2. The Chair or Deputy Chair and at least 3 member members must be present to achieve a quorum.

Frequency

5.3. Meetings of the Group will be held monthly or as otherwise directed by the Chief Executive Officer.

Agenda and Papers

5.4. Papers will be available to members three working days before a meeting and shall be received by the Group's Secretary four working days before a meeting.

Duration

5.5. The Group is enduring in nature until such time as it is disbanded by the ELT.

6. REPORTING

6.1. The Group is established by the Executive Leadership Group (ELT) and will report into the ELT after each meeting by way of a AAA report presented by the Chair of the Group.

6.2. The AAA report will provide information on an alert, advise, assure basis and be clear what is required of ELT where any escalations are made in the alert section.

6.3. The Audit, Risk and Compliance Committee will receive regular reporting on the implementation of the Framework by the Executive Director of Strategy, Planning and Performance.

7. REVIEW

7.1. These terms of reference and operating arrangements shall be reviewed at least annually but more frequently if required.

8. VERSION CONTROL TABLE

Version Number	Change	Author/ Reviewer/ Approver	Date
1.0	Terms of Reference approved	Trust Board	March 2022
2.0	DRAFT Revision to Terms of Reference included wholesale changes	QPMF Steering Group	October 2023
3.0	Terms of Reference approved	QPMF Steering Group	2 November 2023
4.0	Terms of Reference approved	ELT	22 May 2024
5.0	Terms of Reference updated to reflect Q&PMF Re-fresh 2025-28 and approval by Q&PMF Steering Group.	Q&PMF Steering Group	03 March 2025
6.0	Terms of Refence updated to reflect QMG now reporting into Q&PMF.	Q&PMF Steering Group	03 March 2025
7.0	Terms of Reference updated to reflect Q&PMF Re-fresh 2025-28 and approval by ELT.	ELT	05 March 2025

WAST Quality & Performance Cycle

Ref	Activity	Lead	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
1	IMTP/budget planning Away Days	DSP&P	x				x	x											x	x					
2	JCC Commissioning Intentions Received	CASC	x																						
3	WG IMTP Guidance Issued	DSP&P		x																					
4	IMTP First Cut to Trust Board	DSP&P					x																		
5	Trust Board of Approval of IMTP	DSP&P							x																
6	QSPE & Trust Board Approval of Quality Plan	QSPE							x																
7	LDP Guidance Issued	DSP&P							x																
8	LDPs Approved by ELT	CEO										x													
9	Chair's PADR (with Minister)	Minister											x												
10	CEO PADR (with Chair)	Chair									x														
11	Directors' PADRs (with CEO)	CEO							x	x															
12	Seasonal Tactical Plans (Winter) WG Submission	SP&P			x																				
13	Patient Safety Related Incidents Report (monthly)	QSPE	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
14	Significant Claims Report	QSPE		x			x			x			x			x			x			x			x
15	Annual Safeguarding Report	QSPE										x												x	
16	Health & Safety (Monthly & Quarterly Mgt Report)	QSPE	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
17	Patient Experience and Community Involvement Report	QSPE		x			x			x			x			x			x			x			x
18	Corporate Risk Register Trust Board Report	CS	x		x		x		x		x		x		x		x		x		x		x		x
19	STB IMTP Delivery Report (overall and per programme)	SP&P	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
20	Trust Board IMTP Delivery Report	SP&P	x		x		x		x		x		x		x		x		x		x		x		x
21	Mid-Year JET	CEO			x												x								
22	Year End JET	CEO										x												x	
23	Integrated Quality, Planning & Delivery Meeting	CEO		x				x		x		x													
24	Integrated Monthly Quality & Performance Report	SP&P	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
25	Subscription Reports (daily, weekly etc.)	DoD	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
26	Live Reports e.g. ODU Dashboard etc.	DoD	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
27	JCC (including provider update.)	SP&P	x		x		x		x		x		x		x		x		x		x		x		
28	111 & Ambulance Commissioning Management Group (including AQIs, programme updates etc.)	SP&P		x		x		x		x		x				x		x		x		x		x	
29	JCC NEPTS DAG	SP&P		x		x		x		x		x				x		x		x		x		x	
30	JCC Ambulance Quality Indicators (AQIs) Published	DoD	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
31	WG Statistical Release	DoD	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
32	Quality Plan and Annual Report to AGM	DP&E											x												x

AGENDA ITEM No	**13.1**
OPEN or CLOSED	**Open**
No of ANNEXES ATTACHED	**9**

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

MEETING	Trust Board
DATE	27 March 2025
EXECUTIVE	Rachel Marsh - Executive Director of Strategy, Planning and Performance Chris Turley – Executive Director of Finance and Corporate Resources
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 of the progress in developing the 2025-2028 Integrated Medium-Term plan in the context of NHS Wales Planning Framework and the Joint Commissioning Committee (JCC) Commissioning Intentions for 2025/26 and that the Board approves the plan, subject to final proof reading (grammar and consistency) in order to submit to Welsh Government by 31 March 2025.

Finance and Performance Committee (FPC) were assured that the IMTP and the process to develop it this year:

- aligns with our long-term strategy, demonstrating a clear link between the actions and our strategic objectives;
- balances ambition with deliverability;
- is underpinned by a credible, sustainable financial plan;
- takes appropriate account of patient outcomes and workforce wellbeing;
- identifies and mitigates risk;
- shows appropriate engagement with stakeholders

The report will highlight the key issues in the plan and is presented as a 3-year balanced financial plan. Trust Board is presented with narrative draft v0.4 and selected technical appendices.

Changes since FPC reviewed the draft IMTP version 0.4 are as follows:

- A paragraph on years 2 & 3 financial plan, for completeness;

- Update in the financial plan narrative on the further financial assumption regarding the transfer of 'Save a Life Cymru' into WAST;
- Updated risk narrative relating to the financial pressure on health boards and the JCC;
- Wording to reflect the work we are doing with the national ambulance handover task force;
- Some wording on work we will be doing nationally with partners to learn from other health systems, such as Denmark;
- The update commitments to our people to reflect the ongoing work on flexible working is subsumed into more usual business and transformation, but that we now commit to work on improved 1:1 conversations as part of Our WAST Way;
- Update Wellbeing Objectives which are being presented for approval at Board.

It is RECOMMENDED that the Board

- **NOTES** the progress made in developing this year's IMTP;
- **APPROVES** the IMTP for submission to Welsh Government by 31 March 2025.

KEY ISSUES/IMPLICATIONS

It is a legal requirement that NHS Health Boards (HBs) and Trusts in Wales must submit to Welsh Government an IMTP covering three years, refreshed annually. However, importantly for WAST it is also the way in which we set out the priorities over the next three years for achieving our long-term strategic objectives and deliver the transformation that needs to happen to improve our services, ensuring we address the Joint Commissioning Committee's commissioning intentions for EMS, NEPTS and 111.

WAST's IMTP planning cycle runs from June 2024 to March 2025. Planning happens alongside delivery, making the IMTP dynamic and a live document. The key to good planning is not in the final written plan but in the processes, conversations and engagement that go into developing the plan.

Welsh Government issued its Planning Guidance in letters from the Cabinet Secretary to Chairs and followed by more detail from the Director General to Health Board and Trust Chief Executives on 20 December 2024. Furthermore, following the 2025/26 draft budget for Welsh Government released on 10 December 2024 (and recently passed in the Senedd), Health Boards received their allocation letters for the 2025/26 financial year on 20 December 2024. Whilst this did not directly confirm funding for WAST, it formed the basis for our financial planning assumptions.

Key issues for the government are:

- Timely access to care;

- Population health and prevention;
- Building community capacity;
- Improving mental health access;
- Enhancing women's health services.

Our action plans to address these key issues (or priorities) are included as appendices 6a-d, and will be considered approved as part of the overall IMTP approval.

Key issues for commissioners fall into six broad areas:

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

The main headlines within the HBs allocations were as follows:

- An additional £435m being allocated to HBs for 2025/26, on top of that recurrently provided part way through the 2024/25 financial year;
- On top of this the recurrent costs of the 2024/25 pay award, plus that to be agreed for 2025/26, plus the changes to the minimum and real living wage (RLW) values will be separately and fully funded to all NHS Wales organisations;
- This all results in a residual general uplift for inflationary and other cost pressures for 2025/26 of 1.77%;
- Additional Capital funding of £175m, of which £115m is routine capital and £60m for IFRS 16.
- An expected minimum of 2% cost avoidance / containment and savings plan across all NHS Wales organisations.

Given the Trust's current underlying position, along with the level of funding able to be made available, and subject to some of the remaining risks highlighted in the paper presented by the Executive Director of Finance & Corporate Resources, this does provide the ability for the Trust to present a balanced financial plan for 2025/26. WAST has been asked to outline what further stretch it could make in its cost improvement/savings plans by the JCC, however this plan is presented in the context of an £8.5m savings target.

We have developed our priorities through January and February through engagement internally and externally, including surfacing some unavoidable costs, and the plan is presented to the Committee for endorsement.

The plan will be accompanied by a Minimum Data Set, detailed appendices and action plans against the cabinet secretary's priorities set out as the key issues for government above.

An EQIA has been undertaken and has supported the development of the IMTP and is included as an appendix to this paper.

REPORT APPROVAL ROUTE
Executive Leadership Team 5 March 2025 Finance & Performance Committee 18 March 2025 Corporate Partnership Forum 20 March 2025 Trust Board 27 March 2025

REPORT APPENDICES
Appendix 1 – SBAR Appendix 2 - Draft IMTP v0.5 Appendix 3 – IMTP Appendix – Challenges and Opportunities Shaping our Plan Appendix 4 - EQIA Appendix 5 – Full financial plan v6 Appendices 6a-d – Ministerial priority action plans

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

Appendix 1

2025-28 WAST IMTP

SITUATION

1. The purpose of this paper is to update the Board of the progress in developing the 2025-2028 Integrated Medium-Term plan in the context of NHS Wales Planning Framework and the Joint Commissioning Committee (JCC) Commissioning Intentions for 2025/26 and that the Board approves the plan, subject to final proof reading (grammar and consistency) in order to submit to Welsh Government by 31 March 2025.

BACKGROUND

2. It is a legal requirement that NHS Health Boards and Trusts in Wales must submit to Welsh Government an IMTP covering three years, refreshed annually. However, importantly for WAST, it is also the way in which we set out the priorities over the next three years for achieving our long-term strategic objectives and deliver the transformation that needs to happen to improve our services, ensuring we address the Joint Commissioning Committee's commissioning intentions for EMS, NEPTS and 111.

3. WAST's IMTP planning cycle runs from June 2024 to March 2025. Planning happens alongside delivery, making the plan dynamic and a live document. The key to good planning is not in the final written plan but in the processes, conversations and engagement that go into developing the plan.

4. Our IMTP is developed at the same time as commissioner plans and commissioning intentions, as well as key priorities for the Minister. Welsh Government will continue to scrutinise the extent to which the assumptions that underpin our planning (activity, income etc.) align with those of Commissioners, key partners and ministerial priorities for NHS Wales.

5. WG Planning Guidance and the NHS Wales Planning Framework was issued by the Cabinet Secretary in letters to NHS Chairs and further supported by a letter from the Director General to Chief Executives on 20 December 2024. The requirement is to submit a three-year IMTP to comply with statutory financial and service duties. It remains a legal requirement for a break-even financial plan over a three year rolling financial period.

6. Plans should include detailed narratives, year-one milestones, actions, and projections, emphasising financial sustainability and resource optimisation. The requirement is for 'Firm, Indicative and Outline' levels of detail and a progression over time. This has been our approach for a number of years, with clear quarterly milestones in year one, indicative plans into year two and

outline plans into year three. We will once again be required to complete Ministerial Template's demonstrating how we are delivering against the Cabinet Secretary's priorities for NHS Wales, and a Minimum Dataset setting out activity, workforce and financial projections

7. Plans must align with the priorities set by the Cabinet Secretary and First Minister (set out below), focusing on quality, safety, and equity. This includes mandated enabling actions for year one which must be integrated with local needs and resources.

8. As a newly named organisation under the Act, we must incorporate the Well-being of Future Generations (Wales) Act 2015 and the Social Partnership and Public Procurement (Wales) Act 2023 into our plans, demonstrating how we will comply with the acts and publishing our Wellbeing Objectives. We must also plan for the implementation of the Provider Selection Regime Wales by 24 February 2025.

9. The governance requirement is to submit Board-approved plans by 31st March 2025. Following clarification from Welsh Government, we do not need to submit a video alongside the IMTP at the end of March but will produce one soon after.

10. The CEO did not submit an accountable officer letter on 14 February 2025, but instead emailed the Director General to indicate that we have a plan that balances, but with risk due to unavoidable costs built in.

11. As stated above, the NHS Wales Planning Framework 2025-2028 outlines strategic priorities and enabling actions aimed at transforming health and care services in Wales. Below is a summary highlighting the key points for consideration within the WAST IMTP:

11.1 Ministerial Priorities: The framework focuses on five strategic priority areas:

- Timely access to care;
- Population health and prevention;
- Building community capacity;
- Improving mental health access;
- Enhancing women's health services.

These priorities aim to address public concerns and ensure sustainable improvements in service delivery, with health boards expected to incorporate these into their three-year plans. We will reference and include those enabling actions set out in the framework that are relevant to our service delivery. Our ministerial priority action plans are included as appendices 6a-d and will be considered approved as part of the overall IMTP approval.

The action plans are aligned to the delivery expectations set out in Annex 1 of the NHS Wales detailed planning guidance and based on advice from the WG planning team. We have not included a plan for women's health services, as the delivery expectation is for the establishment of women's health hubs in each health board.

11.2 Delivery and Accountability: Organisations are urged to focus on early, sustainable gains in priority areas set out in an annex to the framework. Enabling actions, based on evidence for improved efficiency and outcomes, are mandated under an "adopt or justify" principle. These include stopping low-value or wasteful practices in line with the national Value and Sustainability Programme, and progress on these must be reflected in our plan. We have undertaken an assessment against these actions and our IMTP presented to the Board will include where we intend to adopt the enabling actions set out by Government.

11.3 Efficiency and Innovation: The framework stresses financial sustainability, improved productivity, and maximising resource use. Innovation, particularly in digital transformation, is critical for achieving these goals. Health boards are encouraged to collaborate regionally to provide higher-quality and more accessible care, which will have clear implications for ambulance services. We have set out a continued commitment in our plan to the Financial Sustainability Programme and Value Based Health Care.

11.4 Workforce and Leadership: Investing in and empowering the workforce to deliver safely, effectively and flexibly is vital. The framework emphasises compassionate leadership to foster a supportive culture, and enhance team effectiveness. Organisations are required to develop strategies to prioritise workforce well-being and optimise team performance.

11.5 Outcomes and Public Engagement: Organisations are expected to balance immediate service needs, such as long waits for treatment and timely discharge from care, with long-term health outcomes through preventative measures. Continuous engagement with the public and workforce will shape future transformation and support adaptation to emerging challenges.

12. In January the Board was assured by the planning process whereby the plan is developed through six workstreams using a project approach:

- **Gathering intelligence** from a range of sources, including a PESTLE analysis and a State of the Nation Report;
- **Engaging** with stakeholders;
- **Developing priorities** for the next 3 years;
- **Technical planning**, including workforce, finance, capital and digital plans;

- **Writing** the plan;
- Taking the plan through **governance and approval.**

13. As an 'integrated plan, the planning approach needs to take account of the workforce, fleet, estate, digital and financial resources required to deliver the IMTP. At the same time, it takes account of the system wide developments which impact on WAST's ability to deliver services to the quality, the influence and impact WAST can have across the system and performance standards we hope to achieve through our own plan.

14. This year the plan will also need to set out what are our **Wellbeing Objectives** for the next three years as per our status as a named organisation under the Wellbeing of Future Generations Act. The IMTP will also need to demonstrate how we are working in line with the Act's Five Ways of Working. A task and finish group has been established to develop and engage on the Wellbeing Objectives, and importantly with Trade Union (TU) colleagues in compliance with the Social Partnership Duty. This will be presented separately to the Board.

15. An Equality Impact Assessment (EqIA) has been undertaken concurrently with the development of our priorities to ensure the plan is driven by a clear focus on equity, diversity and inclusion and, although a Quality Impact Assessment will not be needed as the IMTP itself does not constitute a strategic decision, the IMTP has taken full account of the Health and Care Quality Standards.

ASSESSMENT

14. The development of the IMTP is complete subject to final proof reading for grammar and consistency ahead of submission to Welsh Government by 31 March 2025.

<u>Gathering Intelligence</u>

14. To support our planning this year the Planning Team produced a 'State of the Nation' report to support collaborative planning events in October. This set out a point in time the following data:

    - IMTP delivery to that point;
    - Our performance profile;
    - Outcomes data;
    - Public and patient feedback;
    - Staff feedback, cultural metrics and survey data;
    - Our risk profile.

15. This has been updated as an appendix including updates to the detail in the October 'state of the nation' report has been finalised ready for Board IMTP

approval. The key issues are captured in the main body of the IMTP, in section 2. This is appendix 3 of this paper.

Engagement

16. Since the last update to the Committee in January we have engaged with our patient and public networks, with our people through WAST Live and with Trade Unions through the Corporate Partnership Forum and WASPT. We have also engaged with the JCC and health boards through the Interim Ambulance and 111 Commissioning Group and commissioning leadership group of JCC chief executives.

17. There has been no adverse reaction to our plans from our people. Our plans address some of the key areas of feedback we have received. The plan also addresses the JCC's commissioning intentions. How the IMTP addresses feedback from public, patients and our people, and addresses commissioning intentions has been summarised in section 2.

18. The People and Community Network also reviewed our key priorities and were generally positive. There was specific feedback about ensuring capacity is available in 111 particularly to help provide care and advice to people outside of hospital. Likewise there was support for the direction of travel for our 999 response to urgent care, whereby the network comments felt that treating people at home would be better than conveyance to hospital for many patients. There was also a suggestion that we could do more to educate the public around prevention of injury, such as falls. This aligns well with our direction of travel in our population health plan.

19. We maintain engagement with partners across the health and care system and information flows through a framework approach into Integrated Strategic Planning & Development group (ISPD) and Strategic Transformation Board (STB). This includes our joint engagement sessions with Digital Health & Care Wales (DHCW) and Health Education and Improvement (HEIW). We are now also represented on all Regional Partnership Boards (albeit a sub-group in Gwent).

20. Following Board Development sessions on the IMTP in November 2024 and December 2024, a draft of the IMTP narrative document was shared with Board members in February 2025 ahead of the governance process and in line with recommendations from Audit Wales in our Structured Assessment.

Developing and agreeing priorities

21. Health Board allocations included a 1.77% uplift which WG has confirmed should pass through to providers. However, given the current cost pressures

facing WAST this limits the ability to invest in new initiatives in the plan without a line of sight to further funding.

22. We therefore held two prioritisation events in January and February, of WAST senior leaders, with input from trade union colleagues in the January session. These focussed in on what we 'must (i.e. cannot not) do' in our plans, what we 'should do', putting lower priority on those things we 'could do' and identifying any areas we 'won't do' in 2025/26. This enabled us to identify areas of unavoidable cost and resource requirements that drive the activity, workforce and financial plans in the IMTP.

Integrated Technical Planning

23. The Integrated Technical Planning Group which reports into ISPD (which is responsible for overseeing IMTP development) is currently finalising the Minimum Data Set which sets out our activity, workforce and financial plans in consistent format for Welsh Government. This is consistent with the financial plan in appendix 5.

Financial Plan

24. The full revenue and draft capital financial plan for the Trust for 2025/26 is provided in appendix 5.

Revenue

25. The financial plan is presented as a balanced revenue financial plan for the 2025/26 financial year, albeit even after the identification and delivery of a significant savings plan of c£6.5m, this still leaves a residual financial gap of c£2m to be closed as we enter and progress through the financial year. This is predominantly due to the continuing costs of the EAP Band 5 national development, which has yet to attract any additional funding support.

26. The ability to close this residual gap and balance in year is however considered achievable, with areas and ways through which this will be progressed fully detailed within the full plan provided in appendix 5, and this is as such **presented as a balanced financial plan for approval**.

27. This is based on some key funding and cost assumptions included with the plan and, as above, additional actions that are expected to continue to be progressed through the financial year to deliver savings, and exploit any emerging areas of additional income generation, in order to balance. Given the current financial environment and context, and the continuing way in which the NHS in Wales and, in particular our commissioners, are funded, this plan inevitably focusses on the 2025/26 financial year, although the supporting

tables and technical submission maps this over the three financial years through to 2027/28.

28. Specifically, this plan will only provide for a balanced revenue financial outturn for the Trust for the 2025/26 financial year based on the following key financial assumptions:

    a. The additional funding as assumed and detailed in this plan is received in full. Primarily this relates to the full pass through of the general 1.77% uplift provided to Health Boards in the 2025/26 NHS Wales Allocation Letter issued on 20th December 2024, and is applied to all of the Trust's key commissioning agreements;
    b. That the resultant in year costs for key cost pressures identified within this plan are no more than that currently estimated;
    c. Specifically included within the above is c£3.5m costs for 2025/26, being this financial year impact of the need to move former EMTs onto the new EAP role at a A4C Band 5, and for which no separate, additional funding has been made available to the Trust to support these costs. How this is therefore afforded in year is captured within this overall financial plan, noting that the continuing work to balance in year in 2025/26 will need to also reflect the increasing costs of this element in 2026/27 and beyond;
    d. The ability to fully deliver on the resulting range of cost containment, cost avoidance and savings required to balance in year;
    e. That any and all additional costs the Trust may incur as a result of the following will either be funded separately, in addition to that currently assumed within this financial plan, or will not be able to be incurred:
        i. As per the above allocation letter issued to the NHS in Wales, costs relating to the 2025/26 pay deal, along with the recurrent costs of the 2024/25 pay deal, still to be confirmed;
        ii. The costs relating to changes to Employers NI from 6th April 2025,
        iii. Any costs, capital or revenue, emerging from the recommendations of the Manchester Arena Inquiry, which have been subject to a separate business case submitted to commissioners and WG for funding consideration,
        iv. Any net additional costs of providing any new road based response service to parts of rural Wales, linked to the implementation of some of the service changes arising from the recent EMRTS Service Review, and
        v. Any remaining costs associated with the previously submitted Connected Support Cymru business case, other than that already confirmed through Charitable grants.
    f. That the upcoming transfer of Save a Life Cymru to the Trust is financially neutral, for the 2025/26 financial year and beyond.

29. The high-level summary revenue financial plan for 2025/26 is therefore as follows:

	Opening Budgets 25/26 £m	Planned Savings £m	Revenue Set Budgets 25/26 £m
Income	-310.469	-0.150	-310.619
Operating Expenses	304.723	-7.542	297.181
Profit on Disposal	-0.445	-0.250	-0.695
Interest Payable	0.240		0.240
Interest Receivable	-0.800	-0.558	-1.358
Depreciation (Baseline)	15.251		15.251
Total Expenditure	318.969	-8.350	310.619
Planned Budget Surplus (-) / deficit	8.500	-8.500	0.000

Financial Risks

30. No financial plan is risk free and clearly entering into the financial year with a residual financial gap to close in year increases the risks of non-delivery of a balanced position in year, particularly potentially earlier on in the financial year.

31. The main risks that will need close monitoring and mitigating actions through the upcoming financial year therefore, include:

- The recovery of all of the income assumptions this financial plan now makes, in particular ensuring the commitments and elements supported within the NHS Wales JCC IMTP are fully aligned and delivered upon and that the full uplift assumed across all of the Trust's income sources is delivered;
- That the in year costs relating to both the 2025/26 pay award and the increase in employers NI is fully funded by WG;
- No other developments, enhancements or cost increases not currently funded within budgets, or identified within this financial plan supporting that contained within the IMTP, will be able to be progressed until a confirmed funding source for them is found, or an agreed equivalent value of cost is stopped or reduced elsewhere. However, the ability to do this in the context of the current total savings already required to balance in year makes this unlikely;
- The ability to deliver up to a potential total requirement of c£8.5m in savings, efficiencies and cost management in year;
- Linked to the above, the ability to identify and agree changes to crewing skill mix and numbers for front line EAs, directly linked to the non-funded costs of the EAP B5 development and the requirement for this to be sustainably affordable, both in 2025/26 and beyond;
- That no further additional savings, over and above the current "stretched" value of £8.5m presented above, will be required by commissioners. Recent correspondence from the JCC has requested the Trust to consider and

present what further savings may be able to be delivered in year, to contribute to the wider JCC financial position. It is however highly unlikely that anything beyond that already being progressed within this plan in order for the Trust to deliver on its statutory duty to breakeven will be achievable in 2025/26, without some significant and severe impacts on resources, capacity, service delivery, patient safety and performance;

- Some cost elements are still hard to predict through the coming 15 months and may remain volatile, with a clear indication from WG that no further funding will follow in year in 2025/26 to manage any such variations;
- That the continuing impact of the recent changes in commissioning, and the move of the NHS Wales JCC more out of its current transition phase, have no wider impact on the Trust financially, including in relation to how it is currently funded for EMS, NEPTS, 111 services, etc;
- The ability to manage in year cost pressures as they arrive, within the small contingency this plan continuities to hold.

Capital

32. Appendix 5 also summarises our initial capital programme for 2025/26, focussing predominantly on the discretionary capital funding received from WG, noting the already confirmed and carried forward discretionary capital commitments for the 2025/26 financial year. This is currently a draft plan, as in previous years, a detailed update on the final impact of the 2024/25 financial year end on the 2025/26 programme will be presented to both the Trust's F&PC and the Trust Board in May 2025, at which point it is assumed that the full capital programme for the Trust can be approved, fully consistent with the funding being made available from WG.

<u>Governance, assurance and approval</u>

33. The key remaining governance and approval routes are:

- **Finance & Performance Committee** 18 March 2025 – scrutiny and the committee was assured by the IMTP narrative and financial plans whilst noting the financial risk;
- **JCC Ambulance and 111 Commissioning Group** 20 March 2025– for JCC endorsement (at time of writing this paper we had not yet been to this forum)
- **Trust Board** 27 March 2025 - final version of the IMTP for approval prior to submission to WG
- **WASPT** 28 March 2025 – post approval endorsement (TU partners will be on Trust Board)
- **WG Submission** – 31 March 2025

34. Once approved by the Board, this IMTP will be the plan that the Trust will work to and report against at future Committee and Board meetings whilst awaiting a decision on its approval by Welsh Government.

35. An EQIA has been drafted and has supported the development of the IMTP and included as an appendix to this paper. There are considered to be no adverse impacts of our plan on protected characteristics, however there are some areas of improvement for those areas of Neutral impact, particularly in how we evidence positive impacts.

36. Following Board approval, we will undertake final proof reading ahead of submission to Welsh Government.

37. A Welsh translation of the plan is due by the second week in April to be published on our website. Furthermore, English and Welsh summary (easy read) versions, posters and a video will be finalised during April for our range of stakeholders internally and externally.

It is RECOMMENDED that the Board

- **NOTES** the progress made in developing this year's IMTP;
- **APPROVES** the IMTP for submission to Welsh Government by 31 March 2025.

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









INTEGRATED MEDIUM-TERM PLAN 2025 - 2028

VERSION: 0.5

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DRAFT

Foreword from the Chairman and Chief Executive

It is our pleasure to present the Welsh Ambulance Service University NHS Trust's Integrated Medium-Term Plan for 2025-2028. This plan outlines our strategic vision and the steps we will take to enhance and improve our services, ensuring that we continue to meet the needs of the public & our patients, our people and our partners across Wales.

Our health and care system remains under significant pressure, and as a national provider, we are acutely aware of the challenges this presents. However, we are also committed to identifying areas for improvement, increasing efficiency, and meeting the expectations of our commissioners. Our strategic transformation journey, guided by our long-term strategy 'Delivering Excellence,' remains at the forefront of our efforts. This is a plan which aligns with Welsh Government priorities, particularly the Six Goals for Urgent & Emergency Care but also to take forward the recent announcement on ambulance response targets made by the Cabinet Secretary in March 2025 in the Senedd.

Our unique position within NHS Wales allows us to meet patient demand in innovative ways. This plan is not about trying to deliver what our health and care partners are expert in delivering but about leveraging our unique capabilities to enhance the overall system, for the patients that contact our services. The role of the Joint Commissioning Committee as it enters its second year of operating also presents opportunities to balance the core demands on our services with our transformation agenda to meet the predicted demographics and demand over the next few years.

At the core of our services is our response to those with the most critical and life-threatening health needs. We recognise that too many individuals are not receiving the timely care they require, leading to potential harm. Our plan focusses on transforming our services to protect resources for those in life-threatening and emergency situations and providing remote & community-based clinical services for patients who contact 111 or 999 with an urgent or less critical emergency care need. However, we will also have a sharper focus on population health and health inequalities, with three new wellbeing objectives which reflect our named status under the Wellbeing of Future Generations Act.

We will embrace digital enhancements to improve our service delivery as well as patient and colleagues' experience. From our website and video consultation for patients, tools to help make working with technology simpler and more efficient to environmentally friendly & digitally enhanced buildings and fleet.

We are committed to a culture of psychological and physical safety for our people. We will continue our proactive work to address violence & aggression and issues of sexism and sexual safety, ensuring our Trust is a place where individuals feel empowered to speak up against inappropriate behaviours. Furthermore, our commitment to diversity, inclusion, and allyship remains unwavering. This is supported by a new approach to leadership development at all levels of our organisation over the next three years: *Our WAST Way*.



Jason Killens
Chief Executive

This plan also ensures we meet our statutory obligations, including maintaining financial balance.

Thank you for taking the time to read our plan. We look forward to working with our colleagues, patients, and partners to deliver the improvements that will benefit the population of Wales.

To Support. To Serve. To Save



Colin Dennis
Chair

DRAFT

Executive Summary

At the heart of this IMTP is a continued and purposeful ambition to work at pace, with our partners, to change and improve the way in which we respond to and meet our patient's needs, enabling better outcomes both now and into the future.

Since the publication of our long-term strategy 'Delivering Excellence' in 2019, we have not wavered in our ambition to transform our services. Initially, work centred on stabilisation of our services: investment in front line Emergency Medical Service (EMS) staff; creation of an all Wales 111 service; transfer of all Non-Emergency Patient Transport Services (NEPTS) services from Health Boards into WAST; and delivering key efficiency improvements. Over the last 12 months, efforts have intensified, and staff from across the organisation have come together with our commissioners to create an integrated clinical service model, which sees our 999, NHS 111 and Ambulance Care services all contributing to the transformation of care.

We've started the work to implement this evolved model, with key characteristics that include:

- Strengthened **clinical leadership** and decision making. New, senior clinical navigator roles have been introduced into the control rooms, undertaking rapid clinical screening for the majority of 999 calls to determine whether they need an immediate dispatch or are suitable for further remote clinical triage and support. With around 70% of screened incidents now identified as suitable for a more in-depth remote clinical assessment, our remote clinicians are developing individualised care plans for many more patients, deploying community volunteers and remote monitoring technology to support patients while care is scheduled, and closing over 20% of our 999 calls without the need for an ambulance or further treatment.
- **Connecting** systems and processes across all our services so that patients receive the right care irrespective of whether they contact us through our digital platforms, ring 111 or call 999.
- Creating a greater range of **choices** and options for face to face assessment that are designed to support treatment at home or referral into local pathways – a further 25 FTE Advanced Paramedic Practitioners (APPs) have been recruited, our first mental health response vehicle has been implemented as part of the wider model for mental health response, and we have undertaken further work with Health Boards on our falls response services in line with the national falls framework.
- **Collaborating** with Health Boards and the 6 goals programme, for example in expanding the number of APP Navigators working within Health Board flow centres, trialling the booking of 111 patients into urgent primary care centres and increasing numbers of rotational palliative care practitioners.

We know that too many patients continue to come to harm, have poor experiences of care, and have difficulties in navigating our complex health and care system meaning they don't always get the right care or advice in the right place at the right time. Much of this exacerbates the pressures on our people, evidenced in levels of sickness absence and turnover that are higher than we would want, although there have been positive improvements over the last two years. We hear directly from staff in roadshows, 'WAST Live' and through surveys about what it feels like to work in WAST, much of it reflecting their frustrations.

With these drivers at the forefront of our minds, we have a continued focus on 3 fronts:

- **Continuing to transform** the way in which we deliver care with Health Board partners, with the next year being a seminal year in implementing the next phase of our integrated clinical response model that will provide **patients** with the right advice and care, in the right place, every time and reducing harm;
- Doing everything in our gift to **improve our people's workplace experience**, enabling them to be the best they can be; and

- Delivering **exceptional value and sustainability**, in the context of finance, the environment and Value Based Health Care.

Transforming Care for Our Patients

In this IMTP we continue to describe **'what good will look'** like in three years' time, and how the system can expect to see measurable change and improvements in outcomes. Increasing sophistication in how we measure system wide improvements is a priority, as well as linking data and information across organisations.

We have spent time with **stakeholders and partners** over the course of the year to test out our ideas. Whilst there is much that is supported, we hear that there is more to do on how our plans align for **health care professionals** and how our remote clinicians link in seamlessly with **Health Board single points of access**, Stronger collaboration with patient and community groups is a priority and, in support of our Wellbeing Objectives, we intend in the first year of this plan to develop a formal **public and patient reference group**. This will give representatives the opportunity to help shape our service priorities and service standards and hold us to account for delivery.

Our primary and most important priority will continue to be the provision of a world class **emergency response** service. Our evolved clinical model is designed to ensure that we have sufficient appropriate resources to provide this rapid, emergency response, securing the best possible outcome for every patient.

Following the conclusion of a Welsh Government led task and finish group and the Cabinet Secretary's recent announcement, we will be working to implement a new performance framework which will focus on clinical outcomes shaped around two new categories – purple cardiac arrest and red emergency. This will mean moving away from time-based targets as the primary measure of success and a focus on 'return of spontaneous circulation' as the principal measure of success for the 'purple cardiac arrest' category. This will provide a hugely important opportunity and driver for us to work with others across the whole system on improving each link in the chain of survival, linking closely with Save a Life Cymru to increase rates of bystander CPR and early defibrillation.

For all other patients who access our services with **urgent or routine health issues**, we will be continuing to make progress.

Our front-end **digital platform** will be strengthened to provide better online digital advice and self-care. We will work with partners to create a 'digital first' vision for urgent and emergency care services, which is likely to **centre around the NHS Wales App**, but in which we will play a large part, we will make improvements to the existing NHS 111 Wales website including launching virtual assistants, and we will develop a new range of symptom checkers.

Clinicians from our 111 and 999 services have spent time over the last 12 months coming together to identify how they can work more effectively together in support of better patient care and outcomes. This year, we will fully align and integrate these teams into a **Remote Integrated Care Service,** involving:

- A range of actions to **align management structures**, education and training functions, audit arrangements and working patterns, including some additional resource to support the more complex team environment;
- Increases in the team's **capacity and capability** to meet demand each year over the cycle of 3 years, supported by a full Demand and Capacity review in year 2 and including growing the range of specialisms represented. This will be supported by a range of actions to enhance productivity

including a review of rostering practice to better manage patterns of demand across the day and week.
- Further development and refinement of the **evolved clinical model**, working on how call handlers can be most effectively utilised to improve efficiency, embedding the concept of care planning, growing the use and deployment of remote monitoring technologies and developing new pathways into Health Board services that can be scheduled and booked.
- Building on our **digital capabilities**, reviewing, evaluating and developing the CAS system, delivering video capability for remote assessment and linking data so we can better understand outcomes.

For many patients with urgent care needs, an on-scene assessment will still be required. We are committed to continuing to grow **our urgent community response** services: a further 10 Advanced Paramedic Practitioners (APP) will be trained and deployed in year ; the number of palliative care practitioners will be expanded into 4 Health Board areas through support from Marie Curie funding; the WAST mental health model will be reviewed and, subject to evaluation, further mental health response vehicles will be deployed; falls services will be further developed in collaboration with partners and in line with the national framework; and systems to enable scheduling of unscheduled care will be designed and developed. Through these changes, we aim to **double the numbers of patients who we safely manage at home or in the community** over the next 3 years and halve the number who come to harm through cancelling their ambulances.

Our **Ambulance Care** patient transport service will have a greater role in the future in supporting flow across the system, whether that is through **flexible discharge services**, dedicated and responsive **inter-hospital transfer** schemes or **on the day 'planned' health transport service accessible to HCPs or our own clinicians**.

Within our Ambulance Care service, our top priority will be to work with commissioners to **turn the agreed vision for these important services into clear and decisive actions**. We will continue to make improvements in productivity and efficiency including **re-rostering** within NEPTS, which will be completed in year 1 and which will **increase the numbers of journeys we can support each day** by better matching demand and capacity.

Improving our people's workplace experience

The key to delivering the best patient care is **focusing on the needs of our people**. We are actively listening, learning and ensuring we take action to address some of the biggest issues that are impacting on the daily lived experience of our colleagues. Alongside this, acknowledging the cultural issues that have come to light in the wider emergency service sector, we are continuing work to build a safe, positive culture with an emphasis on wellbeing, support and development, where we can bring our whole selves to work. These are the core elements of high performing organisations. By creating this environment, **our people will feel valued and trusted and experience a true sense of purpose and belonging** which will enable us to keep improving and deliver our long-term ambitions.

Our People and Culture Plan sets the direction and supports our organisational strategic ambitions with a focus on our 3Cs: Culture, Capacity and Capability. Key deliverables in year 1 will include:

- **Culture** – increasing capacity to respond compassionately and in a timely manner to those that speak up with concerns, continuing with a programme of cultural deep dives and growing and strengthening our people networks;

- **Capacity** – building new roles and career paths, supporting people to remain in work, and reviewing skill mix for our Emergency Ambulances following the introduction of the new Emergency Ambulance Practitioner role last year;
- **Capability** – launch and develop 'Our WAST Way', a framework for leadership and management development, with a focus on meaningful conversations to support all of our people.

We are committing to continuing to work on three specific priorities. Acknowledging that we have not made as much progress as we would have liked, we will redouble our efforts, looking for innovative ways of being able to make significant improvements in partnership with our trade union colleagues:

- Through Our WAST Way, embedding **regular 1:1 conversations** to address staff challenges, enhance motivation and wellbeing, and build a supportive work environment;
- Eradicating **shift overruns**, through co-created solutions;
- Improving our people's **digital experience** e.g. simplified sign on, automation etc.

We will continue our **focus on reducing abstractions due to sickness absence**. Our aim is to bring sickness abstractions down to 6% through this three-year period, accepting that there are many factors which will influence and shape achievement.

Delivering exceptional value and sustainability

The plan is underpinned by a **balanced financial plan** that continues our recent strong financial performance of balancing throughout the financial year. To achieve this, however, will require the delivery of a challenging savings target of c£8.5m. This will concentrate not just on savings and efficiencies but also on proactively exploiting income generation and commercialisation opportunities.

Supporting the growth and transformation of our core services will be a series of extensive enabling programmes and plans including a **revised Quality Plan, Clinical Plan, People and Culture Plan, Digital Transformation Plan and Volunteering Plan**. The **Estates and Fleet Strategic Outline Programmes** will be driven forward as well as, importantly, work to deliver on our contribution to the NHS in Wales and WG **Environmental Sustainability Plan** taking us towards delivery of our carbon targets by 2030.

We will also have a sharper focus on **Population Health and Prevention** through a revised Population health plan, drawing on evidence and good practice across the NHS and the ambulance sector in the UK. We know we can do more for our communities in the levels of prevention, taking a Population Health management approach.

We know that this plan is ambitious and acknowledge that there are risks to delivery: in relation to the **financial pressures** across the system and with our commissioners; in relation to a **range of external factors** over which we have limited control; and in relation to the ongoing impacts of the move to new **commissioning** arrangements.

However, the steps we will be taking do not sit in a vacuum and are consistent with the ambitions set for us through our commissioning intentions and more broadly for the wider system through the Six Goals Programme. We are rightly proud of what we have achieved over the last 12 months. The key will now be continued dialogue and engagement internally and externally which facilitates further transformation, which we are committed to doing in pursuit of a better service for the people of Wales.

Introduction

This document sets out the Welsh Ambulance Services University NHS Trust's (WAST) Integrated Medium-Term Plan (IMTP) for 2025-28, written in line with the NHS Wales Planning Framework and the Joint Commissioning Committee Ambulance and 111 Commissioning Intentions.

The document is supported by the Minimum Data Set (MDS) as required by Welsh Government (WG), ministerial priority action plans and appendices which provide more detail on areas of our plan. Further information is available on request.

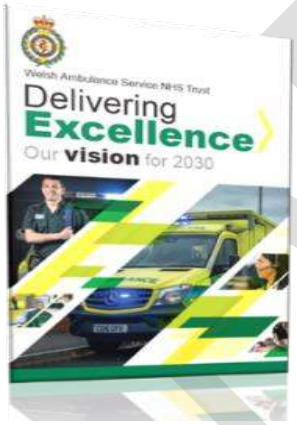
1. Our Long-Term Strategy

1.1 Our Purpose

In 2023 we adopted our organisational purpose statement '***To Support, To Serve, To Save'.*** This short but powerful statement seeks to describe the organisations 'core' reason for being, uniting all of people towards a common goal.



1.2 Our Strategic Objectives



Our Long-Term Strategic Framework **'Delivering Excellence'** sets out the future vision for the organisation up to 2030. The strategy is framed around the transformation of our clinical services model to ensure that patients receive the '**right advice and care, in the right place, every time'.** Our ambition is to evolve from a traditional ambulance and transport service, towards an integrated clinical service which works in collaboration with the health and care system to best meet the needs of patients who contact us through 111, 999 and our non-emergency services in a way which makes the most of the Welsh pound, adding value to the system within which we work. Our ambitions and progress towards the transformation of our clinical services model is described in more detail in section 4.

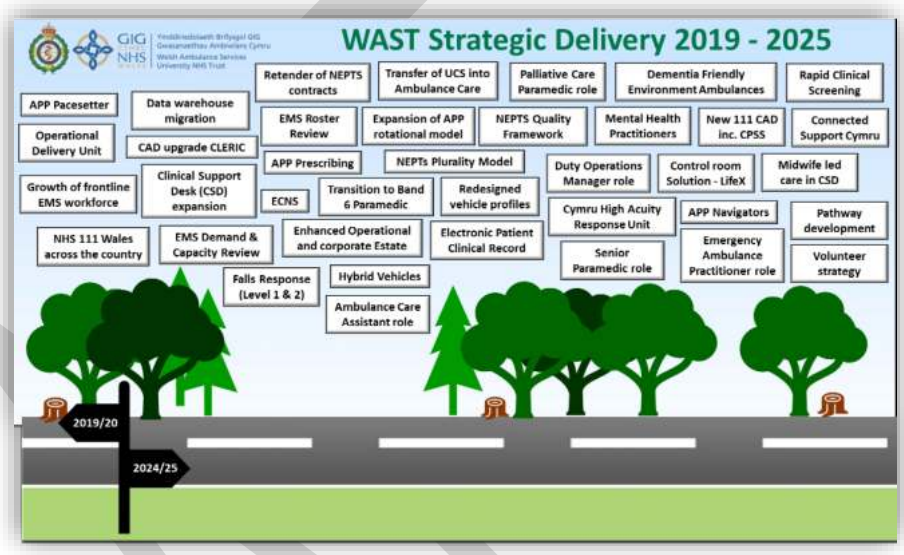
However, Delivering Excellence is a whole organisational strategy, not only concerned with service models, but also with how we support and enable **our people to be the best that they can be**. We also commit within the strategy to being an organisation that **collaborates** with our partners, stays at the **forefront of innovation and technology**, fulfils our duties as a **quality driven and clinically led organisation** that delivers exceptional **value**. We have continued to develop our IMTPs around this strategy and its **six core strategic objectives.**



Whilst we are confident that the strategy remains fit for purpose, we recognise that the broader operating landscape around us has changed significantly since its development in 2018/19. From year 2 of this plan, we will therefore commence a series of engagement workshops which will support a review and refresh of the strategy by the end of this IMTP cycle. The development of a Strategic Board Assurance Framework and risk appetite statements will support this review.

1.3 Our transformation journey

Over the past six years since publishing Delivering Excellence, we have **significantly transformed our frontline services.** We have increased capacity in Emergency Medical Services by over 500 staff, grown our volunteer workforce including introducing Community Welfare Responders to manage people safely in the community and developed Cymru High Acuity Response Units (CHARUs) to improve outcomes for those with the most serious injuries or illness in the community.



Innovation has flourished with new roles being introduced to support including advanced paramedic practitioners (APPs) who can independently prescribe and rotate into primary care, mental health practitioners in our contact centres and on the road, allowing for more at-home care when safe and appropriate.

A key component of our transformation has been the national rollout of NHS 111 Wales and its formal commissioning by the Joint Commissioning Committee, aligning ambulance services with Health Boards and the Six Goals for Urgent & Emergency Care programme to move closer towards seamless services for patients accessing both 111 and 999. We also concluded the business case for central commissioning of Non-Emergency Patient Transport, reducing variance across Health Boards and introducing new Ambulance Care Assistant roles to support urgent and emergency transport requests.

Despite these advancements, demand continues to rise, and performance remains challenged. In 2024 we developed a set of statements to consider what good would look like as a result of transformational change and IMTP delivery. The graphic shows that in some areas we are moving towards the position we wanted to as set out last year, but we know there are still some areas that have deteriorated, and further improvement is required this year to address these areas, as well as further advance the outcomes towards the anticipated outcomes set out in our plans.



2. Our Key Achievements in 2024/25

As well as making strides towards our long-term strategic ambitions over the last 5 years, we have implemented a lot of changes across the whole organisation through our last IMTP in 2024/25.

We evolved our model in 2024/25 to **ensure a clinical 'safety net' for patients, expanding the role of clinical specialists in our contact centres** by introducing Clinical Navigators to screen 999 calls, and enhancing the clinical support desk with **additional professional roles** (such as respiratory, paediatric and mental health specialists). Health Boards have supported us by opening pathways to 999 clinicians, and we have tested the use of 111 software by 999 call handlers to close low acuity calls without clinician intervention. We are evaluating these changes as we enter the next phase of our clinical model transformation programme.

The following graphic shows the some of the work we have done over the breadth of the IMTP in 2024/25.



3. Challenges and Opportunities shaping our plan

3.1 What do our patients say about our service?

Throughout 2024/25 we have been asking the public what a good quality ambulance service looks like. Peoples' responses have helped us in shaping the development of this IMTP, the Trust's Quality Plan and also helped us to understand how we develop our services to improve quality in line with the Health and Care (Quality & Engagement) (Wales) Act.

Through our continuous engagement and surveys, the priorities for our plan offered by patients and the public include:

- **Improvement in delays**: Prioritise solutions to ambulance-hospital delays.
- **A focus on inclusivity**: Ensure that feedback from diverse communities (including those whose first language is not English or Welsh and people with additional needs) is integrated into service design.
- **Transparent communication**: Be honest about the challenges the service faces but also offer hope with clear steps toward improvement.
- **Enhance community-based care**: Expand roles like "Community Welfare Responders" and increase care outside hospitals.



More detail is available in Appendix 1.

3.2 What are our colleagues' priorities?

We have continued to engage with colleagues across the Trust to understand the key issues that affect them. This not only helps us shape our future service plans but also helps us to identify issues that impact on their day to day working lives. Appendix 1 sets out more detail.

Our main mechanisms for listening to our people are:

- **WAST Live** – a regular MS Teams session where the executive team share information about things that affect our people and respond to their questions.
- **CEO Roadshows** – twice yearly direct engagement with our people across Wales
- **Cultural metrics** – a set of qualitative and quantitative data that assesses the impact of our People & Culture plan.
- **Workforce metrics** – which give indicators around challenges facing our people.
- **NHS Staff Survey** - experiences, perspectives and insights to help shape the working environment.
- **Our people networks** - fostering a culture of belonging and active participation.

Our People and Culture Plan metrics indicate that we are on the trajectory we anticipated, with positive signs that our efforts are moving us in the right direction. Whilst this progress is encouraging, we recognise that there is still a way to go; this is reflected in staff survey data and broader feedback.

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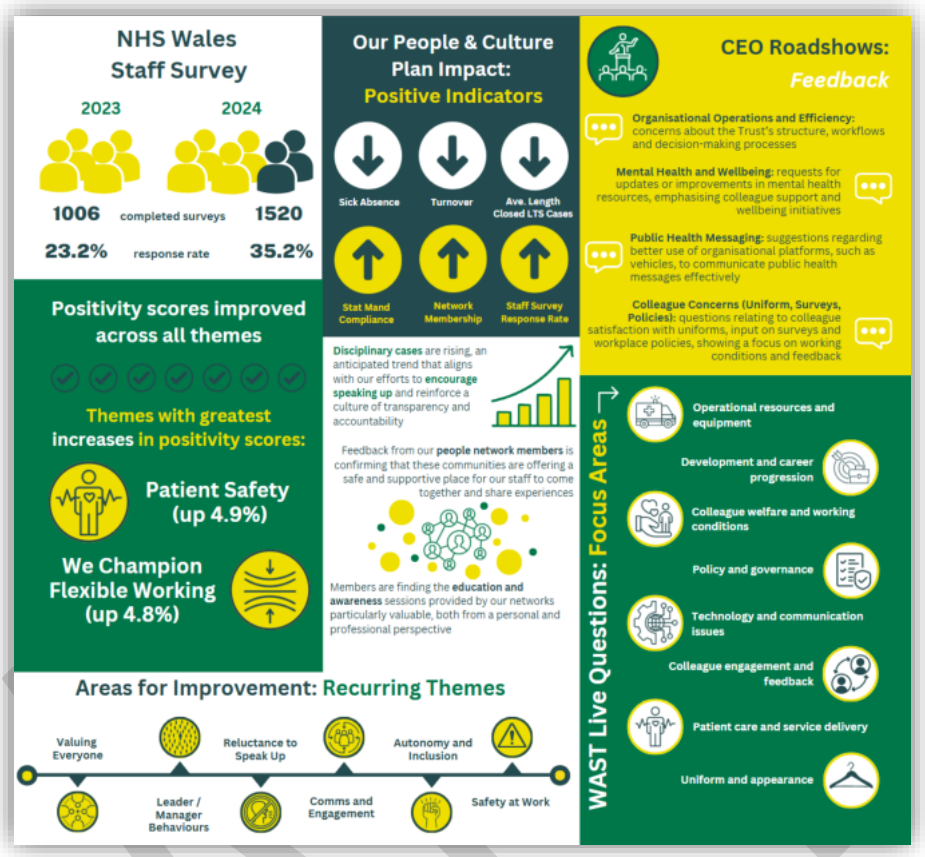
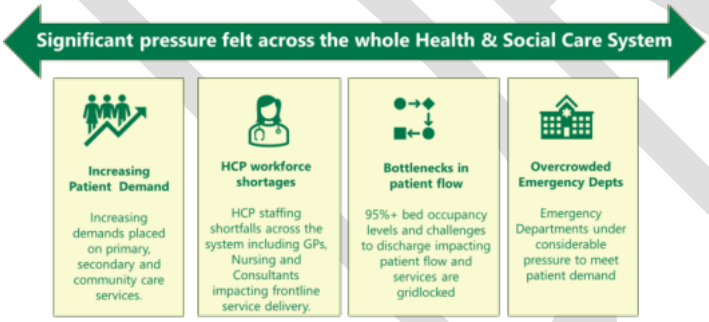
Initial feedback from the NHS staff survey shows that, whilst around two thirds of people are proud to work for WAST and will go the extra mile at work, less than half of respondents look forward to going to work and less than half do not feel involved in changes that affect their work, area team or department.



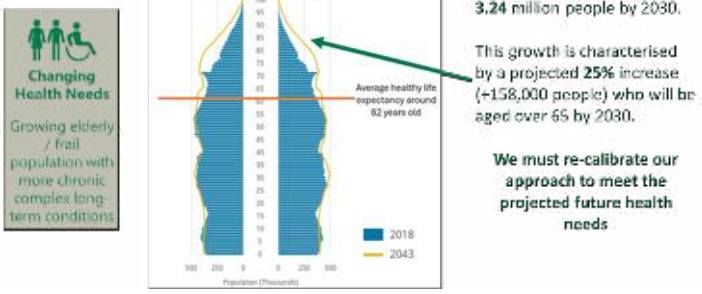
Many issues raised by our people can be addressed at operational or directorate level but there are continued commitments to our people that need to be reflected in our IMTP that align with the feedback. The survey feedback provides us with an indication that we must continue our cultural journey, as well as maximising the change management support and capability we have across the organisation as we embark on further change towards our strategic ambitions. We are using these insights to shape our plans going forward, ensuring we focus on the right areas and continue building on this momentum.

3.3 Our operating and financial context



The operating context for the Trust remains challenging with demand growing, workforce capacity stretched in NHS Wales, system pressures and poor flow through the system resulting in overcrowded emergency departments and ambulance queues. This is compounded by demographic change, with a frail population growing at a greater rate than the younger, working age population.

People are living longer but in poor health and this continues to put pressure on the system as a whole and requires a different focus around population health and health inequalities as we deliver our plans.



Our performance



Our Patients - EMS

22,567 handover lost hours per month

Red performance 48.53%

Total volume of red calls responded to in 8 minutes **increased**

Amber 1 median declined to 1 hour 37 mins – remains too long

9,435 ambulances cancelled by patients each month – unmet need

123 Serious adverse incidents passed to Health Boards for investigation

Our Patients - Ambulance Care

NEPTS service remains **broadly stable**

Oncology performance is still a recognised area for improvement, although it **achieved 74.5%** for its target inbound target times during 2024

Renal performance continues to be good and above target

Improvements in quality standards for NEPTS contracts achieved

Our Patients - NHS 111 Wales

Demand has increased to an average 85,000 calls per month

Improvements in call handling capacity and processes

Call answering performance deteriorated as demand increased

Clinical call back times continued to meet target for all priority categories between July & October

Our People

EMS hours produced increased, averaging 121,000 hours per month

EMS abstraction rates improved but still averaging slightly above 30% benchmark

High sickness absence in frontline areas but overall rate reducing

Staff turnover has fallen, the monthly average rate being 7.95%

PADR compliance improved to 76.6%, but remains below 85% target

System Contribution

Consult and Close monthly rate above target since RCS introduced

Limited progress in referring more people to **alternatives to ED**

Limited progress on **treating more people at scene**, 17.7% in 2024

Finance and Value

Trust is on track to be **financially balanced by end March 2025**

Data correct as at December 2024

Further detail can be found in appendix 1.

The financial year 2024/25 has been challenging, with the benefits of our transformation investments yet to be fully realised. However, we are beginning to see positive outcomes from changes implemented over the winter, which will be evaluated in 2025/26.

While the number of Serious Adverse Incidents (SAIs) passed to Health Boards for investigation has decreased, we remain concerned about patient safety. Too many patients come to harm, services are often centred around organisational needs with inefficient and outdated processes affecting patient experience, and the difficulty in navigating our complex health and care system means patients are often not getting the right care or advice in the right place at the right time. Demand and need have also increased across all areas of the Trust, with a rise in red incidents and hours lost to hospital handover delays.

We are committed to the wellbeing of our people, as they are crucial in providing high quality and safe services. Improvements have been seen in hours produced, abstraction rates, sickness absence, and staff turnover. However, there is further to go, as the continued pressures on our system continue to drive high levels of stress and anxiety, the number one cause of sickness in our service.

We will meet our statutory financial duties for 2024/25, achieving over £6m in savings. However, the financial outlook for 2025/26 remains challenging due to inflation, cost of living, and price volatility. The Minimum Data Set (MDS) at appendix 2 and ministerial templates outline expected activity, performance trajectories, and the workforce and financial plan for 2025/26.

3.4 What are our legislative, strategic, financial and policy drivers?



The Wellbeing of Future Generations (Wales) Act (WBFGA) underpins the Programme for Government, and '**A Healthier Wales**' remains the long-term strategy for the health and social care system. In June 2024 we were formally named under the WBFGA and therefore formally required to comply with the Act, the wellbeing duty, the Social Partnership and Public Procurement (Wales) Act and the Social Partnership Duty. We have set out in sections 3.7 and 8 the actions we will take over the next three years to ensure we deliver our duties under the Act.

The Cabinet Secretary for Health and Social Care's priorities were set out in the 2025-28 Planning Framework which this plan will need to meet:



Appendices 3a-d includes the key areas of work set out in this plan that will deliver against these priorities.

Health organisations across Wales have come together over the last few months to consider the challenges facing the NHS in Wales and how we can collectively address these over the coming years. The aim is to build a service delivery blueprint which will describe **what the NHS in Wales will look like in 10 years' time**, and which will deliver improvements in health outcomes and performance and reduce inequalities. This will be a collaborative effort, bringing together the thinking from within NHS organisations in Wales and utilising external expertise and international insights, and will support and enhance the Welsh Government's work on a National Plan.

This will be a blueprint that describes an integrated primary and community care system focused on prevention and early intervention, a future model for hospitals, technology enabled care and a future-focussed and enabled workforce. It will also set out a plan for how these changes will be delivered.

We will also be able to learn from other health systems, such as the recent reciprocal visits with Denmark, which includes the potential to implement a phone first approach that allows scheduling of unscheduled care as set out in section 4.5 below.



As this national work develops, we will commit to aligning the thinking into our plans for service change and improvement.

The **Health and Social Care (Quality and Engagement) (Wales) Act** (Link) and the **Duty of Quality** (Link) drive the approach to strategic decision making in WAST. All our strategic decisions made to deliver the IMTP are subject to Quality Impact Assessments. In developing this plan, we have considered, and incorporated throughout, the Health and Care Quality Standards. Section 9 sets out the specific work we are continuing to progress to measure and manage quality and performance in accordance with the Act and aligned to a Healthier Wales.

Following support by Cabinet in the summer 2024 a set of refreshed actions have been agreed to support the delivery of **A Healthier Wales.**[1] These actions fall under the following categories and we will undertake an assessment against the detailed actions beneath each category during year 1 of this plan as part of the Strategy Planning & Performance Directorate delivery plan, including any gaps in our 2026-29 IMTP as required:

- Preventative
- Person centred
- Sustainable
- Equitable
- High Quality & Safe
- Digital and Data
- Workforce
- Research Development and Innovation
- Co-production and partnership
- Integration

The **Six Goals** programme (Link) has established itself at the national and local level as the key delivery mechanism for government Urgent and Emergency Care policy and to support improvement in the urgent and emergency care system. The Trust has a role to play across all the goals, and this can be seen as the six goals icons have been included in the relevant section of this plan.

WAST will work with the Six Goals programme team and the JCC to develop a specific plan in response to Six Goals programme actions that are deliverable by WAST or with WAST. We will also maintain close working links with national and local six goals teams as key stakeholders in delivery of our CMT programme, taking a collaborative first approach to programme delivery.



The same is true for our role in working collaboratively with other national programmes such as the Strategic Programme for Primary Care and Planned Care Programme as well as clinical networks across Wales and in bordering areas of England.

[1] A Healthier Wales: our Plan for Health & Social Care. Available at: A Healthier Wales - Action refresh 2024-25

Further legislation driving a focus in our plan this year includes but is not limited to:

- Duty of Candour (Link)
- Socio-Economic Duty (Link)
- Equality legislation and the Strategic Equality Plan (Link)
- Anti-racist Wales Action Plan: 2024 Update (Link)
- More than Just Words Action Plan (Link)
- Social Partnership and Public Procurement (Wales) Act 2023 (Link)
- Worker Protection (Amendment of Equality Act 2010) Act 2023 (Link)

Decarbonisation and Sustainability

We are making good progress with many elements of our Decarbonisation Action Plan but know that significant investment will be needed to fully realise our ambitions. This is also accompanied by a commitment to invest in innovation and technology.

3.5 What do our commissioners say?

The current commissioning of WAST's ambulance services now falls within the remit of the **NHS Wales Joint Commissioning Committee (NWJCC)** which was operational from 1 April 2024. The NWJCC's IMTP is published at the same time as the WAST IMTP and commissioning of our services is set out in the Ambulance and NHS 111 Commissioning portfolio which consists of five commissioned services: NHS 111; Emergency Ambulance Services (EAS); Non-Emergency Patient Transport (NEPTS); Emergency Medical Retrial and Transfer Service (EMRTS) and the Adult Critical Care Transfer Service (ACCTS).

The previous commissioning intentions for EMS, NEPTS, and EMRTS for 2024-2025 have been reviewed and updated for 2025-2026. The new commissioning intentions now also include NHS 111 Wales and the Adult Critical Care Transfer Service (hosted by Swansea Bay University Health Board). These intentions align with the NWJCC strategic priorities and the NHS Wales planning framework, addressing ambulance and 111 commissioning risks through an assessment against the health and care quality standards.

The key priorities set out within the commissioning intentions for NHS 111, 999 and NEPTS are:



NHS 111

- Maximise clinical outcomes and patient safety by aligning NHS 111 and 999 infrastructure where clinically appropriate.
- Implement technology enhancements such as a digital front end to improve operations.
- Enhance productivity through alignment with 999 infrastructure and focus on industry benchmarks for efficiency.
- Collaborate with partners via the JCC to develop system-wide solutions for maximizing NHS 111 commissioned capacity.



EMS

- Evaluate and enact the evolving clinical model to improve clinical outcomes and patient safety.
- Align 999 and NHS 111 infrastructure where clinically appropriate to maximise outcomes.
- Implement technology enhancements to improve operations.
- Enhance productivity through the evolving clinical model and focus on industry benchmarks.
- Collaborate with partners to improve resource utilisation and system flow.
- Prepare for major incidents in line with the Civil Contingencies Act and collaborate on preparedness and response developments.



NEPTS

- Utilise technology to streamline booking and coordination processes for improved efficiency and responsiveness.
- Align NEPTS and Urgent Care services where clinically appropriate to improve system outcomes and patient experience.
- Collaborate with partners to optimise transfer and discharge resources.
- Work with health boards and system partners to develop and redesign services in response to changing requirements.

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3.6 What are the risks that we are managing?

Appendix 1 details the risks we are managing as an organisation. **The highest rated risks drive much of the transformation and service improvement within this IMTP** over the next three years. The ratings for principal risks, as of January 2025, are regularly reviewed and monitored by the board and its committees.



Our two highest risks (223 & 224) remain key focus areas in our plans for emergency response. These risks relate to the **delays in emergency response** causing harm to patients in the community and the impact of ambulances being held outside emergency departments (**handover delays**)**.** However, system-wide pressures are largely beyond our control, and we continue to work with partners to mitigate these risks.

The wide-ranging nature of risks across operational and corporate areas reflects our strategic focus. The Trust's Board Assurance Framework provides a clear line of sight to controls, related assurances, and actions we can take to mitigate risks.

The IMTP includes actions to manage and mitigate corporate risks, such as:

- Progress of the Clinical Model Transformation
- Strategic stakeholder engagement plans
- Commitment to the Social Partnership Duty
- Addressing recommendations in the Manchester Arena Inquiry
- Our Digital Plan
- Our Strategic Workforce Plan
- Our Quality Plan
- Our Decarbonisation Action Plan
- Our Wellbeing Objectives

Additionally, specific actions related to integrated governance, a strategic BAF, and risk appetite will continue throughout the IMTP, delivered through directorate plans. Our Internal Audit Plan for 2025/26 uses the risk register as the basis for providing assurance to the board.

3.7 Our Board approved Wellbeing Objectives



The **Wellbeing of Future Generations Act (WBFGA)** has applied to the Welsh Ambulance Service since 30 June 2024. The Act aims to ensure public bodies in Wales work together to create a prosperous, culturally rich, economically vibrant, healthy, and well-educated country where people can thrive.

Although we have been **working in the spirit of the Act since 2015**, we are now formally required to outline our contribution to these wellbeing goals. Over the past few months, **we have developed draft wellbeing objectives** with input from staff, **trade union partners**, and feedback from partners,

stakeholders, patients, and the public. These broad objectives reflect our long-term commitment to passion, purpose, and collaboration, aiming to make us one of Wales' strongest anchor organisations.

Our Wellbeing Objectives

Objective One:
A Socially Responsible and Inclusive Employer

- support communities and the economy by providing long-term employment and volunteering opportunities for people living across Wales, at all points in their career and in a wide variety of roles.
- continue to develop a diverse and expertly trained workforce so that our communities feel well supported and engaged in our organisation.
- be an inclusive employer, reflecting the communities we serve across Wales.
- value our partnerships with trade unions and work in partnership to create an organisation that is welcoming, fair and where people can thrive.

Objective Two:
An Innovative and Sustainable Organisation

- be at the forefront of clinical care by harnessing technology in a way that minimises our environmental impact and improves patient safety and experience.
- make the most of our University Trust Status (UTS) to work with commercial and academic partners to look for tomorrow's solutions, today.
- continue to reduce our environmental impact, using more sustainable and carbon neutral solutions in our estate, fleet and working practices, to ensure we contribute to a greener, cleaner and healthier Wales.
- manage our financial and physical assets well, so that we can provide viable services for the long term and so communities can rely on us to be there when they need us.

Objective Three:
A Pro-active, Accessible and Equitable Care Provider

- provide urgent and emergency care services that meet the needs of the people of Wales, wherever and whenever they are needed, improving outcomes and ensuring people can live healthier lives for longer.
- continually improve our services and performance, so the people of Wales have trust and confidence in our ability to be there when they need us most.
- co-produce with our communities and partners models of care that continue to meet the evolving needs of people in Wales and reflect what matters to them.
- help make Wales a nation of lifesavers by supporting health education and promoting bystander CPR skills, improving community resilience.
- embrace our cultural role as Wales' national ambulance service, championing our language and heritage while develop pioneering new ways of delivering care which position Wales as a leader on the national and international stage.

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How will we do all this?

Our wellbeing objectives aim to create meaningful change for a healthier, more vibrant, and successful Wales.

These long-term, evolving objectives will guide our strategy and plans, ensuring sustained focus and measurable progress. Recognising that we cannot achieve these goals alone, we will follow the sustainable development principle of the Wellbeing of Future Generations Act, which includes five ways of working that will form the foundation of our approach.

Five ways of working	How this plan addresses the ways of working
Long term	• Our IMTP is based on a long term strategy 'Delivering Excellence' which is a ten year strategy from 2019 to 2030 • During the life of this IMTP we will commence work on our next long term strategy
Prevention	• This IMTP has a stronger focus around the ambulance service's role in population health and health inequalities, with a refreshed approach to Value based healthcare being developed.
Integration	• The plan is an integrated, financially balanced plan which triangulates activity, workforce and finance, alongside key considerations for our estate, fleet • The plan aligns and integrate services and service structures which to benefit patients, our people and the wider system, aligned to our commissioners' and the minister's priorities for NHS Wales
Collaboration	• 'Collaboration first' will be a concept developed through the lifespan of this IMTP. • We have undertaken reputation audits to determine how we are viewed as a collaborative partner in NHS Wales and we know we have more to do with our partners in Wales, UK and across the World.
Involvement	• We will listen to and learn from our patients' experiences both good and bad, involving the public and patients in helping us to design and deliver our services. We will establish a specific forum for formal engagement with the public and patients and be a more active participant as an anchor organisation in our communities. • We are committed to the Social Partnership Duty and will involve our Trade Union partners and other non-unionised staff members in the decisions we make, including them early in the process of strategic transformation and change.

3.8 How we are focusing our plan.



With these challenges and opportunities at the forefront of our minds, and acknowledging all that our people have worked hard to deliver over the last few years to bring us to this point, we are clear that there must be a **purposeful focus on delivering three key priorities:**

- **Transforming** the way in which we deliver care with Health Board partners by developing, agreeing and implementing a **new clinical response model** that will provide **our patients** with the right advice and care, in the right place, every time and reducing harm. Our specific priorities are set out in Section 4 which identifies what we will do for patients who use 111, 999 and Ambulance Care services;
- Doing everything in our gift to improve **our people's** workplace experience, enabling them to be the best they can be. Priorities can be seen in Section 5; and
- Delivering exceptional **value and sustainability,** in the context of finance, the environment and Value Based Healthcare**.** More detail on this can be found in Section 10 'Value and Sustainability'

Decarbonisation and Sustainability

We will build on the successful establishment of the Decarbonisation Programme Board to further integrate decarbonisation and sustainability throughout the Trust and promote ownership across all actions in the DAP.

This year we have reflected on how the **five ways of working** should support us in delivering these priorities, in how we are working to **involve** our people, the public and our partners to develop **integrated** services fit

for **future generations**, delivered in **collaboration** with those key stakeholders, with a sharper focus on **population health & prevention** and **inclusion**.

4. Our patients

Strategic Objective 1 – Providing the right care or advice, in the right place, every time

4.1 Evolving our clinical service model

We are now in the second year of our ambitious Clinical Model Transformation (CMT) Programme, evolving our Clinical Response Model into an integrated Clinical Services Model. This transformation is crucial to our strategic objective to provide **the right care or advice, in the right place, every time.** The programme represents a fundamental shift in how we deliver care, moving towards a fully integrated and patient-centred model. By leveraging innovation, fostering collaboration, and embedding clinical leadership, we will ensure that our services remain responsive to the needs of our communities and building a resilient healthcare system for the future.



The evolving model moves away from a conveyance-based emergency response focus towards an integrated model that connects our core services into a cohesive system. This approach allows WAST to better meet the healthcare needs of the people of Wales by offering a broader range of care options, including addressing urgent and emergency needs within the community.

Long term modelling shows that as the model embeds and demonstrates its benefits we would be able to start adjusting the balance of resources, so that more resources are directed to the access points in 111, 999 & ambulance care and alternatives to a face to face response, with potentially less requirement for emergency ambulances. However, this substitution of resources will take time over the period of this IMTP in the absence of 'pump prime' investment.

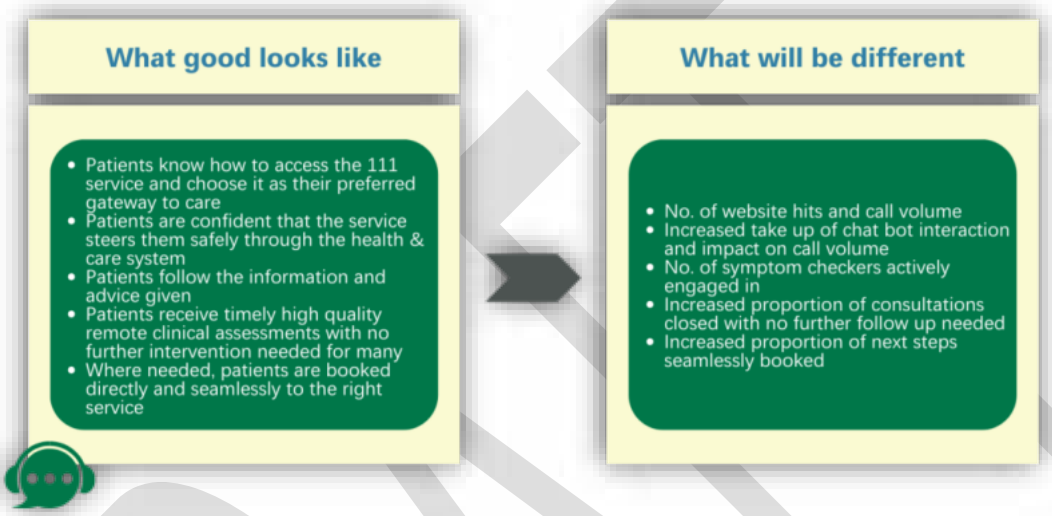
In its first year, the CMT programme prioritised rapid service improvements to enhance safety over winter. This year, we are progressing towards a more integrated service while deepening collaboration with system partners to refine and test the proposed model, ensuring alignment with the wider urgent and emergency care system incorporating recommendations from the Welsh Government Ambulance Target Task Group review of the Red 8-minute response target as they emerge (see section 4.3 below).

The evolved Clinical Services Model is designed to be clinically led, patient centred and integrated across multiple services. To deliver this transformation, we will:

- Embed **clinically led** decision making: Clinically led care decisions from first patient contact, ensuring timely, personalised responses, reducing unnecessary interventions and improved outcomes.
- Enhance system **connectivity**: Systems, processes and staff integrated across WAST and supported by digital solutions to deliver consistent patient experiences and maximise resource efficiency.

- Offer **choice** through diversified response options: Expanding response pathways in collaboration with the wider system, will allow safe, community-based treatments while ensuring ambulance dispatch is prioritised for critical needs.
- Strengthen **collaborative** pathways: Partnerships with Health Boards, commissioners, and community services will create shared care pathways, enabling patients to the access most appropriate local services.

4.2 Accessing our services through 111 and 999





Online digital advice

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



Across NHS Wales, there is an opportunity to work with partners to build on our digital platforms to maximise support to patients, carers, citizens, call handlers and clinical advisors. The **NHS 111 Wales website** continues to be a key priority, and we see opportunities to align its development more closely with the **Welsh digital and data strategy.** It is likely, in the future, that the NHS Wales App will be the digital gateway for the people of Wales needing urgent care advice and signposting, and our digital offer will need to be fully integrated. Over the course of the next 3 years, we would expect to see the **integration of our digital and telephony channels** so that patients can pass seamlessly from one to the other.

We will provide patients access to NHS services through a modern, integrated **digital platform through NHS 111 Wales**. This platform will improve accessibility to timely and accurate health information, **supported by chatbots, symptom checkers, and other tools**. This will be supported by work to deliver improvements to our internal directory of services (DOS) and support the national development of an NHS Wales DOS.



Work will also commence to **identify a compliant and effective Online Symptom Checker tool** during the first year of this IMTP as a key element of the website. The deployment of a **Virtual Assistant integrated with Robotics AI technology** will be scoped for feasibility and investment requirement during the early part of 2025/26 with delivery and integration online symptom checkers and the NHS Wales Directory of Services (DOS) a further enhancement during year 2 of this plan.

We will develop a **strategic delivery roadmap** and plan outlining key milestones, resources, and timelines for long-term NHS 111 Wales online development, regularly reviewing and updating the plan to align with user needs, technological advancements, and industry trends. We will need to explore funding opportunities, including government funding through NHS commissioners and wider public sector funding and investment opportunities. Essential to a successful website will be an effective **content management system** and we will work to identify and implement this throughout this IMTP to improve content over the course of the next three years. And by **integrating the 111 website with the NHS Wales App** patients will be empowered to make informed decisions about their health and navigate directly to the individual care or advice they need.

Call handling

Rapid call answering, initial triage and onward referral, part of the gateway for anyone with routine or urgent care needs.



High quality and rapid **call answering performance** is key to excellent patient experience and provides a confidence in the service. We have delivered significant improvements in call handling performance and clinical ring back times in the last 12 months, hitting the targets for several months. Further improvements and consistency across the week are still required.

Targeted **recruitment and training** efforts will ensure that we achieve commissioned call handling staffing numbers. We have been undertaking a **review of rostering practices**, which has included a demand and capacity element. We anticipate going on to undertake a **full roster review** in 2025/26 connected to the findings. Implementing performance and process improvement measures, reducing sickness levels, reviewing skill mix and career progression opportunities across 111 and 999, and realising the benefits from 111 systems implementation will allow us to **maximise the value from our call handling resource** and hence deliver continuous improvements in call answering times.



We will enhance our **digital platforms** to support the effective delivery of integrated care, including introducing a **single Computer Aided Dispatch (CAD) system** for integrated care (with Welsh clinical portal integration) and the **Call Prioritisation Streaming System (CPSS)** available to our contact centres which enables call handlers to provide safe, effective advice and referrals to a broader range of calls, allowing the potential for 999 call handlers to close calls remotely.

A services review conducted across WAST in 2024/25 identified potential efficiencies in call handling, including the opportunity for call handlers in **111, 999 and ambulance care to be more aligned** in the future. However, this is for consideration in later stages of this IMTP period.

Early in 2025/26 we will also see the **new contact centre in Ty Elwy** fully operational.

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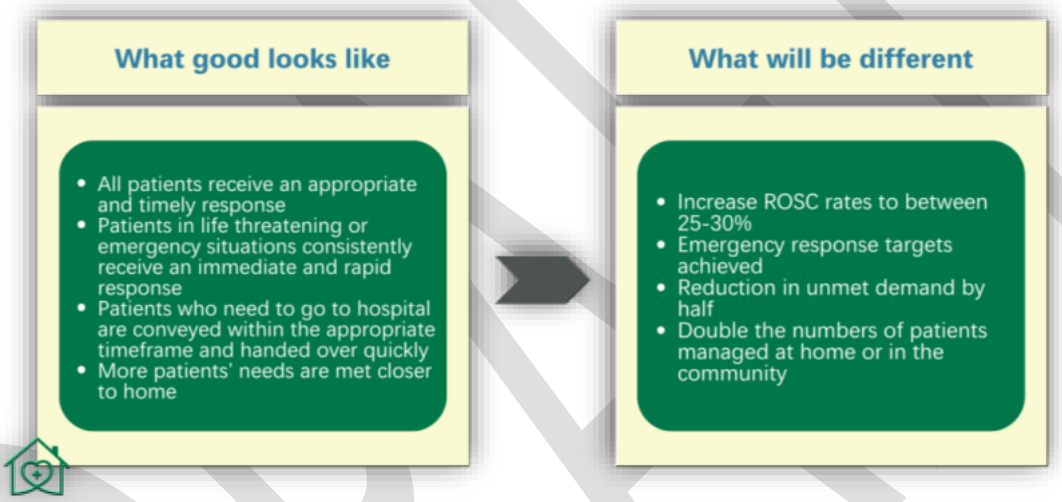
IMTP Objective	Year 1 (FIRM)	Year 2 (OUTLINE)	Year 3 (INDICATIVE)
A modern, easily accessible, user-friendly and integrated digital offer	• A **strategic plan for the NHS 111 website** developed by end Q3 • **Online Symptom Checker tool** identified during 2025/26 • **Content Management System (CMS)** implemented during 2025/26 • **Virtual Assistant deployed** by end Q2 • The case for improvements to **WAST internal directory of services** completed by end Q1 • Internal **DOS integrated with 111 website** following business case approval • Support system-wide work to develop an **All-Wales Directory of Services** throughout 2025-27	• **Implementation plan for website** in place (subject to strategic plan approval) • **Online Symptom checker tool** to be effective • **CMS evaluation exercise** to ascertain leading products will be completed Improvements in the **clinical content and visual design of NHS 111 website** completed • Continually improve the **clinical content of 111 website** as BAU • **Virtual Assistant integration** (Online symptom checker and all Wales NHS DOS) Develop **integration with NHS Wales app** • Support system-wide work to develop an **All-Wales Directory of Services**	• Continued **Website implementation** • **CMS link with hosting arrangements** (TBC) • Work with partners to deploy and maintain **All Wales NHS DOS**
Rapid call answering, initial triage & onward referral	• A **single CAD** will be introduced for integrated care by end of Q1 • Review and evaluation of the **demand & capacity in 111** with a **roster review** completed by the end of Q4 • Use of the **Call Prioritisation Streaming System (CPSS)** expanded by end Q3 • New CCC in **Ty Elwy** fully operational in Q1	• Develop an offer for **commercial arrangements for the use of CPSS** • Review **impact of current processes** and model and use findings to inform next actions. • Implement and embed **re-roster**	• Transition 2025 and 2026 deliverables to BAU for benefits realisation

4.3 Emergency response - 999



Emergency Response

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



A key innovation in our 2024/25 IMTP delivery was the introduction of **the Clinical Navigator role**, a more senior clinician responsible for reviewing patients within these groups. The Clinical Navigator will apply their expertise and clinical judgment to assess whether the identified activity is suitable for deeper remote management or if it requires a more immediate response. This represents a significant shift: the review focusses on whether a case is appropriate for further **remote management by our Remote Integrated Care Service** (**RICS**), rather than whether it warrants an immediate ambulance dispatch. This change allows for more flexible and effective management of potential emergency cases, ensuring that patients receive care that is both timely and appropriate to their clinical needs.



The implementation of **RCS began in December 2024** for all green category calls, excluding those from Health Care Professionals, and Amber 2 category calls. The final element of this phased approach **includes Amber 1 category calls** and went live in February 2025. In 2025/26 a Task & Finish Group will design and **agree the process flow and metrics for calls that come from health care professionals (HCPs)** requiring a response in the community (aligned to the approach adopted for wider Call Flow and Categorisation in the Clinical Services Model). Following approval of the model, delivery and assurance arrangements will be confirmed.

Initial monitoring indicates that 75% of incidents that are screened (data based on 4760 incidents over a 6 week period during winter) were **suitable for a further remote assessment**. Unverified (but confident) data also shows an increase in consult and close rates (where the case can be closed remotely) towards modelled levels (2023 EMS Demand and Capacity Review) of around 20%.

We have **successfully completed two out of three phases of recruitment and training**. Our team boasts a wealth of clinical experience, with backgrounds in EMS operations and integrated care, as well as additional expertise from external clinicians who have recently joined us. As a result, we are seeing an increase in patients receiving signposting, referrals, and episodes of care following the implementation of RCS. This in turn will require the right capacity in RCS as demand increases.

This is consistent with what the 2023 EMS Demand & Capacity Review indicated.



At the time of writing, Welsh Government has concluded its review of the Red-8 response target. As part of the Emergency Response workstream we will respond to the recommendations of this review and our traditional emergency response model will transition to a clinically prioritised system, incorporating **Rapid Clinical Screening** (RCS) for 999 calls. We will develop a new performance framework shaped around two new categories – purple cardiac arrest and red emergency. This will mean moving away from time-based targets as the primary measure of success and a focus on 'return of spontaneous circulation' as the principal measure of success for the 'purple cardiac arrest' category. This will provide a hugely important opportunity and driver for us to work with others across the whole system on improving each link in the chain of survival, linking closely with Save a Life Cymru to increase rates of bystander CPR and early defibrillation.

Next year (2025/26) will see the **Save a Life Cymru initiative being hosted in WAST** with resources moving from NHS Executive into the Trust during the first half of the year. This move will support our continued focus on improving the chain of survival and outcomes for people experience out of hospital cardiac arrest and aligns with our Wellbeing Objectives with a focus on community involvement to meet the needs of future generations. This also aligns with a **national strategic focus from UK ambulance services on the chain of survival, the role of volunteers** and increasing the confidence in the public to undertake **bystander cardiopulmonary resuscitation (CPR).**

Operational efficiency & effectiveness

Over the past 12 months, the 999 service has faced significant pressures, adversely impacting patient experience and outcomes. Response times across all patient categories remain higher than acceptable, leading to harm through delayed responses, prolonged handovers at emergency departments, or unmet

demand during peak escalation. The Trust remains focused on initiatives to mitigate these challenges and reduce harm. Despite these pressures, the Trust continues to respond to more patients in the Red category in 8 minutes than ever before.

There have been a range of factors which have affected this, including a further 23% rise in the number of **red calls**, and continued capacity losses through **hospital handover delays** which accounted for 26% of conveying capacity in December 2024. In 2025 we will be fully engaged with the **national task force set up to address handover delays.**

To enhance the efficiency of ambulance operations, the Trust has implemented a structured programme of work, targeting key areas such as mobilisation and on-scene time. These efforts, supported by collaboration across directorates, aim to optimise resource utilisation.



Building on the successful implementation of CHARU, the Trust is focusing on filling remaining vacancies through a targeted recruitment programme. **Increasing CHARU availability will enhance the service's ability to respond promptly to critical patient needs, improving outcomes.** Our operational plans continue to focus on recruitment in rural areas and on an operating model which matches the unique needs of rural populations.

The introduction of end-of-shift handover pods at two key hospital sites, the introduction of alternative in-ambulance heaters, and efforts to minimise shift overruns have supported staff wellbeing by improving the work environment and reducing stress and personal pressure. The consequence on our people of prolonged handover delays is not to be under-estimated. It is a source of significant frustration for our people, hindering staff and volunteer fulfilment of their reasons for joining and can lead to morale injury. The Trust continues to take all reasonable steps to meet the wellbeing needs of all our people. Reducing shift overruns remains a key priority in our commitments to our people (see section 5.2).

The Trust is reviewing its EMS succession planning framework to ensure robust pathways for leadership development. This initiative will equip future leaders with the skills and resilience required to drive service improvements and support workforce needs.

Skill mix

In 2024 the Trust agreed, with the support of Trade Unions, to create a new role of Emergency Ambulance Practitioners. This is a band 5 role resulting from the adoption in Wales of the national job profile that applied to our band 4 Emergency Medical Technicians (EMTs). Over the next 18months EMTs who have chosen to do so will transition to the new role with additional training in additional clinical skills, leadership and coaching. The new role will be more autonomous than the previous EMT role, and staff will have additional clinical knowledge and be able to interpret diagnostic results leading to greater efficiency but also be able to refer patients to alternative pathways available currently to paramedics.

There is a financial consequence to the change, and we will need to undertake a major review of the skill mix of our frontline crews in EMS in line with our Strategic Workforce and financial plans. However, this is not just about money but about the most efficient and effective use of resources, delivering better quality to our patients, and role satisfaction for our people, in the context of the evolving clinical model.



IMTP Objective	Year 1 (FIRM)	Year 2 (OUTLINE)	Year 3 (INDICATIVE)
Efficient and effective dispatch of the right resource	• **Formal response** to the review of red calls by end Q2 • Transition to a **clinically prioritised emergency response model** by end of Q3 • Review of the **skill mix of emergency response crews** throughout 2025/26 • Save a Life Cymru hosted in WAST by Q2	• Transition 2025 deliverables to BAU for benefits realisation • Undertake **RCS demand and capacity review** following wider CMT implementation in RICS • The outcome of **the skill mix review to be implemented**	• Transition 2025 and 2026 deliverables to BAU for benefits realisation
Health care professional call answering, and booking, and efficient and effective dispatch of the right resource	• **Health Care Professional (HCP) flows** aligned to our evolved Clinical Services Model collaboratively redesigned by end of Q4	• Evaluation of the **HCP flows**	• Transition 2025 and 2026 deliverables to BAU for benefits realisation

4.4 Remote integrated care and care planning – 111 and 999



Remote integrated care service

Multi-disciplinary team delivering timely, high quality remote clinical assessment, advice and referral to pathways that meet patients' needs. Many patients will not need any further intervention.

This fully integrated service will be the **cornerstone of our clinical services model**. Clinicians will have access to an expanded range of clinical pathways internally and within Health Boards, including remote monitoring and specialist resources, ensuring personalised care. It is our intention to align pathways and processes but also bring together remote clinical capacity in CSD and 111 as **an integrated remote clinical assessment team in 2025/26**.

The RICS workstream in the CMT programme, will focus on four key areas to make this transition to the integrated model:

- **Process design and implementation:** to improve the operational processes to ensure the efficient and effective delivery of the new integrated model;
- **People and culture:** to ensure the strategic alignment of the workforce, delivering the team structures required for remote integrated care;
- **Digital:** managing and enhancing digital platforms remote clinical assessment, care planning and remote monitoring; and
- **Clinical and professional practice:** to ensure the training and education delivery and professional development in remote integrated care and remote clinical decision making.

One of the key benefits of the remote model is that patients have their needs met without the need for onward referral. We can achieve that by increasing the **capacity and capability of our clinical teams -** growing, developing, and empowering our clinical workforce and equipping them with the right training, skills, and support to excel in everything they do. Examples of this can be seen within our new piloted 'Winter Desk' programme and care planning function, where we saw 33% of calls were consulted and closed through signposting for most appropriate care required, which was not an emergency department by default.

Decarbonisation and Sustainability

The roll-out of technology to support remote assessment is a key deliverable within our Decarbonisation Action Plan as we look to embrace opportunities to provide care closer to home.

The new 111 CAS system was implemented in April 2024 and is the same triage software as that used by our clinical support desk for 999 calls. As set out in last year's IMTP, the system will enable the **interoperability between 111 and 999** so that we can closely align the clinical functions of those services, which a key focus in 2025/26. This integrated approach will reduce unnecessary emergency dispatches, support safe care in the community, and enhance professional development opportunities for clinicians, fostering a more responsive and connected approach to patient care.

A key feature of the remote integrated care service going forward will be the **ability to care plan**, providing short or longer duration plans, which will enable **RICs clinicians to determine the safest and most appropriate onward referral pathway** for the patient. This will be enabled by implementing remote monitoring and clinical assessment capabilities such as video consultation and wearable health technology. In doing so we will align our plans for health care professionals and how our remote clinicians link in seamlessly with Health Board single points of access.



We will continue to grow the number of **community welfare responders** to 400 (volunteer roles established in 2023/24 with a target of 600 volunteers in total), supported by the remote monitoring technology, in order to safely support people at home, or in care homes, whilst we develop the care plan that can be enacted by WAST clinicians or pending referral onto the appropriate pathway for the patient's individual need.



Furthermore, through the RIC service and collaboratively developed local MDT hubs, **advanced practitioners and Health Board colleagues will work to better manage patients in the community**, to identify opportunities to direct an alternative response and/or signposting or redirecting the patient care to a more appropriate part of the health service with a local perspective. Options for these clinicians will include 'holding' patients through a short term agreed care plan, scheduling a response for a later time or date or working collaboratively with Health Board colleagues to facilitate an onward referral. Managing a proportion of patients appropriately in this way, without the use of a traditional emergency ambulance response, will **free up capacity** of this type of resource ensuring that in the event a patient presents in the system 'needing' an ambulance, then one will be available to them.

In 2024/25 we grew the **capacity and capability of our clinical teams** in both 111 and 999 and widened the skills available through the recruitment of specialists in such areas as paediatrics, pharmacy, respiratory and mental health. The continued development of the model requires additional, unavoidable costs to ensure that we have the safe systems of working in place. We need to design, consult on, and **deploy a range of leadership and management structures** across senior and middle management, first line Management, health Information, dental, and audit to ensure the changes we are making to evolve the clinical model are robust and sustainable. We will also need to **increase the number of clinicians** by up to 16 FTE working remotely to deal with the demand now coming through and to implement the care planning approach.

Decarbonisation and Sustainability

We have now embedded an agile working model which is supporting reduced commuting emissions. We will ensure our estate is fit for purpose to provide flexible, welcoming and collaborative spaces for our people. We will continue to embrace opportunities to give our people closer links with nature to support their wellbeing.

As part of our offer in terms of recruiting and retaining these specialist staff, we are continuing to progress **home working options**. We will also develop a specification and ambition for **our mental health service offer**.

Access to pathways

A wide range of pathways accessible from the 111 & 999 services, increasingly able to be booked directly, with seamless integration of information to get patients the right care in the right place.

As set out in the commissioning intentions, we will work with the Six Goals Programme and Health Boards on transformational workstreams, specifically to develop alternative means of managing patients. In NHS 111 Wales. This will include **tests of change for referrals to pharmacy and general practice**. We will work with Health Boards to increase the pathways available to 111 and 999 clinicians as part of our multi-professional working and development for people who present with urgent primary care need, with the aim of significantly reducing the volume of patients directed to emergency departments.

IMTP Objective	Year 1 (FIRM)	Year 2 (OUTLINE)	Year 3 (INDICATIVE)
Timely, high quality clinical assessment, advice and referral	• **New call flows and categories into the Remote Integrated Care Service (RICS)** implemented by end Q4 • Processes and policies to deliver an effective **integrated care clinical team** implemented by end Q3 • **Remote monitoring solutions** implemented by Q3 (subject to funding) • **Remote working model for RICS** implemented by end Q3 • Opportunities for expansion of roles in RICS (as a **Multi-Professional Team**) progressed throughout 2025-2027 • **Leadership and management structures** deployed by Q2	• **Review impact of model** and use findings to inform next actions • Continual progression and exploration of opportunities to offer **Multi-Professional roles** • **Continuously evaluate and improve** the RICS function and use findings to inform next action • Develop and deploy long term service model for **remote monitoring and wearable technology**	• Transition 2025 and 2026 deliverables to BAU for benefits realisation
Seamless transfer of callers to wide range of available pathways	• Sustainable **Care Planning** operational function implemented by Q3 • **Pathways for NHS DOS** identified by Q4 • Outcome of **GP / Pharmacy tests of change** complete by end Q2 • Specification and ambition for the **Mental Health service offer** to be developed and implemented throughout 2025/26	• **Review impact of model** and use findings to inform next actions • Develop **integrated data solution** through the National Data Repository (NDR) for NHS Wales	• Transition 2025 and 2026 deliverables to BAU for benefits realisation

4.5 Urgent Community Response

Urgent Community Response

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



Where existing pathways of care do not exist within the community, we will implement a consistent approach to urgent community care across Wales. This service offering is designed to better meet the needs of our patients who present through 999 and 111, where historically an ambulance despatch would have been the only option. It will include face-to-face interventions, such as rapid falls response, advanced paramedic care, and mental health crisis intervention. This approach will improve access to community-based care, prevent unnecessary emergency department conveyance, and ensure equitable service delivery.

Advanced Paramedic Practitioners (APPs) and End of Life Care

Advanced Practice offers the people of Wales timely access to highly skilled clinicians who can manage increasing level of complexity and frailty by providing advanced assessment, patient centred decision, navigating access to alternative pathways or provide appropriate treatment at their preferred place of care (including medications). Our ambition has been to grow our advanced practice workforce, this continues to be our ambition but within the current financial envelope will need to slow the pace of growth of our APP numbers in 2025/26, with an additional 10 APPs in 2025. As set out in section 4.4 above, the focus over the next three years will be on expanding the use of the local community based navigator role, following evaluation, to a more equitable and consistent service offer for all seven Health Boards and embedding APPs within Health Boards using our commissionable rotational models in both primary care and palliative care settings, supported by the role of Senior Advanced Paramedic Practitioners (SAPPs) which were established in 2024/25 to provide leadership through supervision, professional guidance and standards (see section 9.2).

The deployment of demand-based roster keys has paved the way for **an APP roster review**. This will optimise APP availability for patient care while **aligning rotational responsibilities, such as primary care duties and remote clinical roles, with operational demands.**



End of life care involves the **treatment, care and support for people who are thought to be in their last year of life** (Marie Curie, 2024) and would include patients for example with a terminal illness, a health condition they are expected to die from or are suffering with this in conjunction with advancing age. This work will align with six goals programme work in urgent and emergency care for people at the end of life and has been a focus within our value-based healthcare working group.

The role of palliative care paramedics has grown in recent years, working in two Health Board areas (Cardiff & Vale and Swansea Bay). They are having a profound impact on our ability to care for people in the final days of life at home without the need for conveyance to hospital. The role has evolved from a rotational model with palliative care services to clinically led deployment by APP navigators in Health Board clinical hubs in those areas. The next step for the future palliative care paramedic offering will be to develop the specialism within the Advanced Practice (APP) establishment. **Marie Curie charitable funding provides an opportunity to support the initial cohort of APPs with both education and placement** and the clinical team in WAST is working to establish this alternative APP education pathway within the 2025/26 and potentially 2026/27 APP cohorts using current APP vacancy gaps, **around 8 FTE in the first year**.

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Once established these clinicians will be available to work within their WAST rotation as part of the UCRS service offering. Through the IMTP cycle we will need to develop a plan for implementing these clinicians within the service model whilst evaluating the impact for both patients and clinicians.

Falls response

Over the next 3 years we will work with Health Boards and the six goals programme team to support the implementation of the National Falls Framework. This will require a clinical audit of fallers to develop an internal plan for our Level 1 and Level 2 services.



- **Level 1 (falls responder):** The majority of people who fall will require a level 1 falls responder who will aim to provide a response (or we will remotely manage) within an hour. We will develop transformational amendments to falls incident management whereby the initial 999 call will be screened by RCS and managed by RICS who will develop the care plan for deployment of a level 1 response, ensuring non-injured fallers can be managed into community falls pathways.

- **Level 2 (enhanced falls responder):** There are a range of options in different Health Boards areas for people who fall and are frail or have a medical need. The national framework requires Health Boards to ensure urgent care response services are available. WAST will support this requirement by optimising its level 2 specification (currently a qualified paramedic and occupational or physiotherapist) and further developing the incident management through RCS and RICS, again ensuring a care plan is in place which maximises patient safety.

Mental Health Services

Mental health calls represent around 10% of ambulance demand and continues to increase. These calls are often complex and a significant challenge to a generalist workforce. Mental health service users are twice as likely to experience significant waits than others in this highly unsuitable environment when in distress. However, through the introduction of **Mental Health Practitioners** in our Clinical Support Desk we have made positive improvements achieving increased consult and close rates reducing the need for ambulances and reducing impact on Emergency Departments and local mental health crisis and liaison services. .



Whilst there have been significant improvements for patients it remains the case that a proportion of our mental health calls will still require a face-to-face assessment. In other areas of the UK **mental health response vehicles** have been introduced to address this need resulting in increased see and treat rates and reduced conveyances to ED.

Our team has reviewed outcomes from other areas with significant see and treat rates of 85% with 95% positive staff feedback and a 100% staff perception that service users had benefitted from the service.

We piloted a mental health response vehicle (MHRV) in collaboration with Aneurin Bevan UHB, in 2024 with early data suggesting performance in line with findings in England. In November 2024 we launched a MHRV across South East Wales and are continually evaluating the service. Initial data suggests an improved response and outcomes for those in mental health crisis.

Additionally, we continue to develop our mental health offer further to ensure we have the capacity and capability to respond to the **'Right Care Right Person'** (Link) **implementation**. The impact of this in areas that have commenced has been significant to ambulance services; within South West Ambulance Service they have experienced a 25% increase in mental health contact and in London Ambulance Service over half of their mental health response vehicles have been taken up by RCRP demand. We remain uncertain to the impact of this on our services as all stages are not fully implemented and will not be in all areas until the end of 2025. Without increased resource there is a risk that patients with mental health needs will fall in between services (Police/ NHS/ Social Services) and be left without the support and treatment they require exposing the trust to organisational risks.

We will continue to **develop our internal training for our people** to support them with the skills and knowledge required to support mental health needs including children and young person's mental health, perinatal mental health, drug and alcohol and personality disorders. We have offered weekly suicide first aid virtual classroom training to all Trust staff during this year.

We will continue to develop dementia friendly ambulance environments by building on foundation work undertaken across Wales. Co-production with dementia networks, staff, partners has allowed us to consider building art, music and reminiscence therapy opportunities within the delivery of our services, creating more therapeutic environments. This has also created opportunities to develop the skills and knowledge of our workforce to support more person-centred care for people affected by dementia.

Our focus for the future continues with strong collaboration with a range of partners to map and improve the journey for people affected by dementia through our services, with specific work around falls and frailty; exploring ways we can avoid and divert people from emergency care departments where appropriate; and how we deliver safe remote and integrated care services.

Health Board pathways

As set out in the commissioning intentions, we will work with the Six Goals Programme and Health Boards on transformational workstreams, specifically to develop alternative means of managing patients who present with conditions requiring among other interventions:

- End of Life Care
- Breathlessness interventions
- Chest pain interventions

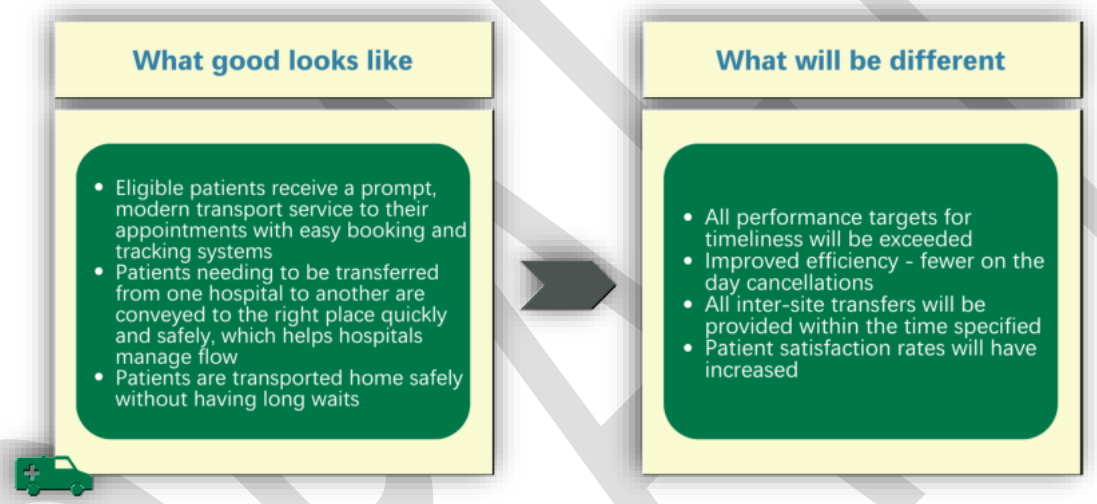
…where safe and appropriate to do so.

Decarbonisation and Sustainability

We will continue to support patients at home wherever possible. Our clinical professionals will drive fewer miles and support alternative care pathways. We will build on the success of our innovative fleet solutions, exploring all opportunities to develop a low emission, versatile and appropriate fleet, whilst ensuring that patient safety remains at the forefront of delivery.

IMTP Objective	Year 1 (FIRM)	Year 2 (OUTLINE)	Year 3 (INDICATIVE)
High quality, immediate or timely on scene assessment, care and conveyance where needed	• **Mental Health Response Vehicle (MHRV)** blended model evaluated with recommendations for expansion throughout 2025-2027 • **Palliative Care Paramedics (PCPs)** deployed in four health boards by Q3 • **PCP model evaluated** in Q4 • **Falls Level One (Falls Responder) service** resourced throughout 2025-27 • **Falls Level Two (Enhanced Falls Responder) service** developed throughout 2025-27	• A **Mental Health Response Vehicle (MHRV)** blended model will be evaluated with recommendations for expansion • **PCPs will be deployed** in one further health board • **Falls Level One service** resourced throughout 2025-27 • **Falls Level Two service** developed throughout 2025-27	• **Mental Health response** reviewed to ensure sustainability and value • **PCPs will be deployed** in all health boards
A range of 24/7 pathways available for further assessment or treatment, closer to home	• **APP Navigators in every Health Board**, fully integrated into Health Board MDT hubs, commences during 2025/26 • The **number of APPs will increase**, to accommodate TAPPs coming through their qualifications, by Q4 • **Mechanisms for measuring performance** and clinical practice of our Advanced Paramedic Practitioners (APPs) established by end of Q4 • Work with health boards to develop **alternative pathways** will continue throughout 2025-28	• **APP Navigators** will be located in every Health Board, fully integrated into Health Board MDT hubs • Further grow APP numbers in line with modelling (subject to funding) • **Audit and compliance controls** to demonstrate clinical assurance and safe prescribing • Work with health boards to develop **alternative pathways**	• Effective audit processes for all facets of Advanced Practice will be embedded enabling a review of CPD arrangements • Work with health boards to develop **alternative pathways**

4.6 Non-emergency transport services



Ambulance Care encompasses our Non-Emergency Patient Transport Services (NEPTS), Urgent Care Service (UCS), the Trust Level 1 Falls Service, and a dedicated inter-site transfer service for Aneurin Bevan University Health Board (ABUHB). These services play a vital role in ensuring system flow and patient access to planned care. As part of our integrated clinical model transformation programme will also develop a health transport element to provide patients with transport following an unscheduled care request and where a planned appointment can be scheduled.

Ambulance Care Vision: we will build our own internal vision for Ambulance Care. This will include a clear definition and understanding of what Ambulance Care is and its component services mean, how they are interdependent but also delineated and how they fit into the emerging work around Health Transport.

Decarbonisation and Sustainability

We will continue to explore opportunities for lower emission vehicles. Our changing mix of Ambulance Care fleet will look to provide smaller vehicles which will support this. Further work around reduction in on the day cancellations will contribute to our reduced carbon emissions.

NEPTS: We intend to continue our improvement journey through; our ambitions, responding to our commissioning intentions and the national vision for non-emergency patient transport, developed by the NWJCC in 2025. We will develop an implementation plan through which we will;

- Optimise our resource utilisation ensuring that we **maximise our capacity, and efficiencies** to enable us to deliver for our patients. This will include the implementation of a roster review and a review and redesign of the current service delivery model for the use of external partners (plurality model); reviewing our systems and methods to manage the providers ensuring it continues to deliver best value whilst also reviewing against our operational rosters to ensure we have the optimal resource to meet our demand It is pleasing that in the last year the service has achieved financial balance, correcting previous overspends. That has not been without the need to introduce and deploy a Capacity Management Plan with a change in our approach to managing ineligible service users. As we have seen demand for stretcher borne patients increase, it will be imperative that our commissioners review funding arrangements for the service which can be done alongside development of the vision for these services. We will utilise predictive analytics to forecast demand to enable us to efficiently plan for our patients.



- **Leverage technology** to enhance co-ordination and patient experience (detail contained in section 7), implementing new platforms to access transport services, mobile applications that will enable patient to book, track and manage their transport, providing real time updates to keep people informed of their transport status. We will maximise our opportunities to integrate our scheduling systems with Health Boards to align transport availability with need and manage transport requirements more effectively.
- We will work with Health Boards and the Six Goals programme to ensure NEPTS is integrated into discharge planning processes, bringing through key actions into directorate plans or the IMTP.

Health Transport: A key part of our evolving clinical model which will support **provision of transport following the outcome of a clinical assessment** where the needs for the patients are known, the ambulance skill requirement is known, enabling urgent care interventions in a more scheduled way. We will therefore better utilise our capacity to manage urgent care as 'health transport', scheduling community ambulance responses.



Transfer and Discharge: **Collaborating with commissioners and other service providers to develop a financially sustainable service model** that ensures timely inter-facility transfers. These journeys are critical to ensuring flow across the system.

Increasingly, as described in section 4.6.1 below, Health Boards are developing new service models which see centralised services and a greater need for movement between hospital sites. Our plan and the ask has been previously to develop a dedicated All-Wales service. However, commissioning intentions have moved on over the last four years as services have developed across NHS Wales post-COVID. Having evaluated the outputs of modelling a single, dedicated all-Wales service in 2024 we now understand the service requirement for a dedicated service and in the current financial context the increase in resources required may not be realistic.

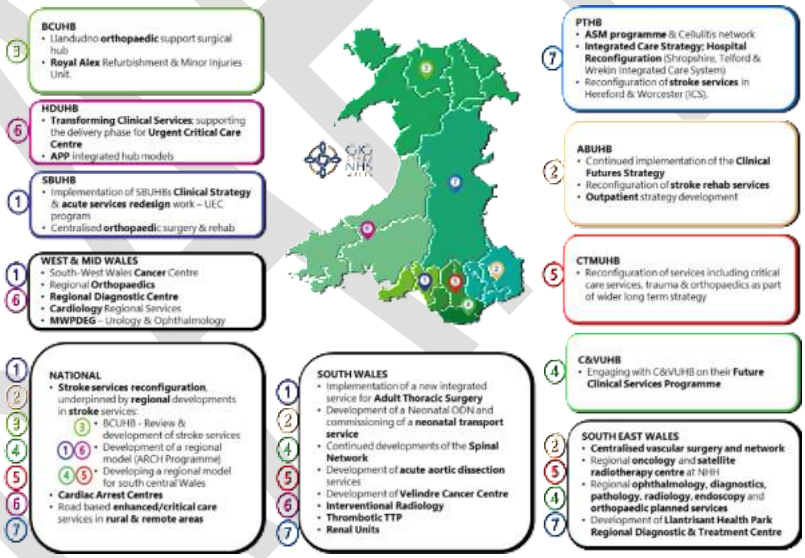
We therefore need to re-engage with Health Boards via the NWJCC and NHS Executive on the outcomes of our existing modelling and discuss a future model that fits with the demands coming from strategic service change and regionalisation over the next 3 years.

This engagement will lead to work with commissioners on the development of a future model for **Transfer and Discharge services** in line with JCC's commissioning intentions for EMS, NEPTS and ACCTS (the All Wales Critical Care Transfer service provided by Swansea Bay University Health Board)**. A proposed model and implementation plan will be developed throughout 2025/26 for delivery in years 2 and 3.**

IMTP Objective	Year 1 (FIRM)	Year 2 (OUTLINE)	Year 3 (INDICATIVE)
A clear vision for Ambulance Care services that supports wider health & care transformation	• An internal **vision for Ambulance Care services** agreed by the end Q1 • **Plans to respond to the requirements of the national vision** for non-emergency transport and the internal vision for Ambulance Care developed and implemented throughout 2025-27 • The future shape of the **Ambulance Care fleet** will be agreed and a delivery plan developed by the end of Q4	• Continued implementation of **plan to respond to the NEPTS vision** and internal ambulance care vision	• **Evaluation of the NEPTS vision** to date
A transfer & discharge service supporting HBs with their transformation agendas	• **Internal vision for Transfer & Discharge (T&D)** services reviewed by end Q1 • Proposed T&D model will be agreed internally by end Q4 • **Engagement** will take place with health boards throughout 2025/26 • Opportunity to develop a **24/7 major trauma desk** assessed by the end of Q4	• **Implement plan for T&D services** including a Transfer Clinical Hub (subject to external funding)	• Transition 2025 and 2026 deliverables to BAU for benefits realisation
A flexible, user-centred Non-Emergency Patient Transport Service with the right capacity in place to meet demand	• **NEPTS roster review** completed by end of Q2 • Current **plurality model** reviewed and updated by end Q4 • Review of **NEPTS and UCS alignment** completed with a delivery plan by end Q4 • **Digital solutions to enhance patient experience** adopted in NEPTS by end of Q4 • **Data and insights** to improve co-ordination and decision making with health boards throughout 2025/26	• Continued work with health boards to maximise opportunities to **integrate NEPTS & Health Boards scheduling** • Implement **data analytic tools** to monitor and evaluate NEPTS performance continuously • **Predictive analytics** to forecast demand and allocate resources efficiently	• **Review, evaluate and adjust systems** to ensure optimal performance and impact

4.6.1 How will Health Board strategic plans affect us?

Our services are recognised as a key enabler of transformational changes across the system to enable access to sustainable services across the country; working together to ensure safe and effective pathways into services whilst also planning for the additional demand for transfers, repatriations and discharges where required.



We continue to work collaboratively and proactively with Health Boards, regional programmes and Clinical Networks to support strategic, **transformational service changes** (national, regional and local) across Wales to ensure the best possible outcomes and experience for the people of Wales.

We need to remain flexible to change but realistic in the context of the demand on our service and the capacity to deliver change at pace. We will take account of the full range of strategic service changes in Wales as we develop options to support inter facility transfers and discharges in collaboration with the system.

The map above provides an overview of the main service change programmes of work where we are working collaboratively with partner organisations. For effective planning it is important to have timely and meaningful communication, and we will be **focussing resources to co-ordinate our role in local, regional and national planning across Health Board areas and NHS networks.**

4.7 Emergency Preparedness, Resilience and Response (EPRR) and specialist operations



As a Category One responder under the Civil Contingencies Act 2004, **we remain committed to emergency preparedness**. A significant focus has been the Manchester Arena Inquiry recommendations, with 68 identified as applicable to the Trust. Of these, 18 require additional financial support and the case for this was submitted to our commissioners in August 2024, while the remainder can and shall be delivered within existing capabilities.

A full deployment of all 18 recommendations would permit the Trust to demonstrate its learning from the Inquiry and well place the Trust to respond effectively to mass casualty incidents. The MAI recommended that ambulance services submit their review of the MAI recommendations their commissioners, to consider the funding implications of recommendations that are not within the current resources available to WAST. The Trust's MAI review has been submitted to the NWJCC with the NWJCC establishing an expert/peer review panel to consider the Trust's submission.

IMTP Objective	Year 1 (FIRM)	Year 2 (OUTLINE)	Year 3 (INDICATIVE)
Fulfil our statutory requirements for civil contingencies, ensuring our preparedness through testing, learning & training	• Continue to plan and prepare for major incidents as per the responsibilities of the Civil Contingencies Act and collaborate with the JCC on further developments the preparedness and response to major incidents e.g. Manchester Arena Inquiry and Grenfell Inquiry throughout 2025-28		

4.8 Volunteers

In its fourth year, the Trust's volunteering strategy has made significant progress, **embedding volunteers within #TeamWAST.** The final year of the strategy in 2025/26 will focus on refining volunteer services, developing a volunteer-to-career pathway, and launching a new volunteer management system. This will align to our Wellbeing Objective to be a socially responsible employer.



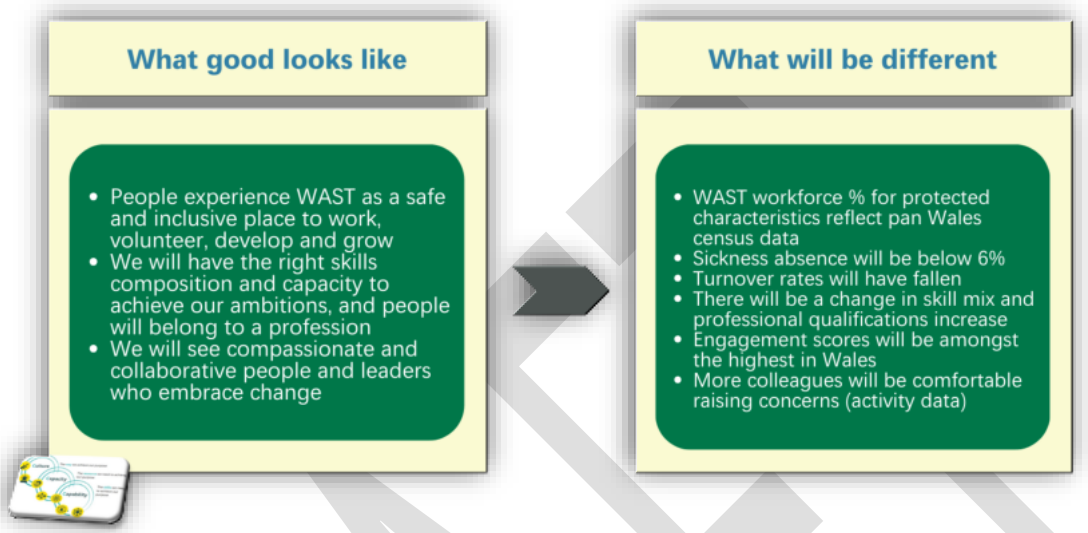
Recruitment initiatives aim to increase the number of **Community First Responders. Community Welfare Responders and Volunteer Car Drivers,** supporting 999 and 111 services.

In the last year, progress was made on piloting our **oncology focussed Volunteer Car Service**. This pilot has seen volunteer drivers paired with an oncology patient for the period of their treatment, which for some patients can stretch several weeks or months. There is fantastic initial feedback, and so the Trust is keen to develop this further in the coming year.

Taking us forward from 2026/27 onwards we will need to **develop the next Volunteer Plan**, building on the success of the previous strategy. This will be delivered through the Operations Directorate delivery plan.

5. Our people

Strategic Objective 2 – Enabling our people to be the best they can be



5.1 Our workforce profile

WAST currently employs approximately 4401 people (compared to 4400 in January 2024). The largest staff group is Additional Clinical Services at 47.89% (51% Jan 2024), which includes our Ambulance Care Assistants (ACA1/ ACA2s), all grades of EMTs, and Call Operators, followed by our Allied Health Professional staff group at 27.94% (27% Jan 24), which includes our paramedics. This is an increase of 7.81% in post compared to December 2020.

51.29% of our workforce is female, which is an increase of 5.39% since December 2020. 20.91% of the workforce is part-time, which has increased slightly from last year (increase of 0.76%). 21.64% of our workforce is aged 56 or over, suggesting an ageing workforce profile which will need to be carefully managed. Our hardest to recruit roles are qualified Paramedics for CHARU roles, 111 Clinical Advisors (nurses), IT and Digital Specialists.

In 2024, we produced the WAST Strategic Workforce Plan 2024-2030. This guiding document outlines our workforce challenges and priorities. In the plan we have linked in our strategic drivers, current and future workforce supply, demand projections and organisational goals.

Our assumptions over the next two years are based on little or no growth for Ambulance Care and limited growth for our Emergency Medical Services (EMS), aimed at our Cymru High Acuity Response Unit (CHARU) service and Advanced Practice. Our most recent Demand & Capacity (D&C) Review indicates modest growth in our contact centres to support our emerging clinical model with an increase in remote clinical care roles.

We also must assume that handover will remain higher than we would like given the challenges experienced across the system. This compels us to fund the changes we require in our service by reconfiguring existing resources; enabling us to ensure our workforce modelling maximises the levers in our control to maintain and improve levels of handover.

Our Integrated Technical Planning Group brings together colleagues across the organisation to work on the holistic picture including clinical skills, education and training, planning, fleet and estate teams to ensure the organisation is taking a co-ordinated approach to its key resources. This supports a cross-functional approach to developing and deploying our workforce to maximise their impact and productivity.

We are also leading on the task and finish group to look at the skill mix of our frontline crews in the context of our evolving clinical model and the adoption in Wales of the band 5 technician job description (see section 4.3).

5.2 People and Culture

Commitments to our people



It has been a commitment within our IMTP to address three key issues based on feedback we have received through engagement, surveys and TU relationships. These issues are still important to our people, and they remain commitments in our IMTP for 2025-28. However, we see flexible working as commitment we are now delivering on and will undertake a review of All Wales policy and its impact on WAST.

Instead this year we are committed to improving 1:1 interactions with our people.

- **Shift overruns:** In 2023/24, we made progress in some areas of Wales by implementing 'holding areas' for staff breaks and shift end handover, with patients cared for by dedicated ambulance staff near the Emergency Department. However, these areas remain in few hospitals in Wales, and high levels of handover delays continue to cause shift overruns. This forces staff to work additional hours or seek 'time off in lieu,' impacting on EMS service capacity. We have established a task and finish group with staff and Trade Unions to find solutions, with outputs due in Q2. We will also continue collaborating with our Health Board partners and the national task force to address the root cause of shift overruns (handover delays).
- **Digital Experience:** we have made strides in developing tools and training to support digital literacy and process automation. 'Single sign on', Smart Stations and a Digital Skills Strategy are some of the priorities which we will be focussing on in delivering our People & Culture and Digital Plans (section 7).
- **1:1 conversations:** Through Our WAST Way, regular 1:1 conversations will be embedded to address staff challenges, enhance motivation and wellbeing, and build a supportive work environment through open dialogue and joint problem-solving.

We continue to deliver our People & Culture Plan through 3Cs: **Culture, capacity and capability.**



Culture

Throughout 2024-25, we have **continued to strengthen our internal capacity to drive culture change**, harnessing the passion and energy of our flourishing people networks. 2025-28 will see us further developing change capability and capacity both formally and informally, to support the many projects and transformation activities across the organisation.

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Equity, Diversity and Inclusion (EDI) is and remains a core theme and golden thread running through everything we do**. The Strategic Equality Plan is one of the key elements of our People & Culture Plan.** Alongside embedding EDI into our everyday practices (through **delivery of our Strategic Equality Objectives**), we are committed to driving forward the successful delivery of our statutory action plans. Specific initiatives will also include partnering with higher education institutions to **increase student diversity** and launching **targeted campaigns to attract candidates from a wide variety of backgrounds** for the full range of career opportunities within WAST. Equality Impact Assessments (EQIAs) will continue to drive our strategic decision making and we will be ensuring awareness of the role of **EQIAs** through an impact assessment signposting document recently launched on our Intranet.

Increasing sexual safety and addressing misogyny are key areas of challenging and emotive work that we are deeply committed to tackling. We are **unwavering in our dedication to creating an environment where everyone feels safe and free from risk**; this includes creating a culture where colleagues feel supported to speak up and share concerns, ensuring that all issues are proactively addressed and thoroughly investigated where necessary.

We recently **employed a Lead Guardian** to encourage and enable colleagues to speak up about concerns in a safe and supportive way. This initiative has contributed to an **increase in the number of issues raised,** reflecting a positive shift towards a more transparent and accountable culture. Colleagues are raising concerns through a variety of routes, which aligns with our goal of enhancing psychological safety across the Trust. It is important to note, however, that whilst this progress is encouraging**, associated workload is increasing**, as the volume of cases rises. To support this we have established a fixed-term Director of Culture Change and the addition of **three fixed-term dedicated Investigating Officers**. We are committed to amplify the voices of our colleagues through Speaking Up Safely as well as the Staff Survey our People Networks, all of which remain fundamental levers of success over the years.

Our emphasis on **Social Partnership development** is having a **positive impact on relationships**. We recognise the importance of maintaining and strengthening trust and engagement with our partners; the delivery of a Conference in March 2025 will be a core part of this and we are proudly sharing our story at the forthcoming Ambulance Leadership Forum (ALF). The coming year will bring some challenging issues which we will need to handle in partnership with our trade unions and as such, our continued focus on enhancing our collaborative and co-production approach to partnership working is vitally important. A key element of how we practically move forward in partnership is delivery on the actions within our extant plan facilitated by and developed with ACAS**.**

We will also continue to undertake **cultural reviews to shine a light on areas of excellence** and identify opportunities for growth. These reviews will enable us to celebrate and spread great practice whilst also maintaining a focus on continuous improvement. At the heart of this work is our unwavering commitment to **creating an environment where colleagues feel valued, supported and empowered** to contribute to an evolving and thriving organisation.

IMTP Objective	Year 1 (FIRM)	Year 2 (INDICATIVE)	Year 3 (OUTLINE)
Establishing our **Culture** as the way we achieve our purpose	• **Strategic Equality Plan** 24-28 (4 Year plan) implemented throughout 2025-28 • **Anti-Racist Wales, LGBTQ+, Disability, Sensory Loss Standards, Armed Forces, Covenant Duty, Carers Leave Bill plans** implemented throughout 2025/26 • Develop and implement new process and practices to **enhance our approach to amplifying colleague voices** throughout 2025/26 • Our **compassionate practices approach** expanded and embedded throughout 2025/26 • **Health and Wellbeing Plan** implemented throughout 2025-29 • ACAS (**social partnership**) action plan delivered throughout 2025-28 • **Sexual Safety Plan** delivered throughout 2025-28	• Implementation of **Strategic Equality Plan** 24-28 (year 2 actions) • Continuous delivery of **EDI related action plans** • Evaluation of impact and continue rollout of **compassionate practices** as required, addressing any areas of lower performance • **Health and Wellbeing Plan** 25-29 (Year 2 actions) Delivery and implementation of the ACAS Action plan (year 2 actions) • **Review internal and external sexual safety landscape** and adjust interventions as appropriate.	• Implementation of **Strategic Equality Plan** 24-28 (year 3 actions) • Review and ensure Compliance with Welsh Government Statutory Requirements relating to Inclusion and Engagement • **Health and Wellbeing Plan** 25-29 (year 3actions) • Commitment to work towards Safe Effective Quality Occupational Health) **SEQOSH** Accreditation by 2027/28 (subject to funding) • Delivery and implementation of the **ACAS Action plan** (year 3 actions) • **Continual review of internal and external sexual safety landscape** and adjust interventions as appropriate

Capacity

Building workforce capacity is essential to achieving our organisational goals to reduce unnecessary conveyance and deliver innovative care models and to support this, over the next three years we will focus on **delivering our Strategic Workforce Plan**, considering in detail the existing and future composition in terms of and enhancing our approach to recruitment and retention, broadening volunteering roles and strengthening partnerships. To ensure a tailored approach that addresses unique professional needs, we will also develop specific workforce plans for each Directorate. We are also advancing our capacity through improved systems, delivering the project plan to **replace Employee Staff Record (ESR) system** and exploring a **case management system for employee relations.**

Continuing to support flexible working and reviewing employee benefits will help us achieve our goals of attracting and retaining high-quality candidates and **improving overall employee experience**. NHS 111 and 999 call centre posts are a particular focus due to the nature of role, lower pay and poor recruitment and retention. We will focus on recruiting the right type of candidate and being realistic with candidates about the challenges faced in these roles, whilst highlighting the career pathways and benefits that come with working in such a role in the NHS.

Key to workforce capacity is productivity, including efficient working practice, sickness and turnover. All of the actions across Culture, Capability and Capacity are designed to create a working environment which supports good attendance, development and retention of people. However, there are some key deliverables in our plan including continued work on managing attendance, eTimesheets (deliverables included in section 7) and retention (focussed initially on the nursing community in line with national retention work).

We will continue to focus on managing absence in line with policy requirements, upskilling managers to support colleagues who are sick and to support our frontline operational teams in tackling the biggest issues which impact attendance, such as shift overruns and handover delay. Targeted actions to reduce sickness absence, alongside enhanced health and wellbeing support (under the umbrella of our **Health and Wellbeing Plan**) and proactive redeployment opportunities will ensure colleagues are supported to remain in or return to work.

IMTP Objective	Year 1 (FIRM)	Year 2 (OUTLINE)	Year 3 (INDICATIVE)
Ensuring the right **Capacity** needed to achieve our purpose	• Actions within the **Strategic Workforce Plan** delivered throughout 2025/26 • **ESR National Optimisation**, NHS Project & interface with GRS developed in Q1 to be delivered throughout 2025-27 • Undertake preparations for **Future NHS Workforce Solution** Transformation Programme during 2025/26 • A post implementation review of the of the All-Wales **Flexible Working** Policy processes in WAST undertaken during 2025/26 • **Recruitment strategy** developed by the end of Q4 • **Improving Attendance plan** delivered throughout 2025/26 • **Nurse retention plan** will be delivered throughout 2025/26 • Outputs of the work of the **Shift Overrun** task and finish group delivered by Q2	• Continued implementation of the **Strategic Workforce Plan** (year 2 actions) • Workplan linked to **NHS workforce solutions** delivered Continue to **monitor and review ESR data**. Focus coaching and awareness sessions in key areas.	• Continued implementation of the **Strategic Workforce Plan** (year 3 actions)

Capability

Critical to the success of our work to deliver the People & Culture plan is how we **shift the default day-to-day leadership styles across our organisation** to more compassionate, inclusive, and collaborative leadership.

This is the goal of *Our WAST Way*, encouraging leaders to make intentional choices about how they lead in this way, with the ability to adapt style in certain situations such as crisis or during incidents. With this focus on learning and development, **the rollout of *Our WAST Way*** will be central to **building leadership capability and competency across the organisation.**



We are **committed to building change capacity and capability** across the organisation by embedding a robust change management approach; this is part of our broader ambition to professionalise services, with a focus on **developing knowledge and skills in change management** to ensure that change is effectively managed at all levels. A key element of this will involve providing managers with the support they need to effectively lead change and guide their teams through it. This approach aligns closely with *Our WAST Way* leadership and management development framework, ensuring that effective change management becomes an integral part of how our leaders at all levels of the organisation work, rather than an add-on. Additionally, we are providing a platform for local empowerment through our Change Community, helping colleagues take ownership of change within their own areas. This is connected to our ongoing work with the NHS Wales Staff Survey and colleague networks, where we are **amplifying colleague voices and driving greater collaboration.**

Over the next three years we will be **supporting the Clinical Model Transformation Programme** from a people and culture perspective. This will involve a comprehensive approach that includes effective change management, People Services support, Education and Development, OD and culture as well as effective Workforce Planning. **Equality, Diversity and Inclusion will be integral** to service design and planning, ensuring that all aspects of our transformation journey and evolving clinical model are **inclusive and accessible to all** (including our patients and our people). Through delivery of our Health and Wellbeing Plan, we will prioritise Occupational Health and Wellbeing, creating a supportive environment that enables colleagues to thrive and adapt to the changes ahead.

To **further strengthen our education and development framework**, we will review and update our existing eLearning provision, expand our apprenticeship programme and broaden CPD opportunities across the Trust. Alongside this work, we will support the development and implementation of a **Welsh Language Recruitment Strategy**, ensuring inclusivity and compliance with statutory requirements. We will also review and implement **the Digital Skills Strategy for 2025-20230** and develop a **comprehensive People Development Plan** for the same period, ensuring alignment with organisational priorities and future workforce needs.

As we look ahead, a priority for our team will be **refreshing our People and Culture Plan to cover the 2026–2029 period.** This will involve evaluating our progress to date, building on great practice and identifying opportunities for further improvement. Central to this will be defining what exemplar leadership looks like under *Our WAST Way*, with a focus on cultivating a culture of meaningful conversations, checking in and truly knowing and supporting our people.

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IMTP Objective	Year 1 (FIRM)	Year 2 (OUTLINE)	Year 3 (INDICATIVE)
Ensuring the skills and **Capability** needed to achieve our purpose	• The **capability of managers to lead / manage change** developed, supported by a Change Management Toolkit throughout 2025-28 • **WAST People Development Plan (PDP)** signed off by end Q4 • **Our WAST Way** leadership behaviours framework and an aligned development framework, developed and launched in 2025/26 • **Excellence and consistency for education and development** will be delivered across WAST in line with University Trust Status priorities (section 8) • **People & Culture Plan evaluated** and refreshed in 2025/6	• Further develop **Change Management Toolkit** • Review impact of **Change Management aspects of Our WAST Way** • Implementation and delivery of our **WAST PDP** • Review impact of actions and develop next set of improvement actions for **Our WAST Way** • **Implement findings of review** and roll out to whole organisation • Approval and delivery of **People & Culture Plan 2026-29**	• **Review impact of change management approach** and implement recommended improvement • **PDP impact evaluation**, refinement and evolution • Transition **Our WAST Way** as business as usual and realise benefits

5.3 Welsh language



Leadership is a key driver for the successful implementation of **More than just words.** Strong leadership is key to underpin the actions to transform our Welsh language provision for the future, and to drive us towards providing an 'Active Offer'. Put simply this mean **providing a service in Welsh without having to ask for it** and having the Welsh language as visible as the English language.

As part of developing the cultural change that is aligned to our ED&I agenda and our Wellbeing Objectives, we will promote and monitor the implementation of our new **Welsh Language Policy**. Our focus is not only about how we will meet compliance with the Standards but on how we go about **creating a cultural change within our organisation that normalises use of Cymraeg (Welsh)** and ensures we foster a bilingual ethos. The more we can develop our bilingual culture, the easier and more natural compliance with the Welsh Language Standards will become.



Through this IMTP period we will seek to further promote the **mandatory Welsh language awareness course** to increase compliance in number of staff completing the course together with the development of a Welsh Language Recruitment Strategy.

To further improve our compliance with the Welsh Language Standards and introduce an element of objectivity, a Welsh Language standards baseline has been developed which will be promoted across the Trust. Examples of good practice of compliance with the Standards will be celebrated across the Trust. In accordance with Standard 110, we will **explore opportunities to develop and publish a five year plan** on the extent it is able carry out clinical consultations in Welsh.

IMTP Objective	Year 1 (FIRM)	Year 2 (OUTLINE)	Year 3 (INDICATIVE)
Strengthen Welsh Language compliance through strong leadership, enabling Welsh language to flourish	• Engage with staff to ensure that their ESR Welsh language competencies are up to date by end Q1 • Undertake a gap analysis via ESR Welsh language competency data by end Q2 • Five-year Welsh language clinical consultation plan by end Q2 • Engage with priority service areas that deal with patients & public on the Welsh language skills by end Q3 • Review current recruitment processes for the Trust consider the need for Welsh language skills when looking to advertise new posts by end Q4	• Develop a recruitment strategy for Welsh Language candidates	Transition development to BAU

6. Infrastructure – capital, fleet & estates

Strategic Objective 3 - Being at the forefront of innovation and technology

Key to the ambition for the design and infrastructure of the organisation to be at the forefront of innovation and technology are our **estates and fleet**. 2024/25 has seen the progression of a number of schemes to enhance and improve the estate, and in particular focused on our Clinical Contact Centre environments to further support the clinical transformation model ambitions within the plan. This ensures we can work towards having the right buildings and vehicles in the right place for our staff to provide best and safest care across Wales.

Decarbonisation and Sustainability

If supported, we will deliver a range of schemes in 2025 - 27 funded through the Targeted Estates Fund and will continue to embed decarbonisation elements in all our estate improvements, where feasible.



Our increased focus on the start of the patient pathway is supported by two key projects, firstly a **newly consolidated and renovated Llangunnor CCC footprint** which provides greater capacity and flexibility of space, as well as providing greater resilience. Secondly, we have maximized efficient **use of space at Ty Elwy and created a bespoke CCC environment** on the first floor which will support the relocation of staff from Bryn Tiron. This will **consolidate 111/Integrated Care and CCC colleagues together in one building early in 2025/26.**



In addition to the capital investment, enhanced revenue funding has provided the opportunity to deliver a number of smaller schemes across the estate to improve the environment for staff through refurbishment, replacement of furniture and equipment, and welfare facilities.

The **Estates Strategic Outline Programme (SOP)** has been fully endorsed by Welsh Government enabling us to work towards producing a series of business cases to achieve this vision, and we continue to work to consider how best to develop solutions for our priority schemes. We continue to align with the strategic ambitions of the plan, but there is now an opportunity to refresh it based on the anticipated outcome of a range of actions taken in 2024/25 to outline the Trust's All Wales Capital requirements alongside other NHS Wales organisations. Whilst improved, capital funding remains limited, and we have not yet received approval of some of our major capital schemes. We will need to consider how the national capital position influences our ability respond to our major challenges and risks to ensure we have the right estate and the right fleet profile in the right place to support any planned service changes linked to our transformed service offer.

In 2025/26 we will complete work on a new ambulance station in **Dolgellau,** and **Monmouth**, and deliver a **new Fleet Workshop in Bangor**.

At the time of writing, prioritisation of schemes against the remaining 25/26 Discretionary Capital allocation is ongoing with a number of schemes being considered to address challenges.

A **modern and efficient fleet** is vital to ensure that we provide a high-quality service to our patients and a comfortable environment for our people to work within. In light of limited funding in 2023/24 and 2024/25, we have developed and submitted to Welsh Government a **Vehicle Procurement Strategy** for the years 2025 – 30 and seeking to address some of the challenges presented by an ageing fleet, which replaces the extant 2018 Fleet SOP.



This document confirms the fleet requirements to support the Trust's clinical model transformation ambitions**. In 2025/6 we will plan to replace 142 vehicles** across our EMS and Ambulance Care fleet**,** which provides a small element of additionality to support further Advanced Paramedic Practitioner recruitment. As part of our commitment to reducing our carbon and vehicle emissions, we have focussed procurement on smaller and more efficient vehicles. For our Single Responder Vehicles, we will be seeking to provide hybrid solutions, which is backed up with appropriate charging infrastructure.

IMTP Objective	Year 1 (FIRM)	Year 2 (OUTLINE)	Year 3 (INDICATIVE)
The right buildings in the right place, enabling our staff to provide the best and safest care across Wales	• **Dolgellau Ambulance Station** completed in 2025/26 • **Monmouth Ambulance Station** completed in 2025/26 • **Bangor Fleet Workshop** completed in 2025/26 • **Estates SOP** will be reviewed in context of AWC funding by end Q3 (includes consideration of AWC schemes e.g. Swansea)	• **Year 2 discretionary capital** priorities • **All Wales Capital bids** – delivery of successful business cases and development of next round of business case priorities	• **Year 3 discretionary capital** priorities • **All Wales Capital bids** – delivery of successful business cases and development of next round of business case priorities
The right fleet in the right place, enabling our staff to provide the best and safest care across Wales	• The **2025/26 vehicle procurement programme** will be delivered by end Q4 • **BJC for 2026/7 vehicle procurement** will be written and submitted in line with WG timescales • Resource and support to further enhance the approach to **decarbonising our fleet** to be explored during 2025/26	• **Vehicle procurement BJC** and programme	• **Vehicle procurement BJC** and programme

7. Our digital & data roadmap

Strategic Objective 3 - Being at the forefront of innovation and technology

What good looks like

- Fortified digital resilience through robust cyber defences ensuring adaptive protection against the threat to intelligence
- Digital solutions are integrated into daily life, giving enhanced efficiency and expertise
- We lead on innovation with state of the art technology supporting strategic aims
- We embrace a digital first approach to transformation, maintaining agility and patient focussed efficiency
- We enable integrated, actionable data. with users confident in accessing it, across platforms to enable stronger decision making and excellence

What will be different

- Report into closed committees highlighting position on cyber security strength
- Achieve target system availability to patients and our people
- Increased number of technology exploration projects scaled up and completed
- Increased number of people confident in accessing, using and interpreting data
- Increased levels of patient and staff satisfaction and adoption of our digital solutions

The other aspect of 'being at the forefront of innovation and technology' is how we **develop our digital offers to support our service delivery and long-term strategic ambitions**. This digital offer needs to keep

pace with the needs of our patients and our people today but also the development of our future service model, whilst balancing the need to maintain existing core services. Our long-term strategy 'Delivering Excellence', sets out how we could adopt digital technologies that **provide greater, and seamless accessibility for our patients, support our people to provide timely, safe and effective services and to use data to inform how our system can operate optimally** for the needs of future generations.

The rapid progress of technology presents both opportunities and challenges. We need to ensure we address the fundamental challenges of a 24/7 urgent and emergency care service which requires available and reliable data and systems whilst **balancing the need for evolution of these systems and safe adoption of new technologies such as robotics and AI.**



We are also faced with workforce challenges. In a **competitive employment market for digital specialists**, we need to ensure we can develop the capability and capacity of our digital teams to both ensure our essential services are maintained alongside the opportunities to be pioneers in digital health care in Wales.

In September 2024, we **launched our refreshed Digital Plan for 2025-2029**. This plan offers **five digital pillars** to support progress towards our strategic objectives: Everyday Essentials; Security, Safety & Cyber; Digital Pioneers; Transformation; and Data, Information & Insight.

Each of these pillars brings forward a sequenced set of projects which will enable WAST workforce to provide better care, improve patient experience and outcomes, and better connect us with the NHS Wales system.

Everyday Essentials



Everyday Essentials are the things that we need to **get the basics and foundations of our service right**. They are also the things that impact on the **digital experience** of our people (one of the key commitments we have made in this plan). This will include simplified sign on to our systems and replacement of iPads for frontline clinical staff. There will also be **efficiency gains** through the delivery of **electronic timesheets** (eTimesheets), migration of our **GRS resourcing system** to the cloud and **scaling up of the use of automation**.

Digital Pioneers

Automation and workplace efficiency will be enhanced through projects and pilots under the **Pioneers** pillar – crucially enabled by the **introduction of a Digital Innovation Lab** for ideas generation from ground up, feasibility discussions, and prioritisation. Some of the key areas of work will be around the use of **drones, enhanced interactive voice response (IVR) in 111 and SMS messaging in NEPTS**.



Digital Transformation



The Transformation pillar will bring together programmes and projects within the digital front end (Online Digital Advice) of the 111 service, and enabling efforts for the ongoing Clinical Model Transformation (see section 4). We will also be progressing next stages of the **Mobile Data Vehicle Solution (MDVS)** in support of the Emergency Services Network programme.

Data, Information & Insight



This is a key area of the digital plan but also threads throughout other areas of the IMTP particularly in how we underpin service delivery with evidence through a quality driven, clinically led and population/value focussed approach (see sections 9.1.1 and 10.2). We will develop **individual-level clinical insights** which will help us to support individual performance and development of our people, and a plan to **build internal data science capabilities**. WAST will also continue to **work with DHCW and partners such as PHW**, to harness the value of linked system data via the National Data Resource, supporting our ability to generate better clinical, operational and patient experience insights, and drive forward our approach to **population health.**

Focus for this IMTP will then be on the establishment of **data quality measures and standards, data sharing across NHS Wales, and empowering colleagues to confidently self-service their data needs**. Our recent additional capacity into key roles including information security, data governance and analytics are enabling us to build the core foundations required to deliver innovation and transformation aspects of the digital plan.

Security, Safety & Cyber



We expect to see increased security at WAST sites and improvements in connectivity across the estate. This includes the safe adoption of emerging Artificial Intelligence tools, and Smart Stations which will bring a new staff experience to their workplace, whilst focussing on physical, information and cyber security.

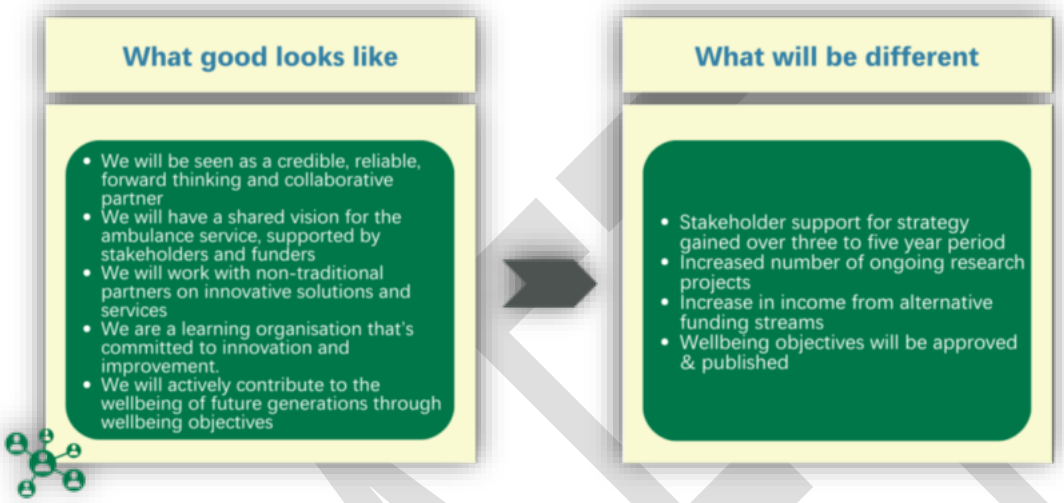
Decarbonisation and Sustainability

We continue on our journey to significantly reduce our use of paper and digitise our records. We are working to link our systems together so that we can monitor the efficiency of our buildings, outputs generated by our renewable technology across the estate and the utilisation of our EV charging network.

IMTP Objective	Year 1 (FIRM)	Year 2 (OUTLINE)	Year 3 (INDICATIVE)
Everyday essentials	• **Robotic Process Automation** RPA scaled up by end Q4 • **Simplified sign on** implemented by end Q4 • **iPad replacement** phases 1 & 2 completed by Q3 • **Cloud-based GRS** implemented in 2025/26 • **eTimesheets** delivered by Q2	• **NDR programme** (Infrastructure for lights on) • **RFID** Asset tracking • Realise benefits of **eTimesheets** systems	• Body worn video cameras (bwvc) implementation
Digital Pioneers	• **Visual interactive voice response IVR** in NHS 111 Wales available in contact centres Q4 • **MDVS (phase 2)** Lots 2 and 4 implemented by end of Q4 • **SMS functionality** implemented in NEPTs by end of Q4 • **AI development** in line with national direction throughout 2025-28 • **Innovation lab** developed by end Q2	• Scoping will be undertaken to implement a **digital Innovation lab** (hub) • **ePCR** will be able to send **notifications to GP's** • Test/Dev – **synthetic data sets** • Digitally enabled vehicles will be introduced • **AI development** in line with national direction throughout 2025-28	• SMS functionality – phase2 • **VR/Augmented reality** • **AI development** in line with national direction throughout 2025-28
Digital Transformation	• **CMT developments** supported throughout 2025-28 • **EMS & NEPTS CAD replacements** - business case(s) written Q2-Q3 • **Emergency Services Network (ESN) phase 2** Full Business Case developed by end Q3 • **Drones** will be tested with the aim to deploy by Q2	• **CMT developments** • **ESN** phase 2 Delivery • **ePCR renewal** (implementation)	• **CMT developments** • **ESN phase 2** -Delivery continued • **ECNS** integration
Security, Safety & Cyber	• **AI safety / Policy guidance** developed by end of Q3 • **Smart station** initiative rolled out by Q4	• **Forced device** compliance	
Data, Information & Insights	• **Individual insights to support individual performance monitoring** and development developed and rolled out during 2025/26 • **NDR programme** will commence and take place throughout 2025-27	• **NDR programme** will commence and take place throughout 2025-27	• Population Health analytics

8. Partnerships and the wider system

Strategic Objective 4 - Developing services in collaboration



8.1 Partnerships and engagement

2025/26 will represent a significant year in the evolution of the Welsh Ambulance Services, as some of the cornerstones of its ambitions as a clinically led and community-based service begin to materialise.

At the centre of this ambition is a **need to collaborate and work in partnership across the health system** in Wales. While the organisation can continue to refresh its own approach to service delivery, it cannot leverage the full benefit of so doing without the support and engagement of commissioners, Welsh Government, the wider NHS in Wales, together with the support of its staff, volunteers, patients and the public more broadly.

This means a renewed focus on working collaboratively, in line with the statutory requirements of the Well-being of Future Generations Act (WBFGA), which has applied to the Trust since the end of June 2024. **The Trust has taken time to develop and test its well-being objectives**, which it is required to publish and work towards as part of its WBFGA duties. Similarly, the Act obligates the Trust to think and develop its services in ways which are both sustainable and safeguard current and future generations.

Our commitment to the WBFGA also aligns with other duties, including that of social partnership, which sees the Trust renew its commitment to working with its trade union partners and its staff as a responsible and sustainable employer with a strong focus on employee wellbeing. It also supports the rights of employees under the new Worker Protection Act, which places an obligation on the Trust to take a proactive and preventative approach to protecting its employees from workplace sexual harassment.

As set out in section 5.2, our **emphasis on Social Partnership development is having a positive impact on relationships.** We recognise the importance of maintaining and strengthening trust and engagement with our partners and they have been fundamental to helping us to improve the working lives of our people and in developing our Wellbeing Objectives.

This obligation is reflected in the Trust's approach to developing its clinical model in a way which improves the safety and experience of our current patients and lays the foundation for a more integrated and sustainable approach to the care of patients in need of urgent, unscheduled care in the future. This approach requires significant stakeholder engagement. We have been working with Llais to understand the patient impact of our plans and will in due course engage on the changes we are making as we evolve the existing model. **We have a strategic engagement plan to meet with and work with stakeholders**, embracing the **ethos of "collaboration first"** in line with the five ways of working. We will continue to develop and implement this engagement plan throughout the course of this IMTP as we move to the next phases of our transformation programme, and as we begin to consider from 2026 the next iteration of our long-term strategy.



2025/26 should also be the year that sees the Welsh Ambulance Service **represented on all seven Regional Partnership Boards across Wales**, following a change in the regulations governing membership of RPBs at the end of December 2024, which identifies the Welsh Ambulance Service as a core member moving forward, This represents an additional collaborative opportunity for the Trust, working with a range of health and social care partners to optimise the use of the Regional Integration Fund in meeting the health and care needs of communities across Wales.

Decarbonisation and Sustainability

We are collaborating with partners to explore joint solutions to some of our key estate challenges. Our partnership approach will be central to the development of an EV charging network across Wales as we look to maximise opportunities across our estate and more widely.

8.2 Academic partnership & democratised learning

In gaining University Trust Status (UTS), it has always been an ambition to ensure that the full benefits of UTS are realised. Being clear about those benefits, and translating them into tangible actions reflected in, and monitored through, the Trust's Integrated Medium Term Plan is a Welsh Government requirement and will ensure the best chance of optimising the benefit of securing UTS. It is also important that UTS priorities and benefits reflect the strategic objectives of the organisation, as outlined in its longer-term strategy, *Delivering Excellence*, and contribute to their achievement.

The Trust's **Academic Partnerships Committee** continues to act as an "engine room" of innovative thinking as the Trust accelerates its transformational plans. Following a "deep dive" by committee members in July 2024, and further review by the Executive Leadership Team, .



Committee members identified a number of perceived benefits of UTS, which can be broadly summarised as follows:

- Evidence of organisational ambition and commitment to learning, education and development for all, regardless of role or grade
- Greater opportunity for enhanced partnerships/collaboration with both academic and commercial partners
- Commitment to evidence-based practices and professionalism across all roles, both clinical and corporate
- Providing a mandate for research and innovation and a platform for further investment in capacity

- The opportunity to use UTS as a galvanizing common purpose across the organisation, acting as a springboard for improvement
- Increased credibility with peers & the wider system.
- Platform to create centres of excellence, for example in remote clinical care

Proposed Priorities/Deliverables

While this is a brief summation of a wide-ranging conversation, these perceived benefits of UTS have been translated into priorities (and deliverables) for inclusion in the 2025-28 IMTP

- **Commitment to learning:** evidence of increased participation by staff across all areas of the organisation in learning and development opportunities (democratisation of learning). Actions and metrics to be agreed. ***Link to strategic objective:*** SO2: Enabling our people to be the best they can be
- **Academic and industry partnerships:** further development and embedding of academic and industry partnerships, with a focus on collaboration to evaluate existing and new models of care, further investment in research and innovation capacity and widening opportunity for colleagues to engage in research and development activities. Actions and metrics to be agreed. ***Link to strategic objective(s):*** SO3: Being at the forefront of technology and innovation; being quality driven and clinically led, enabling our people to be the best they can be
- **Establishment of a centre of excellence** within the lifespan of the 2025-28 IMTP, positioning the Trust as a national and international sector leader in the relevant discipline. Actions and metrics to be agreed. ***Link to strategic objective:*** all

The role of the Academic Partnerships Committee will be reviewed in the first quarter of 2025/26 to ensure that it has the right scope, membership and remit to support, scrutinise and provide Board assurance on the Trust's research, innovation and learning ambitions.

Research & innovation

WAST continues to lead world-class research and innovation (R&I) through local, national, and international partnerships, reflecting initiatives like the UK Life Sciences Vision, UK vision for clinical research delivery, and saving and improving lives: future of clinical research, and the Trust's Clinical Strategy. Despite challenges such as workforce fatigue and limited numbers of chief and principal investigators, WAST has embraced these issues by expanding partnerships, including significant research with Warwick University and PRIME Centre Wales. WAST also leads multidisciplinary research development groups and fosters new relationships to leverage emerging technologies, such as the successfully funded SAINTS CDT: the UK's first multidisciplinary PhD programme focused solely on the safety of artificial intelligence (AI) and world leading research on drones in healthcare.

In 2024/25, WAST committed to collaborating with research organisations, developing new partnerships, and integrating R&I across all activities. These efforts have **created a platform for R&I to flourish**, with initiatives such as the HCRW Faculty and the PRIORITY project. However, there is still progress to be made, and WAST will continue to explore opportunities for enhanced collaboration, internally and externally.

Decarbonisation and Sustainability

We continue to look at the feasibility of reducing our use of Entonox and replacing it with a medical gas with a lower GWP. Exploring innovative and technology-based solutions to the decarbonisation challenge will be key to delivering our ambitions.

Our **research priorities for 2025/26** will be to:

- Continue to develop, attract, and deliver high-quality R&I
- Adopt the recommendations and deliver the outputs of strategies and policies such as the *PRIORITY* project, *NHS R&D Framework* and *Innovation Strategy for Wales*.
- Support our people through harnessing the new opportunities for building R&I capacity through *HCRW Faculty*
- Continue to mobilise R&I knowledge to improve patient care by working with our people in WAST and partner organisations such as the *HCRW Evidence Centre* and Health Technology Wales
- Work with a range of research organisations and individuals focus our R&I on evidential gaps and research priorities in our sector.

IMTP Objective	Year 1 (FIRM)	Year 2 (OUTLINE)	Year 3 (INDICATIVE)
Meet the requirements of being a named body under the Wellbeing of Future Generations Act	• A programme of internal and external **communication of our Wellbeing Objectives** enacted in Q1 • A process for **evidencing application of Wellbeing Objectives** through our established governance frameworks developed during Q2 • Undertake **maturity assessment** against the five ways of working by the end of Q2 • **Action plan to address gaps in five ways of working** developed by the end of Q4	• **Wellbeing Objectives and five ways of working delivery plans** developed • Incorporation of **"collaboration first" principle** into strategy, planning and business case development etc	• Review **progress against wellbeing objectives**, reassess and continual improvement
University Trust Status (UTS) in collaboration with WG, embracing a 'democratised culture' of learning, research and innovation (R&I)	• Oversee the development of any appropriate **additional plans to deliver UTS priorities** for 2025-28 (NB priorities will be delivered in other areas of IMTP) • Our **research priorities** will be delivered throughout 2025-28	• **Review traction of action plans** at year end via Academic Partnership Committee (APC) reporting from subject matter experts, with any required modifications for future years clearly identified.	• Ensure action plans continue to be current and **monitor progress/developments via APC**. • **Test awareness/utility with Trust staff** and stakeholders
Well placed to influence system thinking / strategy development	• **Strategic engagement** will take place in support the development of our new CMT model throughout 2025-28 • **Quantitative and/or qualitative measures** will be developed in Q1 to evidence the proposed approach to strategic engagement	• **Assess and adapt engagement plan** as required	• **Assess and adapt engagement plan** as required

9. Quality driven and clinically led

Strategic Objective 5 - Being quality driven and clinically led

What good looks like

- We will be open and honest with patients and families when things go wrong, saying sorry and taking action to put things right
- We will work together with partner agencies, being open and honest about risks
- All our people will be committed to improving quality and safety, with robust quality management systems in place
- We will engage with our communities, with meaningful opportunities for co-production
- Clinicians will feel supported, empowered and developed through excellent clinical leadership

What will be different

- All duty of candour requirements are met and learning acted on
- Increased number of patient outcome measures reported, driving improvement
- Increased evidence of meaningful engagement and involvement, driving satisfaction
- Increased opportunities for our people to progress their clinical practice and career

9.1 Health & Social Care (Quality and Engagement Wales) Act

Quality Management



Quality is defined in the Duty of Quality as 'continuously, reliably, and sustainably meeting the needs of the population we serve'. To achieve this, we must strive to understand these needs to inform our decision-making processes and enhance outcomes. It is essential to establish what constitutes quality by monitoring Health & Care Quality standards as well as through audit and assurance measures, whilst fostering a culture of continuous learning and improvement within our organization.

We will **improve the quality of information available through our information platforms** to triangulate intelligence and guide continuous improvement. Sharing this information through our quality governance structures to provide assurance on the actions being taken.

Through **enhancing and developing our Quality & Performance Management Framework** we will improve understanding of Quality Management Systems across all functions of the organisation moving towards 'Always On' reporting for our people and our patients.

We will **prioritise safety by providing enhanced safeguarding training** for our frontline teams. Additionally, we will seek opportunities for organisational learning through improved data collection on safeguarding activities and monitoring emerging themes and trends in the information we gather.

As part of our **commitment to the Duty of Candour we will increase our face-to-face contact** with those seeking to raise concerns about the services they have received so that we can better understand not only the outcomes for our patients but also the experiences of our patients and their families.

We will continue to **focus on learning from mortality** but will go further to better understand non-fatal patient outcomes particularly for those patients who experience moderate or above harm.

Health & Safety

We remain committed to working with our **Trade Union (TU) Regional Partnership Forums** to build confidence in the processes which support Health & Safety (H&S). There will be a continued focus on **musculo-skeletal injury** to understand the reasons for injury and how we can support our people to reduce the number of reported injuries and related sickness absence. We know that the pressure across the Health & Social Care setting impacts on the Moral Injury experienced by our people. We will continue to **focus on preventable stressors** that affect the mental health and wellbeing of our people.

Infection Prevention and Control

We will embrace opportunities to enhance our teams' abilities to consistently deliver safe, effective and compliant **Infection Prevention Control** functions focussed steadfastly on upholding high standards of safety for our patients, our people and the wider community. Governance offers a key avenue for improving the consistency in our implementation and monitoring of IPC polices and as such we will establish a formalised board assurance framework in this area to strengthen our oversight and accountability.

DRAFT

Patient experience and community involvement (PECI)



Improving people's experience and the quality of care for individuals and families is a key priority for NHS Wales. All public services in Wales also have a statutory duty to engage with, listen to and consult with citizens. Through its continuous engagement model, PECI engage with the public, patients, their carers and families to understand how they experience the services provided by the Trust. People's experience feedback, once captured, is shared internally, and is fundamental to enhancing the patient experience and identifying areas for improvement or celebrating and building on what is working well.

As part of our commitment to continuous improvement, we are **strengthening how compliments are systematically collected, analysed, and utilised**. Aligning with the national ambition for an 'Always On' system, we are embedding a **structured approach to capturing positive feedback in real time**, ensuring that every opportunity to learn from what is working well is maximised. This includes improving accessibility to feedback mechanisms, making it easier for patients, carers, and the public to share their experiences, and ensuring that insights are fed directly into service development and workforce planning.

In line with our commitment to being collaborative and in support of our Wellbeing Objectives, we intend in the first year of this plan to **develop a formal public and patient reference group**. This will seek to go beyond the commitments to engaging with communities to being able to give representatives the opportunity to help shape our service priorities and service standards going forward but also to be able to hold us to account for delivery.

Learning Disability and Neurodiversity

To improve patient-centred care, we have enhanced the electronic Patient Clinical Record (ePCR) with a new "Needs Tab" to better identify and support patients with learning disabilities, including autism and neurodiversity. This went live in October 2024, ensuring earlier identification of additional needs and tailored adjustments. A **reporting dashboard, expected to go live in early 2025, will track key trends and enhance data capabilities.**

These insights will inform training needs and support the integration of a learning disability specialist within the Remote Clinical Care Team. The data will be shared across clinical teams and governance structures to embed continuous improvement, aligning with the Health and Social Care (Quality and Engagement) (Wales) Act 2020. It will also support the integration of the new learning disability specialist post within our remote clinical teams. This ensures patient-centred care remains central to our service delivery, driving improvements for individuals and the wider healthcare system.

9.1.1 Taking action through a population health approach

The population health approach promotes action which all health and care services can take to improve the health of the people of Wales, whoever and wherever they are. Public health is the 'science and art' of how this can be achieved.

Our vision is to strengthen our population health approach so that we **"plan and deliver care which responds to our population needs, promotes health, and reduces harm and inequalities".** This aligns with the AACE focus on reducing health inequalities within the ambulance sector.

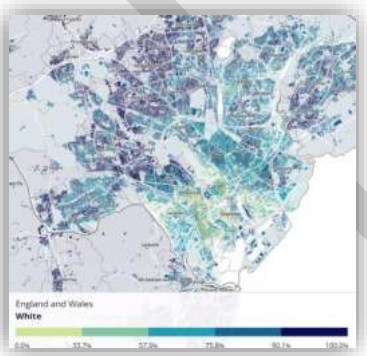


Throughout the IMTP period we will build on delivering a population health approach within WAST. In April 2024, we completed a maturity matrix to identify opportunities for strengthening our approach to population health. Learning from this, and wider scoping work, have identified our initial areas for action.

One of the first actions in this IMTP period will be the co-production of our 'Population Health Plan'. This will set out in greater detail the opportunity WAST has in improving the health of the population of Wales and demonstrate **strategic leadership and accountability** for the organisation to place a greater emphasis on public health and taking a population health approach.

We will explore how to increase **public health expertise** within the organisation. Through building on existing links with Public Health Wales, hosting a fixed-term project for a specialty registrar doctor in public health (with consideration for future public health specialist input), promoting public health approaches in new projects, and supporting development opportunities relevant to public health, this will enable WAST to lead the way as an ambulance service with a holistic focus on the population. We will work with Public Health Wales on data and surveillance opportunities ensuring we have a worked example of what can be achieved in year 1 of this IMTP.

Whilst public health expertise may drive the change, every member within WAST has a role to play in improving population health. An increased focus on prevention, and opportunities to support the public in living healthier lives by signposting to support, by supporting the **workforce feeling confident to deliver 'Making Every Contact Count'.**



Data is crucial for understanding current trends and predicting future needs. As our population ages and faces more complex health issues, it's essential to know who uses the ambulance service and ensure equitable care for all. Recognizing that people from deprived areas often need ambulances and experience worse health outcomes is vital.

By leveraging WAST's data resources, applying public health methodologies, and standardising the reporting of key metrics such as inequalities, we can refocus decision-making to better serve the population's needs, especially the most vulnerable who tend to have the worst health outcomes.

Using an evidence-based approach based on needs will support the us in planning for the future and support wider healthcare services in understanding where gaps in services may lead to potentially preventable calls to WAST. This work will build on **system partnerships** and build on the concept that all health and care services have a fundamental role to play in population health – but that this cannot happen in siloes. **Strengthening the links with public health partners at regional and national levels**, and ensuring membership at key population health groups, will support WAST in being an integral part of the wider population health response.

Throughout the coming three years we will scope and identify primary and secondary prevention opportunities including progression of referral pathways for incidental atrial fibrillation findings. By **focusing on prevention, early intervention, and addressing the social determinants of health, our approach aims to create a more equitable healthcare system.** It emphasises the need for a collaborative effort across various sectors to tackle health disparities and ensure that every individual has the opportunity to achieve optimal health outcomes.

IMTP Objective	Year 1 (FIRM)	Year 2 (OUTLINE)	Year 3 (INDICATIVE)
Defining our focus and delivering on population health and health inequalities	• Updated **health inequalities maturity matrix** for reducing completed by end Q1 • **Draft Population Health Plan** approved in Q1 • **Delivery plan** for the Population Health Plan developed by end Q2 • Worked example of **surveillance opportunities** by end Q3 • **Primary and secondary prevention** opportunities scoped by end of Q3 • Submit a **shared research bid** with Public Health Wales by end Q4.	• Delivery of the **Population Health Plan recommendations** • Review and implementation of recommendations to **increase organisational public health capacity** and **capability** • Establish ongoing **population health data opportunities** with Public Health Wales and other system partners • **Population health embedded** in onward strategic planning • **Review progress against the maturity matrix** for reducing health inequalities, reassess and continual improvement	• Transition towards **Population Health Principles embedded** in the organisational culture. • **Review progress** of the plan for development of future years priorities.
A culture of quality improvement with robust quality management systems	• A **Quality Improvement Hub** will be relaunched by Q4	• **Quality Assurance Self Assessments**, Gap Analysis and forward Plan • **Quality plan** review	
Systems that meet the requirements of the Duty of Quality and Duty of Candour	• **Quality Plan actions** will be developed for implementation throughout 2025/26 • **Develop data engineering and modelling around harm** developed in Q1 • **Thematic analysis learning** from harm via medical examiner reporting undertaken during Q2 • **'Always On' and Duty of Quality Reporting** will be delivered by end of Q4 • A formal **patient & public reference group** will be in place by the end of Q4	• Trust-wide Quality Management Systems (QMS) will be embedded	• Transition QMS to BAU as the cultural norm
High quality Health & Safety systems	• A **Health & Safety plan** for WAST incorporating further improvements to legislative compliance, & manual handling developed in Q1 • **Violence & aggression risk mitigation** actions to be taken forward in Q2 • A **Health & Safety culture change framework** will be developed in Q3 • Initial evaluation of the fume mitigation work completed end Q2.	• **Health & Safety plan** pilots & implementation	
Meaningful engagement and co-production communities	• Continuing commitment to improving experiences for people with a learning disability • Implementation of audit recommendations on **community involvement** by the end of Q2	• CIVICA transition to BAU	

9.2 Clinically led

We are developing a new draft Clinical Plan as our current Clinical Strategy comes to an end in 2025 and we will seek approval of our new plan aligned to our strategic workforce plans, quality and digital plans in Q1.

We continue to develop our clinical service offer through supporting advanced practice and the enhanced skills that brings, optimising our remote and in person responses and driving clinical improvements whilst also reducing the need for conveyance to hospital.

Continuing to enhance our **clinical leadership** across the Trust remains a key priority, significantly contributing to and underpinning our future vision for our service model e.g. through clinical supervision, senior clinical management engagement with Health Board partners and through driving data usage and clinical improvement that is underpinning the Trust's Clinical Model Transformation to improve the patient care journey. Key to this in the community will be Senior Advanced Paramedic Practitioners (SAPPs). As APPs all move to being prescribers in their own right, the role of the SAPPs will be critical in ensuring safe and effective deployment of this APP role.

In addition, we are strengthening our leadership in remote clinical care through both **generalist and clinical specialty** roles that lead clinical practice and improvement across the organisation; seeking to further enhance our mental health crisis support and out of hospital maternity emergency care.



For our **Maternity and Neonatal Safety Programme** we will seek to establish the substantive funding for the Trust's Lead Midwife to maintain the quality and safety improvements achieved in remote and face to face clinical practice to date. We have maintained collaboration and active dialogue with the Chief Nursing Officer Wales' office and have finalised a business case for a 24/7 'labour-line' as set out in the Maternity and Neonatal Review recommendations. We intend to implement the labour line if the business case is funded as part of our Multi Professional team in RICS. Alongside SBAR for recommendations for the business case and including National Maternity Line.

Our ambition is to continue to build on our clinical leadership and to place the Trust at the forefront of progression within pre-hospital care in Wales and beyond.

IMTP Objective	Year 1 (FIRM)	Year 2 (OUTLINE)	Year 3 (INDICATIVE)
Excellent clinical leadership	• **Clinical supervision** will be implemented in Q2 • **Clinical leadership & support to RICS** established by end of Q3 • Secure the Lead Midwife Post by end of Q1 • Provide **Remote Clinical Decision-Making Level 7 education module** – implementation and timing subject to bid submission • **Learning Disability role** in remote clinical team by end of Q2		

10. Value and sustainability

Strategic Objective 6 - Delivering exceptional value

10.1 Financial sustainability programme

Year on year **financial pressures continue to result in a challenging financial outlook** for 2025/26 and beyond. We have been working with JCC, WG and the NHS Executive to develop our financial plan for 2025/26 (section 11) and horizon scanning across the full three years of this plan. The wider NHS continues to experience similar pressures, and we expect **continued difficulty securing the funding** for all our strategic ambitions, despite there being emerging evidence for the increased value that we can offer the system. We know that if we want to achieve some of our ambitions set out in this plan, we will face choices, we will either need to extend savings further, as we have done in recent years, generate new income, or stop doing something else.

Over the last twelve months the Trust has taken steps to address some of the income opportunities in the plan (set out in the financial plan in section 11) including market analysis and recruitment of a dedicated commercial development resource. We acknowledge there will be challenges with the continued delivery of savings on a year-by-year basis that requires identifying recurrent opportunities. This year's plan continues to have a focus on value and financial sustainability as well as the impact on our people, whilst maintaining our ambitions to improve the quality of service we provide to our patients. The **Financial Sustainability**

Programme continues to evolve year on year, providing a coordinated vehicle within which to identify, assess, and commission, transformative opportunities to deliver spend avoidance, cash-releasing or income generation schemes alongside our existing commissioning arrangements.

The need to produce and deliver a **transformative savings plan** is essential to support the strategic direction of travel for the Trust, particularly with a new government in Westminster, directly impacting the flow of resource through to Welsh Government. Increased settlement allocations are budgeted on a one-year basis, and we as a Trust recognize the need to approach the financial challenge strategically, in order to ensure long-term financial sustainability.

The Trust will continue to build on key areas of work undertaken over the last eighteen months, with continued focus on implementing recommendations from the Administrative and Corporate Services Review, and the Services Review. **Achieving Efficiencies** is likely to continue as an umbrella workstream for oversight of all efficiency opportunities and implementing recommendations, while Income Generation will provide a steering structure to the Trust's commercial development intentions.
The Trust continues to learn from best practice internally and externally and we hope further investment in commercial development and review commissioning reinforces our commitment to developing and celebrating a culture of outward thinking, innovation, and quality. We hope the structures developed will enable our people to help drive forward the change that is required. For our leaders, we will ensure that commercial skills and continuous improvement skills are core elements of their ongoing development.

We will also ensure that we have the right tools, effective communication channels and an emphasis on benefits realisation in place to give us the best possible chance of success.

Service review

The service review undertaken over the course of the last two IMTPs has been conducted in three distinct phases: data collection, detailed analysis, and final reporting. The first phase involved compiling a detailed organisational map of WAST, identifying key business areas, and gathering financial and operational data through "Discussion Packs" and a 26-question survey. The second phase included meetings with senior leaders from each business area to review initial findings and expand on the data collected, resulting in Business Area Summary Reports and SWOT analyses. The final phase focusses on refining insights through feedback from senior executives and collaboration with subject matter experts to develop recommendations and assess their feasibility.

Progress made during the review includes the creation of comprehensive Business Area Summary Reports for 53 identified key business areas. These reports consolidated key information and provided actionable insights for potential efficiency improvements and areas where growth could be justified to deliver organisational efficiency. Additionally, the review identified 330 ideas and suggestions for efficiency and growth, many of which involve collaboration and coordination across different WAST Directorates and Business Areas.

Key issues to be addressed include:

- Investment in developing financial and business literacy at all levels within the organisation;
- Ensuring psychological safety to encourage honest feedback;
- Reduce over-reliance on manual processes;
- Tackle staff capacity issues;
- Upgrade outdated IT infrastructure, in line with the Digital Plan;
- Overcome difficulties with recruitment and retention.

Addressing these issues is crucial for WAST to optimise cost-saving opportunities, enhance operational efficiency, and ensure long-term financial sustainability.

The next steps, as a phased approach over the next three years, will be to develop and implement plans for taking forward (or rejecting with rationale) the 330 ideas generated. This will be taken forward at three levels:

- Level 1: 'Just do it' ideas that can be taken forward (or rejected) by directorates within their directorate plans
- Level 2: Cross-directorate discussion and planning to take forward (or reject)
- Level 3: Executive level agreement on priorities to take forward (or reject) – implemented

The final report will be completed by the end of Q4 2024/25, and a work programme for level 2 and level 3 ideas that are being taken forward will be developed in Q1 and phase 1 workstreams completed over the first two years of the IMTP.

10.2 Value Based Healthcare

Whilst the focus of Financial Sustainability is on the financial efficiencies and income opportunities that might add value to what we do as a Trust, it is important to reiterate our **commitment to Value Based Healthcare** which is a theme which runs through all three pillars of our plan. We will work with colleagues across Wales to ascertain, and utilise, the methodology for determining commissioning investments that ensure the most effective use of finances for improved **population health outcomes**. We are unwavering in our commitment to develop meaningful outcome measures which truly represent what is important to patients and which



Source: vbhc.nhs.wales/files/our-strategy-to-2024/

capture their experience of our services as they describe it through **PREMs**. We will continue to develop and implement **Patient Level Information and Costing** (PLICS) to understand variation and will engage with commissioning intentions around cost benefit analysis. We will also use **benchmarking** to demonstrate where we can tailor improvements to the services we provide (notably in rural areas). We will also use evidenced based cases for change to work with our commissioners, partners and stakeholders to develop our service offers, as we have done in our strategic transformation programmes.

Despite efforts in the last two IMTP periods, it has remained difficult to formalise value-based healthcare in WAST, with a key barrier being system wide data linkage. In Q4 2024/25 we undertook a further review of value-based healthcare and how we apply it in WAST, identifying the opportunities to further build on the work we had previously undertaken with the Value in Health Centre. **This review will conclude at the time of IMTP approval and will inform a refreshed approach to Value Based Healthcare in WAST.**

10.3 Environmental sustainability

We are committed to ensuring that our developing infrastructure supports the **Trust's and Welsh Government ambition for net carbon neutrality by 2030** and we have made good progress in the

implementation of some key actions within our Decarbonisation Action Plan, supported by the Decarbonisation Programme Board structure which facilitates Trust wide ownership of plan actions.



In 2024/25 we have successfully **delivered 6 EFAB funded estates schemes which increase the efficiency of our buildings**, whilst also addressing some additional infrastructure issues such as roofing. In addition, wherever possible we are seeking to further understand the potential within our estate, and within the supporting infrastructure, to ensure that funding opportunities can be realized, further delivering required improvements.

T**he Welsh Government net-zero targets pose real and complex challenges for the Trust.** In response to this, we outlined a range of schemes which required All Wales Capital support in line with our Estates and Fleet SOP deliverables. In the meantime, we are **exploring the ways in which return on investment can be maximised to further enhance efficiencies**, and this will focus in 2025/26 in the progression of more holistic schemes for funding consideration.

We recognise the significant challenges presented by the decarbonisation of our fleet and whilst we have made some progress on this in 2024/25 with replacement Single Responder Vehicles (SRVs) being hybrid, and **trialling 10 full EV SRVs through 2025/26**, the complexities of ensuring safe and appropriate clinical care whilst moving to fully electric vehicles cannot be underestimated. This will need significant input from our colleagues across the Trust and we are keen to maximise all funding opportunities to realise our ambitions, as well as working with our partners wherever possible. We acknowledge that this is an emerging area which will require further investment to ensure that our people have the skills and appropriate resources to be able to deliver an ambitious programme.



The relevant business cases in support of Estates and Fleet developments will continue to reinforce the importance of this agenda, and to push us towards a position of carbon neutrality, maximising our use of new technology and responding in a flexible and agile way to the changing external environment. Our key decarbonisation priorities can be found throughout this document aligned to our plans. In 2025/6 we anticipate further strategic direction from Welsh Government with the **refresh of the Strategic Delivery Plan for Decarbonisation**; we continue to work with partners and WG to learn from the past two years and influence plans going forward and will look to formulate the Trust's response to that as appropriate when required.

In conjunction with the decarbonisation agenda and in order to address the WG priority on the **Foundational Economy**, the organisation continues its work with Procurement colleagues as NHS Wales Shared Services Partnership (NWSSP) brings together key metrics that enable us to **identify if the Welsh pound is being spent in Wales**, and that prior to awarding of a key contract to a supplier highlighting if the supplier is from Wales and scores highly on a sustainability score covering areas such as environmental management systems, local sourcing of materials, recycling and appropriate disposal of equipment that does not adversely impact on the environment.

Furthermore, NHS Wales has been asked to consider the reality of climate change and its impacts in the short, medium and long term. **In 2025/26 we will work closely with NHS Wales partners on Adaptation Planning** and will bring together a working group of experts in the field of planning, environmental sustainability, capital development, business continuity and emergency planning across the Trust to develop adaptation plans.

IMTP Objective	Year 1 (FIRM)	Year 2 (OUTLINE)	Year 3 (INDICATIVE)
Developing and implementing our plans for Environmental Sustainability and Adaptation	• **Adaptation Plans** risk assessment undertaken by end Q2 • Adaptation Plan drafted for approval by end Q4 • **Refresh of the DAP** in response to the revised WG Decarbonisation Strategic Delivery Plan in line with WG timelines	• **DAP** year 2 actions • **Adaptation plans** delivery	• **DAP** year 3 actions • **Adaptation plans** delivery
A Value Based approach across the organisation which is embedded in culture	• Work with the JCC and partners to develop a **costing and benefit methodology** for emergency ambulance services, NHS111 and non-emergency patient transport services during 2025/26 • A refreshed approach to **Value Based Healthcare** will be developed throughout 2025/26	• Application of **value-based principles** & evaluation across our future service model	
Generate income alongside our core commissioned functions	• A **commercial strategy** based on outcome of market analysis exercise approved by end of Q4	• Review & refresh plan for 2026/27*	
Sustainable savings & efficiencies	• **Savings plans** will be reviewed and refreshed by end Q4	• Review & refresh plan for 2027/28	

11. Our financial plan

The full revenue and draft capital financial plan for the Trust for 2025/26 is provided in appendix 5.

Revenue

The financial plan is presented as a balanced revenue financial plan for the 2025/26 financial year, albeit even after the identification and delivery of a significant savings plan of c£6.5m, this still leaves a residual financial gap of c£2m to be closed as we enter and progress through the financial year. This is predominantly due to the continuing costs of the EAP Band 5 national development, which has yet to attract any additional funding support.

The ability to close this residual gap and balance in year is however considered achievable, with areas and ways through which this will be progressed fully detailed within the full plan provided in appendix 5, and this is as such **presented as a balanced financial plan for approval**.

This is based on some key funding and cost assumptions included with the plan and, as above, additional actions that are expected to continue to be progressed through the financial year to deliver savings, and exploit any emerging areas of additional income generation, in order to balance. Given the current financial environment and context, and the continuing way in which the NHS in Wales and, in particular our commissioners, are funded, this plan inevitably focusses on the 2025/26 financial year, although the supporting tables and technical submission maps this over the three financial years through to 2027/28.

Specifically, this plan will only provide for a balanced revenue financial outturn for the Trust for the 2025/26 financial year based on the following key financial assumptions:

- The additional funding as assumed and detailed in this plan is received in full. Primarily this relates to the full pass through of the general 1.77% uplift provided to Health Boards in the 2025/26 NHS Wales

Allocation Letter issued on 20th December 2024, and is applied to all of the Trust's key commissioning agreements;

- That the resultant in year costs for key cost pressures identified within this plan are no more than that currently estimated;
- Specifically included within the above is c£3.5m costs for 2025/26, being this financial year impact of the need to move former EMTs onto the new EAP role at a A4C Band 5, and for which no separate, additional funding has been made available to the Trust to support these costs. How this is therefore afforded in year is captured within this overall financial plan, noting that the continuing work to balance in year in 2025/26 will need to also reflect the increasing costs of this element in 2026/27 and beyond;
- The ability to fully deliver on the resulting range of cost containment, cost avoidance and savings required to balance in year;
- That any and all additional costs the Trust may incur as a result of the following will either be funded separately, in addition to that currently assumed within this financial plan, or will not be able to be incurred:
    - As per the above allocation letter issued to the NHS in Wales, costs relating to the 2025/26 pay deal, along with the recurrent costs of the 2024/25 pay deal, still to be confirmed;
    - The costs relating to changes to Employers NI from 6th April 2025,
    - Any costs, capital or revenue, emerging from the recommendations of the Manchester Arena Inquiry, which have been subject to a separate business case submitted to commissioners and WG for funding consideration,
    - Any net additional costs of providing any new road-based response service to parts of rural Wales, linked to the implementation of some of the service changes arising from the recent EMRTS Service Review, and
    - Any remaining costs associated with the previously submitted Connected Support Cymru business case, other than that already confirmed through Charitable grants.
- That the upcoming transfer of Save a Life Cymru to the Trust is financially neutral, for the 2025/26 financial year and beyond.

The high-level summary revenue financial plan for 2025/26 is therefore as follows:

	Opening Budgets 25/26	Planned Savings	Revenue Set Budgets 25/26
	£m	£m	£m
Income	-310.469	-0.150	-310.619
Operating Expenses	304.723	-7.542	297.181
Profit on Disposal	-0.445	-0.250	-0.695
Interest Payable	0.240		0.240
Interest Receivable	-0.800	-0.558	-1.358
Depreciation (Baseline)	15.251		15.251
Total Expenditure	318.969	-8.350	310.619
Planned Budget Surplus (-) / deficit	8.500	-8.500	0.000

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Risks

No financial plan is risk free and clearly entering into the financial year with a residual financial gap to close in year increases the risks of non-delivery of a balanced position in year, particularly potentially earlier on in the financial year.

The main risks that will need close monitoring and mitigating actions through the upcoming financial year therefore, include:

- The recovery of all of the income assumptions this financial plan now makes, in particular ensuring the commitments and elements supported within the NHS Wales JCC IMTP are fully aligned and delivered upon and that the full uplift assumed across all of the Trust's income sources is delivered;
- That the in-year costs relating to both the 2025/26 pay award and the increase in employers NI is fully funded by WG;
- No other developments, enhancements or cost increases not currently funded within budgets or identified within this financial plan supporting that contained within the IMTP, will be able to be progressed until a confirmed funding source for them is found, or an agreed equivalent value of cost is stopped or reduced elsewhere. However, the ability to do this in the context of the current total savings already required to balance in year makes this unlikely;
- The ability to deliver up to a potential total requirement of c£8.5m in savings, efficiencies and cost management in year;
- Linked to the above, the ability to identify and agree changes to crewing skill mix and numbers for front line EAs, directly linked to the non-funded costs of the EAP B5 development and the requirement for this to be sustainably affordable, both in 2025/26 and beyond;
- That no further additional savings, over and above the current "stretched" value of £8.5m presented above, will be required by commissioners. Recent correspondence from the JCC has requested the Trust to consider and present what further savings may be able to be delivered in year, to contribute to the wider JCC financial position. It is however highly unlikely that anything beyond that already being progressed within this plan in order for the Trust to deliver on its statutory duty to breakeven will be achievable in 2025/26, without some significant and severe impacts on resources, capacity, service delivery, patient safety and performance;
- Some cost elements are still hard to predict through the coming 15 months and may remain volatile, with a clear indication from WG that no further funding will follow in year in 2025/26 to manage any such variations;
- That the continuing impact of the recent changes in commissioning, and the move of the NHS Wales JCC more out of its current transition phase, have no wider impact on the Trust financially, including in relation to how it is currently funded for EMS, NEPTS, 111 services, etc;
- The ability to manage in year cost pressures as they arrive, within the small contingency this plan continuities to hold.

Capital

Appendix 5 also summarises our initial capital programme for 2025/26, focussing predominantly on the discretionary capital funding received from WG, noting the already confirmed and carried forward discretionary capital commitments for the 2025/26 financial year. This is currently a draft plan, as in previous years, a detailed update on the final impact of the 2024/25 financial year end on the 2025/26 programme will be presented to both the Trust's F&PC and the Trust Board in May 2025, at which point it is assumed that the full capital programme for the Trust can be approved, fully consistent with the funding being made available from WG.

12. Delivering our plan

12.1 Risks to delivery

Risks to the delivery of key programmes of work within this IMTP will be monitored by individual programme boards or lead directorate, escalating to Strategic Transformation Board where necessary and raising to the Corporate Risk Register/Strategic Board Assurance Framework if Board level awareness and scrutiny is required.

The **key risks to delivery** of this IMTP will be:

- Our ability to deliver a **balanced financial plan** – whilst the financial plan assumes a full pass through of the Health Board allocation uplift there remain challenges over the next three years as set out in section 11. The JCC itself is challenged financially and will be looking at areas of further cost reduction, including **potential income reduction for providers**. A key indicator of success of this plan will be to confidently present a plan that can balance and subsequent delivery of financial balance by year end in year one and into years two and three (reported monthly through the year).
- **Capacity to deliver** on priorities within the plan – the financial plan this year does not set out significant increase in investment to support delivery of the IMTP and therefore this will need to be done through existing resources. A capacity exercise has been undertaken to assess directorates capacity to deliver IMTP priorities that are over and above their core business.
- Difficulty in maintaining progress on strategic ambition with **focus on the short term** – it remains difficult to plan ahead of year one towards our longer-term ambitions without certainty of the future operating and financial context. However, recent Demand & Capacity reviews seek to address this imbalance, and the financial plan identifies resources to support priorities within the plan.
- **Ongoing wider system pressures** impacting on our services - we are in a vicious circle of operational pressure we think can only be addressed through wholesale transformation. However, the focus on the here and now requires significant management time which cannot be focussed on the transformation agenda.
- **Commissioning landscape** – as the processes and governance within the JCC further develops there may be a change in perspective for ambulance services and our 111 commissioner, so we must work closely with our commissioners and partners to develop the clear rationale for decision making around our strategic ambitions and collaboratively develop opportunities that benefit the wider system and Health Board populations.

12.2 Managing IMTP delivery and strategic transformation

The **Trust Board** is overarching accountable committee for delivery of the Trust's IMTP and long-term strategic plans, with individual sub-committees maintaining oversight and scrutiny of specific deliverables. Further assurance is provided through the **Board Assurance Framework (BAF).**

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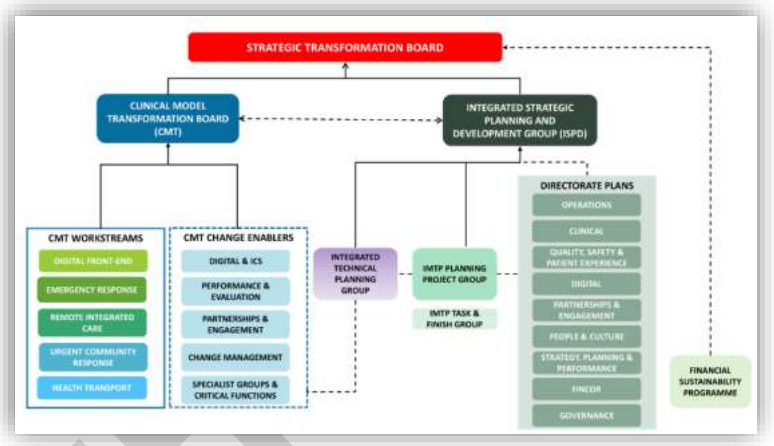
To further support the Trust Board to retain an overarching view of IMTP delivery the **Strategic Transformation Board (STB)** (an executive level committee chaired by the Chief Executive) will continue to provide monitoring, oversight, and governance over the implementation of the deliverables in this IMTP. This is alongside a remit to continually focus on strategic development, horizon scanning and considering intelligence that impacts on our strategic plans.



STB has a portfolio management approach and overview to enable and govern IMTP delivery through core service transformation and enabling programmes, underpinned with proportionate programme and project documentation. These programmes were established in 2021 and have the delivery vehicles for change and transformation.

However, with the integration of our strategic transformation agenda across our service areas in developing a service model fit for the future, we will **review the current transformation programmes** to ensure they are fit for purpose. The governance will remain broadly the same, but there are opportunities to make our approach even more **agile, lean and efficient.**

We continue to populate and test portfolio, programme and project management software to support the strategic and programme level oversight of our IMTP delivery.

The **Transformation Support Office** will continue to support the strategic transformation agenda across the organisation, developing the organisation's capacity and capability to manage large complex programmes and service change internally and across the system. Each programme will have its own detailed plans behind each of the deliverables in this IMTP. Based on the anticipated benefits set out in this IMTP, the new programme structures will update benefits realisation plans, which will feed into the mechanisms set out in the QPMF which will be a tool to support delivery of the IMTP. As a result, we will make best use of our quality improvement, innovation and transformation resources and approach under the STB to ensure our strategy development and transformation agenda is underpinned by **value & evidence based, data driven, and patient focussed service and quality improvement methodologies**.

Not all delivery of the IMTP will be undertaken in programmes, and there are local improvements that are made throughout the period of this plan at directorate level that provide the environment for performance and quality improvement to enable transformation at a Trust wide level. We will **make optimum use of our corporate resources** to support change and ensure capacity to undertake the performance and quality improvement work required. We will also strengthen directorate level planning, in line with the QPMF, so that all areas of the Trust are linked into the improvements we make through cross-directorate / matrix working.

12.2 Measuring our plan

We will continue to develop measures of successful delivery of our strategic plans at three levels, supported by our Integrated Quality & Performance Reporting:

1. Impact of our long-term strategy, reviewing measures;

2. Impact of the strategic transformation of our services through the clinical model transformation programme with a **full independent evaluation of our clinical model transformation over the course of this IMTP**; and
3. Measures that demonstrate 'what good looks like' and 'what will be different' over the next three years of this IMTP.

We aim to **develop dashboards/visual representation of these measures** that are easily understood and show where there has been impact, in the context of the socio-economic and political environment in which we operate. These measures will be reported through the relevant committees and to the Board.

Questions

Thank you for taking the time to read our plan. If you have any questions about our plan or require any of the policies, strategies or plans referred to in this IMTP or require a version in Welsh please contact AMB_Planning_And_Performance@wales.nhs.uk

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Appendix 2	Minimum Data Set (MDS)
Appendices 3a-d	Ministerial Templates
Appendix 4	Equality Impact Assessment
Appendix 5	Financial Plan

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





IMTP 2025-28 APPENDIX 1

Challenges and opportunities shaping the plan

VERSION: 0.1

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1.0 Planning Framework

Delivery expectations

Priority	Delivery Expectations relevant to WAST	What is in this IMTP
Timely Access to Care	Reduce the number of ambulance patient handovers over 1 hour – national target - zero	Appendix 3a (ministerial template) sets out some of the work we are doing to support this expectation.
	Reduce the number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge compared to the same month the previous year, building towards the national target of zero	Our NEPTS services and our transfers between hospitals by both EMS and Ambulance Care resources contribute to this and appendix 3e (ministerial templates) sets out the key deliverables for these services.
Population Health & Prevention	N/A	Whilst the expectations do not have direct relevance to WAST we have developed a population plan which will be published and implemented during the course of this IMTP. Appendix 3b also sets out what we are doing to support levels of prevention such as reducing deterioration of patients waiting outside an ED or waiting in the community, and also prevention of the escalation of care.
Building Community Capacity	Increase in number of people accessing Pharmacist Independent Prescribing Service for acute minor conditions and routine contraception services where the patient reports they would have otherwise visited their GP Increase in % of adult/child population accessing NHS Dental care over a 24 (adult) /12 (child) month period Increase in capacity at the weekend of community nursing and specialist palliative care nursing to at least the required	Our IMTP continues to set out work with health boards around 111 pathways into services such as pharmacy and dental. As set out in appendix 3c: We will complement community palliative care services with the further enhancement of the palliative care paramedic role set out in section 4 of the plan. We will deliver a Clinical Triage Assessment Service (CTAS) in every Health Board to facilitate direct patient access to remote specialist clinical care (e.g.

	levels previously set for 2024/25 and greater where possible	physiotherapists). Collaborate with Health Boards to implement an integrated model that enhances patient access and delivers a consistent, equitable service across all seven Health Boards.
Mental health access	Delivery expectations relate to health board assessment and intervention in mental health.	Whilst the delivery expectations are relating to assessment and intervention, WAST is continuing to develop its mental health service offer for those who contact us through 999. As part of the Remote Integrated Care Service offer, we will develop mental health response and care planning for people in mental health crisis.
Women's Health	N/A	N/A at this stage

2025/26 Cabinet Secretary's Enabling Actions

Thematic Area	Objective	Enabling Actions	WAST response	Rationale / Info
Operational Productivity & Efficiency - Urgent and Emergency Care	Improve timely access to care, reducing the length of wait in key areas of the urgent and emergency care stream through addressing variation	Implementation of the Community Based Falls Response - 6 Goals Programme	Adopt	There may be additional funding requirement – not yet quantified
		Implementation of the remote clinical assessment services framework - 6 Goals Programme	TBC	Not fully sighted on this framework but working closely with
		Implementation of acute frailty model at the Front Door - 6 Goals Programme	Adopt	Play our part in the acute frailty model through goal 4 group
		Implementation of the Welsh Health Circular - Ambulance Handover Guidance - 6 Goals Programme	Adopt	WAST engagement in national ambulance handover task force
		Implement the Optimum Hospital Flow Framework - 6 Goals Programme	N/A	
		Maintaining the actions within the 50 Day challenge that can be delivered consistently with minimal additional resource, within organisations and as a priority within regional partnership arrangements. Ensure consistent delivery of effective integrated discharge planning, utilising the National Discharge Guidance issued by the 6 Goals Programme.	Adopt	NEPTS and transfer resource role in supporting system flow
Operational Productivity - Planned Care	Improving timely access to care, reducing unwarranted variation in clinical productivity	Implement national guidelines with thresholds by Clinical Implementation Network (CIN) and procedure. This includes delivery of effective outpatients through See on Symptom (SOS) and Patient Initiated Follow-up (PIFU) by default. Individual CINs will establish PIFU / SOS targets by specialty & sub-specialty on an ongoing basis by March 2025.	N/A	
		All new Cataract referrals should be direct listed to treatment stage of the pathway following an admin triage by the end of Q2.	N/A	
		Ensure monitoring of DNA/CNA rates is in place for every Outpatient clinic. When DNA/CNA as a combined rate is greater than 5%, overbooking additional patients should be implemented and monitored.	N/A	
		Implementation of CIN follow up criteria both prospectively and retrospectively to established Follow-up waiting lists.	N/A	

		On 90% of days planned care inpatient/day case/theatre recovery capacity should be protected from unscheduled care pressures and outlying of patients by the end of Q1.	N/A	
		Ensure effective utilisation of theatre capacity through: - Reducing late starts to less than 20%; - Reducing early finishes to less than 10%; and Increasing session utilisation to the GiRFT standard of 85% by March 2026.	N/A	
		Improvement in the implementation and delivery of High Volume Low Complexity Theatre lists, with an initial focus on: - Arthroplasty 90% compliance with GiRFT standard of 4 primary joints/day, 2 by end of quarter 2; - Cataract 90% of lists to have 7 Cataracts per list by end of Q2 90% of the time achieve at least 6 HVLC general surgery procedures on an all day list made up of hernia or gallbladders by end of Q2.	N/A	
		Deliver improvements in day surgery rates, with an expectation to achieving a BACDS day case rate of 70% from April 2025, moving to 80% by the end of June 2025	N/A	
		Consistent clerical and clinical validation should be in place on an ongoing basis and reported quarterly for impact.	N/A	
Workforce Productivity	Maximise workforce productivity and efficiency, strengthening value and effective deployment of the workforce.	Fully implement the actions outlined in the Variable Pay & Agency Control Framework Welsh Health Circular	Adopt	
		Deliver a further continued and sustained reduction in agency expenditure, with a target **30%** reduction in 2025/26 from 2024/25 outturn, and ensuring no off-contract expenditure.	Adopt	Although not a lot of agencies use on frontline – NEPTS 365 is a procured service
		Ensure a reduction in agency spend on Healthcare Support Worker, Admin & Clerical, and Estates & Ancillary staff to **zero** by 30th September 2025.	Adopt	We spend very little on agency in these roles but aim to adopt.
		Ensure effective implementation of job planning policy, to include ensuring that > 90% of all Consultants have an agreed job plan in place at all times by 30 September 2025.	N/A	
		Ensure a reduction in sickness absence in 2025/26 in comparison to 2024/25, through maximising adherence to the requirements of agreed attendance at work policies and adhering to the all-Wales Occupational Health minimum service levels.	Adopt	

Maximising Value for Money	Continue to optimise value for money and contribution to overall efficiency through key non-pay areas, optimising both efficiency and effectiveness	Medicines Management - ensure full implementation of the high value medicines Value & Sustainability Board programme, which includes delivering opportunities against each of the four programme areas (maximise use of biosimilars, switch to generics, preferential use of medicines in primary care, restrict low value prescriptions)	N/A	APPs that are prescribing in WAST develop these competencies within primary care, so the push to use generics within primary care would be picked up through their placement.
		CHC - ensure implementation of Value & Sustainability Board recommendations which include continued actions to improve clinical and financial effectiveness associated with packages of care. This includes implemented a standard digital solution to support effective intelligence capture on a national basis.	N/A	
		Estate - ensure ongoing actions to strengthen estate utilisation including the appropriate repurposing and disposal of under-utilised estate.	Adopt	Examples include: Hensol -repurposing for the benefit of Operations; Matrix One - re-configuration to accommodate 111 from Thanet to provide improved welfare and well being facilities; Ty Elwy - reconfiguration to better utilise existing estate with improved welfare and well being facilities for staff. Both Matrix and Ty Elwy will realise efficiencies by reducing running costs of previously occupied estate that will be released back to landlords.
		Non-Pay - ensure implementation of Value & Sustainability Board recommendations, which includes local implementation of clinically endorsed and mandated product choice to maximise market share and deliver best value.	Adopt	

Improving Value, Optimising Outcomes, & Minimising Variation	Support improvements in outcomes, effectiveness, and value, through optimising how resources are utilised, and focus on improving outcomes	Ensuring full implementation of the nationally optimised pathways in the cancer recovery programme	N/A	
		Ensuring full compliance with straight to test guidance	N/A	
		Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Diabetes	N/A	
		Ensuring full compliance with straight to test guidance	N/A	
		Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Diabetes	N/A	
		Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Bone Health	N/A	
		Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Arthroplasty (Hip & Knee)	N/A	
		Ensure implementation of national digital priorities, specifically the implementation of the digital maternity system, and NHS Wales app.	Adopt	Our plan includes alignment/integration of NHS 111 Wales website and NHS Wales app functionality
		Support the implementation and roll-out of the NHS Wales app for maximum impact and benefit to include the uptake of its use for repeat prescriptions.	Adopt	Our plan includes alignment/integration of NHS 111 Wales website and NHS Wales app functionality
		Eradicate unsupported systems and devices, and ensure a clear cyber response plan for the organisation.	Adopt	Clear commitment to cyber security in WAST IMTP
		Progress implementation of the national approach to Interventions not normally undertaken (INNU) - Deliver the 8 priority procedures determined for implementation as part of Phase 1.	N/A	

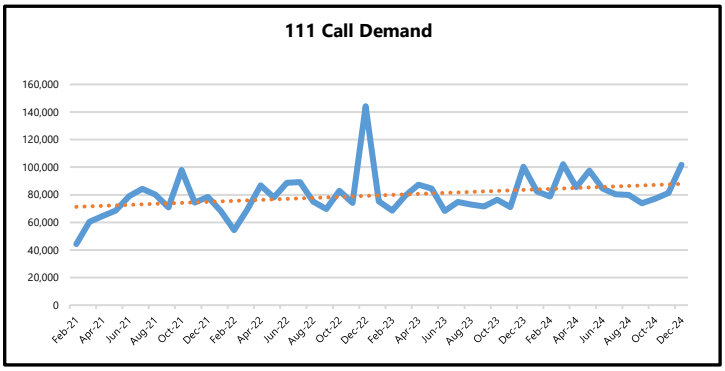
		Progress implementation of the national approach to Interventions not normally undertaken (INNU) - continue to implement ongoing recommendations throughout 2025/26	N/A	
		Ensure delivery of effective referral management processes. This includes consistent implementation of Health Pathways (Pathway Alliance Programme) across all Health Boards with the rapid adoption of the 282 pathways within the programme.	N/A	

2.0 Our performance profile

111

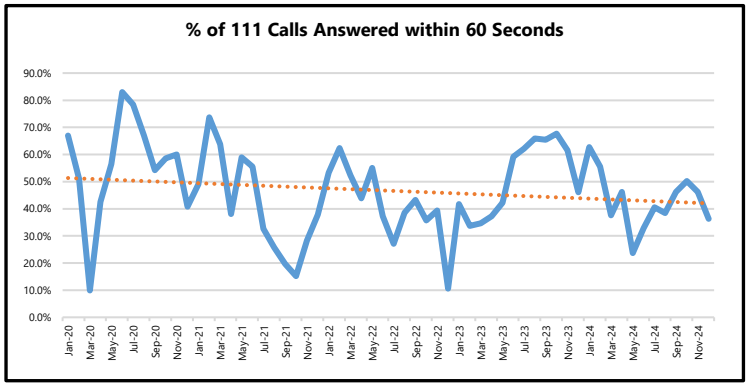
111 Demand

111 call demand, for those calls expected to be answered, was at 101,787 in December 2024, which was significantly above the 5-year monthly average of 78,848, although this is below the December average of 106,199, as demand does historically peak during this month of the year. Demand has grown year-on-year for each of the past 5 years, with the average for the last 12 months (Jan-Dec 24) of 85,399 being above the average monthly figure for the preceding 12 months (n=77,533). This sustained upward trend can be seen in the graph.



111 Call Answering - RAG

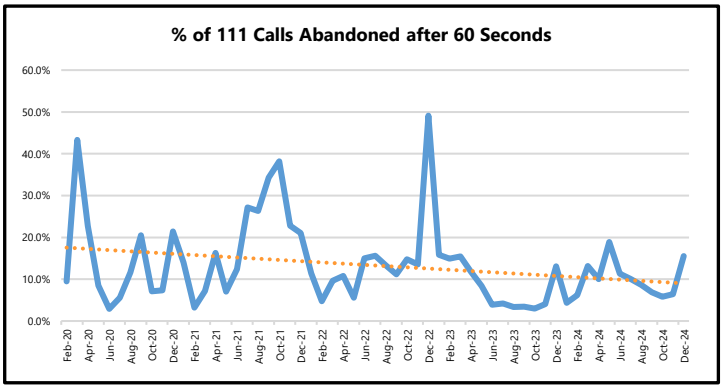
The percentage of 111 calls answered within 60 seconds was 36.3% in December 2024, which is significantly below the 95% target figure. This target has yet to be achieved in any month, with the highest recorded figure achieved remaining at 83% in June 2020. However, this was during the first Covid-19 lockdown and does not represent a true reflection of demand into the service. The highest figure recorded within the last year was 62.7% in January 2024.



In 2019, the last year prior to Covid, the average monthly call answering rate was 52%, which is higher than the 43% recorded over the most recent 12 months. There is evidence of some seasonal fluctuation, with average rates in December (for the past 5 years) being the lowest at 34.3%, while February recorded the highest rates at 55.3%. Recent improvement was seen in the service between June and November 2023, when rates consistently achieved over 60%. Performance has deteriorated since then due to a number of factors, including a sustained increase in demand (see above), the movement to a new CAS system in April 2024 and the reduction in the number of call handling staff as recruitment was paused during preparation for the new system. This has led to a slight downward trend in performance over the past 5-years, as highlighted in the graph above.

111 Abandonment Rate - RAG

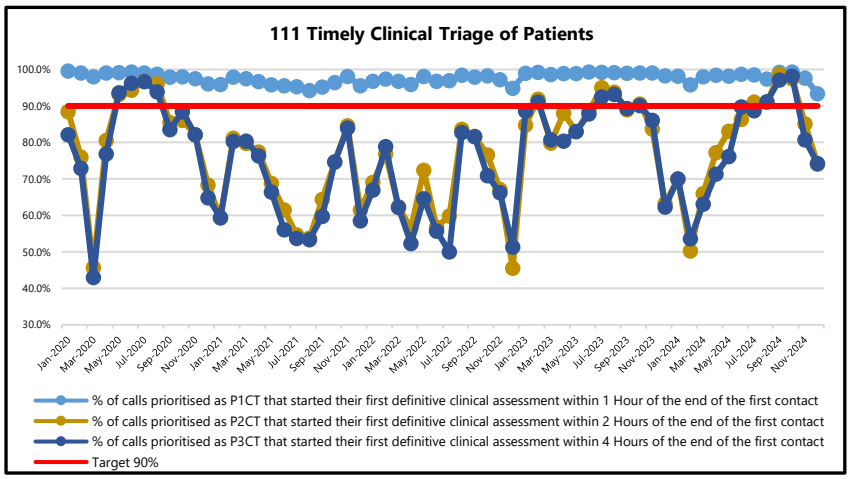
The percentage of calls abandoned after 60 seconds shares a strong reversed correlation with the calls answered rate. **The abandonment figure for December 2024 was 15.5%,** which was lower than in recent December's, where the average was 24.1% but slightly above the 5-year average figure of 13.1%.



The 5% target figure was only achieved in one month during 2024 compared to six months during 2023. However, this is primarily due to a number of the reasons highlighted above.

111 Clinical Response - RAG

Calls prioritised as P1CT, requiring a clinical assessment within 1-hour have consistently achieved the 90% target over the past 5 years, with the monthly rate over this period being 97.6%. This has been sustained in recent times with the average figure for the past 12 months being 97.7% and for **December 2024, 93.4%.**



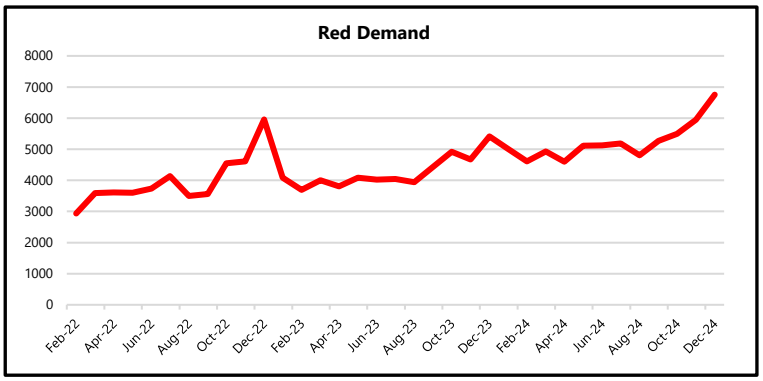
As can be seen in the graph below, performance within the lower priority assessment areas, P2CT (clinical call back within 2 hours) and P3CT (clinical call back within 4 hours) has fluctuated a lot more, with the 5 year monthly average figures for both being 75.5% and 74.1% respectively. Following a dip during the first half of 2024, due partly to some of the reasons already stated, as well as high levels of clinician sickness absence, performance in the last few months has improved significantly, with the **average figures for the last 6 months of 2024 being 89.6% for P2CT and 88.4% for P3CT.**

The overall indication is that 111 is now beginning to stabilise following the implementation of the new 111CAS system earlier this year, however, high levels of staff sickness during the latter part of the year has had an impact.

Ambulance Response

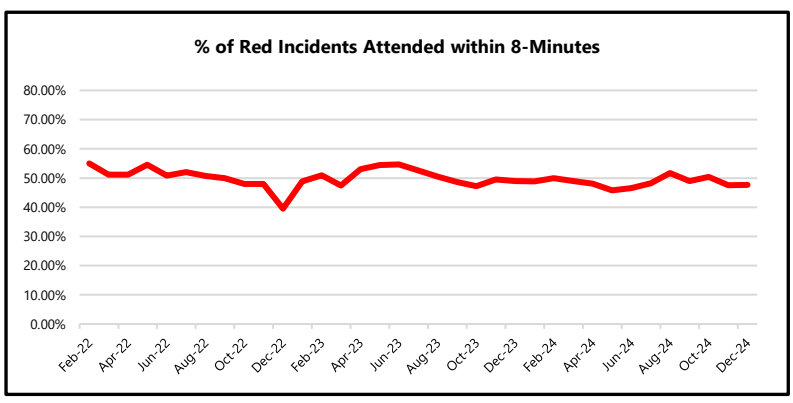
Red Demand

The number of Red calls received in December 2024 was 6,754, which is the highest monthly figure recorded in the past 3 years. It is also above the 5,236 12-month average and significantly above the 4,476 3-year monthly average, highlighting the consistent increase in Red demand over the past few years, evident in the graph.



Red 8-Minute Response - RAG

The 8-minute response percentage for December 2024 was 47.6%, which was marginally below the 48.5% 12-month average, but significantly lower than the 54.3% 5-year monthly average. It is also below the 65% commissioned target.



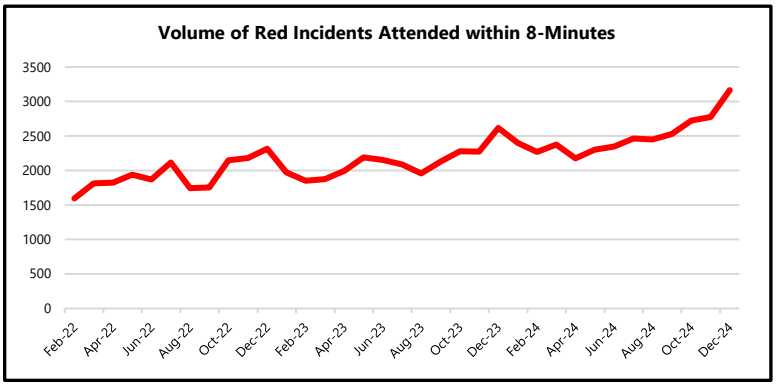
The 12-month average in 2019 (pre-Covid) was 68.7%, with the last individual month when the 65% target was achieved being July 2020 (68.5%). Since this time there has been a steady decline in Red 8-minute

performance (see graph), which mirrors an increase in Red demand (above) coupled with an increase in hours lost to handovers at hospitals.

Traditionally the factors which most affect response times are demand and capacity. Recruitment and staff in post versus establishment is currently good, but the increased demand coupled with the lost capacity through handover at hospital means the situation remains extremely challenging.

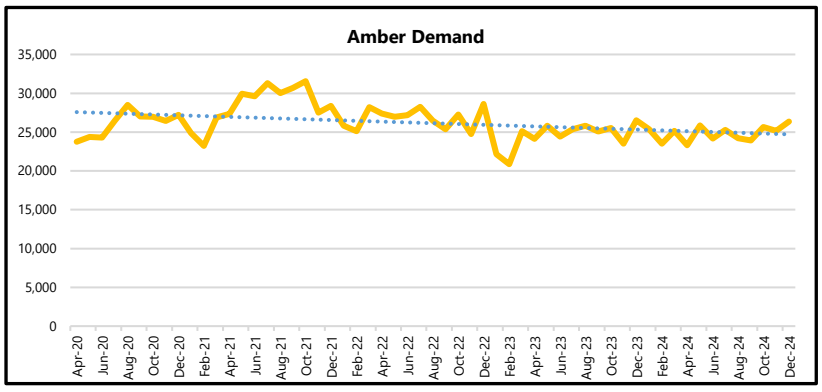
The Trust continues to work on actions within its control to mitigate this risk, including maintaining high levels of EA production and fully rolling out the CHARU service. The Trust's main focus during the early part of 2025 is to implement a material change in how it responds to patient demand by evolving its clinical model, with the first part of this change already being implemented in December 2024

Although performance in the percentage of red incidents attended within 8-minutes has declined, the actual volume of Red incidents attended has continued to increase over the past few years.



In December 2024 3,165 Red incidents were responded to within 8-minutes, which is 21.1% above the 12-month average (n=2,497) and 33.2% higher than for the previous 12-months (n=2,115). This indicates that performance within the organisation, in regard to Red response, is actually improving, but that other factors such as increasing demand and high levels of handover are offsetting this improvement.

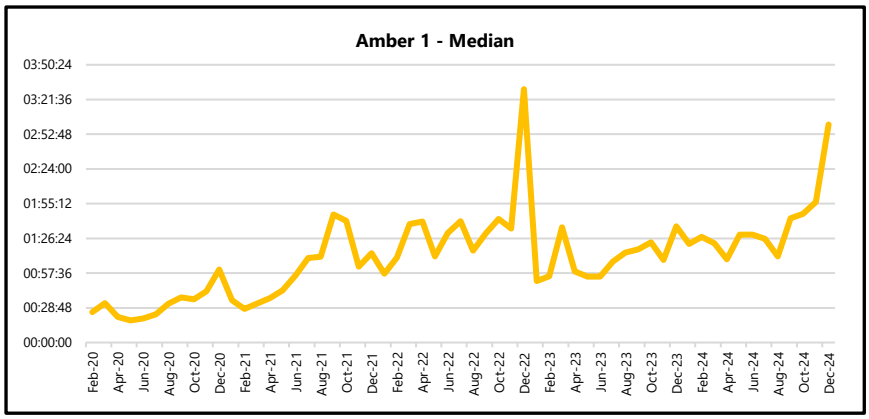
Amber Demand



Unlike Red, Amber demand has seen a slightly downward trend over the last 5-years, although this has levelled off since the beginning of 2023. **December 2024 saw 26,370 Amber calls into the service**, which is 6.6% above the 2-year monthly average (n=24,624).

Amber 1 Response - RAG

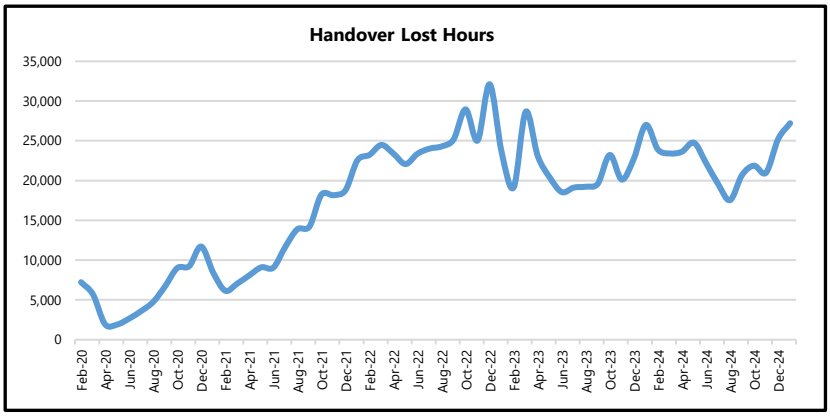
Although Amber demand has declined over the past five years, so too has Amber performance. This is predominantly due to a large increase in hours lost to handover, with a strong correlation being identified between the two. **The Amber 1 median in December 2024 was 3 hours 1 minute**, which was significantly above the 2-year monthly average of 1 hour 28 minutes and is the second highest figure recorded within WAST for this metric over the past 5 years. This is also against an ideal Amber 1 median response time of 18 minutes.



The extent of this decline in the Amber 1 median performance can be seen in the graph opposite, which shows that the monthly Amber 1 median in 2020 was just 31 minutes. A monthly figure this low has not been seen since February 2021. The Amber 1 monthly median for 2024 was 1 hour 37 minutes. The graph also highlights that although performance deteriorated relatively quickly during 2021, it has remained at relatively stable levels since this time with the exception of two significant spikes in December 2022 and December 2024.

Lost Hours to Handover at Hospital - RAG

As mentioned above, the increase in lost hours to handover at hospital has had a negative impact on many areas of EMS performance over the past five years. **In December 2024 25,195 hours were lost to handover outside emergency departments**, which is above the 2-year monthly average of 22,007 and the 5-year monthly average of 17,511. This is also significantly above the Welsh Government target, which equates to 7,500 lost hours a month with the last time this figure was achieved being March 2021.



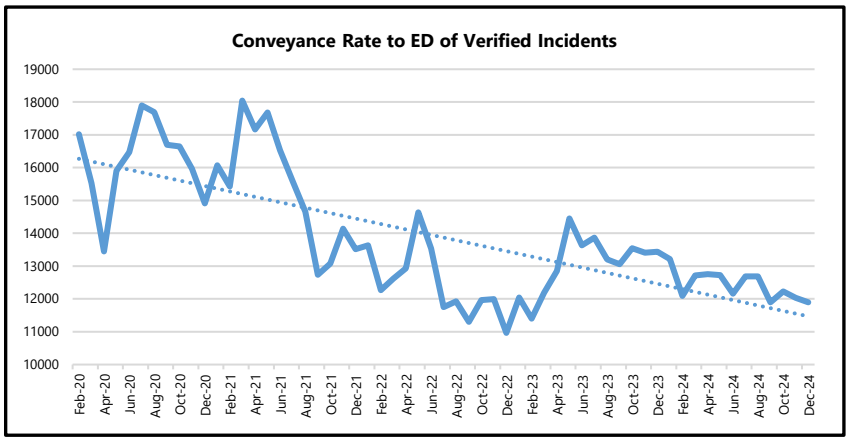
The graph opposite shows that hours lost to handover were much lower during 2020, with the average monthly figure during that year being 6,251. They then increased substantially between February 2021 and December 2022, when they peaked at 32,098 lost hours. Although there were signs of improvement during 2023, there has been a further deterioration in this area during 2024.

The increase in lost hours has not been consistent across all health boards, with Cardiff & Vale seeing a significant reduction in lost hours between 2022 and 2024, reducing its figure by 65%. This means that C&V are roughly back to their 2020 levels of handover. However, over the same 2022 to 2024 period, Betsi Cadwaladr University health board has seen a 13.7% increase, meaning their current level of lost hours is now 339% higher than during 2020.

Overall performance into December 2024 has remained challenging, with days where over 1,000 hours were lost. Welsh Government have re-iterated to all health boards the critical importance of improvements in this area.

Outcomes/Dispositions

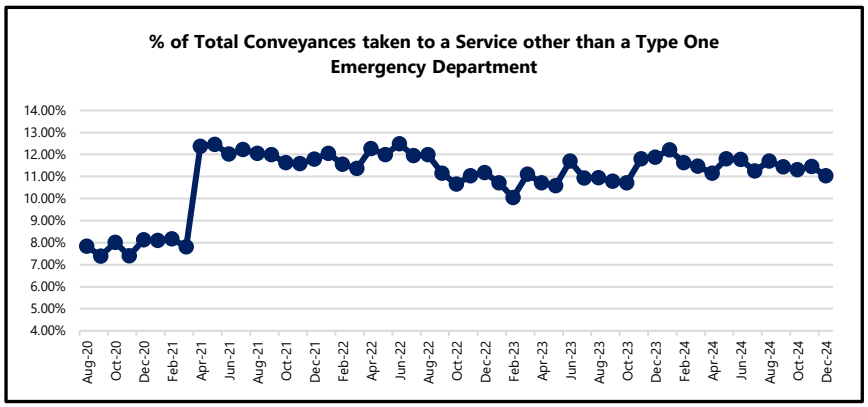
Conveyance to Emergency Department (ED) - RAG



The strategic ambition of the Trust remains to convey less people to a major ED and treat more people at home or within the community. **In December 2024 31.1% of all verified incidents were conveyed to a major ED,** which is below the 2-year monthly average of 36.5% and a significant improvement on the 5-year monthly average of 37.9%.

The graph above highlights that conveyance rates have declined over the past 5-years, with the average conveyance rate to an ED over the last 12 months of 35.1%, being 9% below the rate seen during 2020 (n=44.1%).

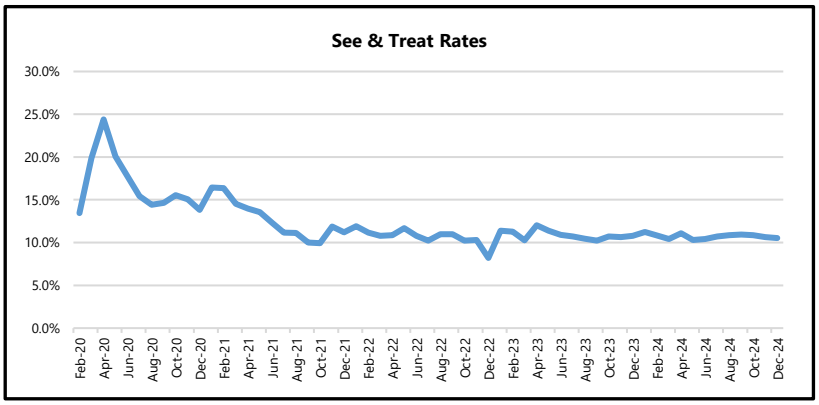
Conveyance to a Service other than an ED – RAG



This metric has increased slightly over the past four years, **with the percentage figure for December 2024 of 11%**, being 2.9% higher than that seen in December 2020, although this is largely driven by a sharp rise evident in April 2021 (see graph opposite). This increase was primarily driven by changes to hospitals status, such as in Aneurin Bevan when the Royal Gwent and Nevill Hall hospitals became minor injury units.

These improvements are aimed at helping to divert patients away from emergency departments and help alleviate pressures on handover times.

See & Treat/Consult & Close - RAG

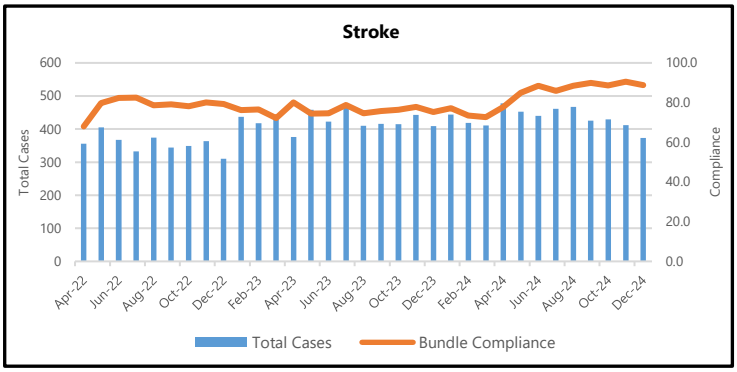


See & Treat rates against verified incidents in December 2024 were 10.9%, which was slightly below the 2-year monthly average figure of 10.9. it is also below the 5-year monthly average of 12.3%. The graph opposite shows that See & Treat rates have remained relatively consistent , while over the same time period Consult & Close rates have increased. **The Consult & Close rate for July 2024 was 11%,** which is lower than the 12-month figure of 13.2%. The target for Consult & Close is 17%, which has not yet been achieved in any single month, but the highest rate of 15.1% was obtained recently in April 2024.

Clinical Outcomes

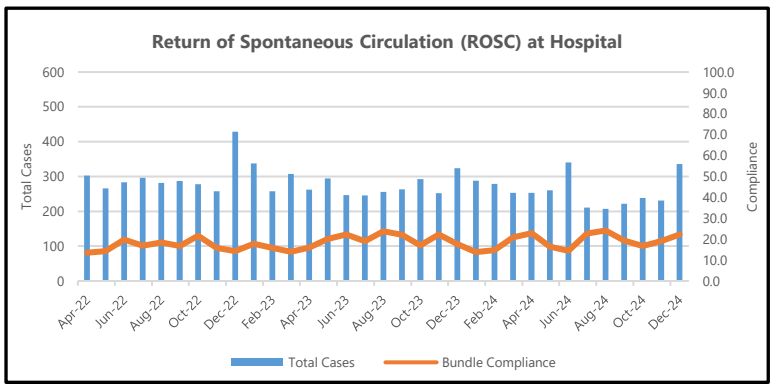
Stroke - RAG

The percentage of suspected stroke patients who are documented as **receiving an appropriate stroke care bundle in December 2024 was 88.7%,** which although remaining below the 95% target, is above the average for the past 12 months of 83.9%.



The graph opposite indicates there has been a gradual improvement in stroke bundle compliance since March 2024, with percentage levels exceeding 85% for each month since May 2024. Work continues to improve reporting and compliance through the ePCR system.

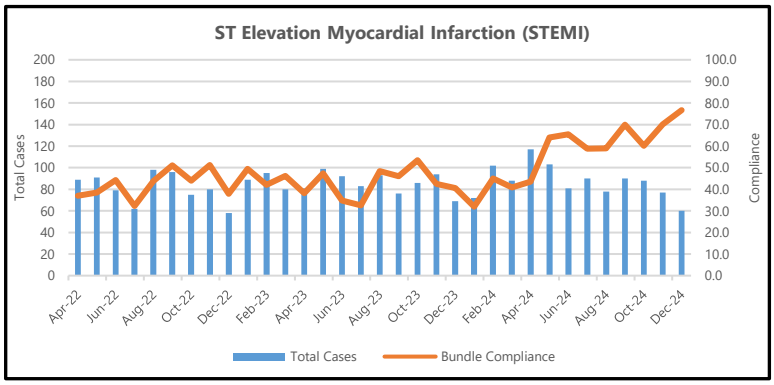
ROSC - RAG



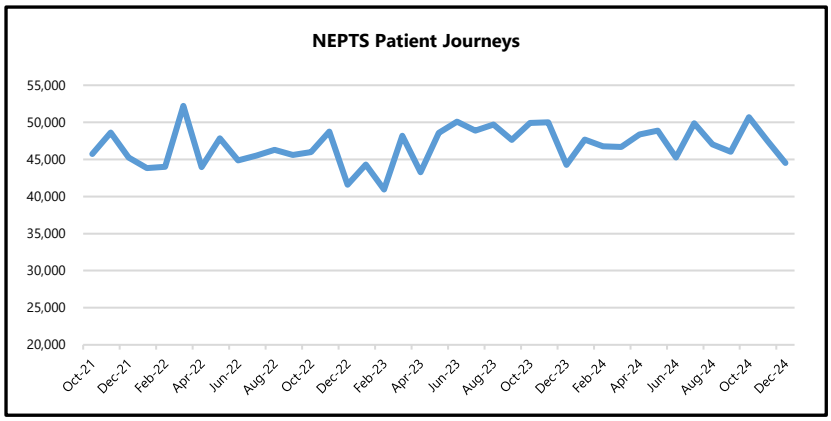
The return to spontaneous circulation (ROSC) compliance rate was at 22.3% in December 2024, which was above the 19% 12-month average and the 18.4% 2-year monthly average. However, this is still below the 25-30% IMTP ambition for ROSC rates, and as the graph below shows, bundle compliance rates in this area have fluctuated over the past two years.

STEMI - RAG

ST Elevation Myocardial Infarction (STEMI) compliance rates in December 2024 were 76.7%. This was significantly above the 57.2% 12-month average and 48.1% 2-year monthly average, and, as seen in the graph opposite, indicates a clear improvement in compliance rates since April 2024.



Ambulance Care

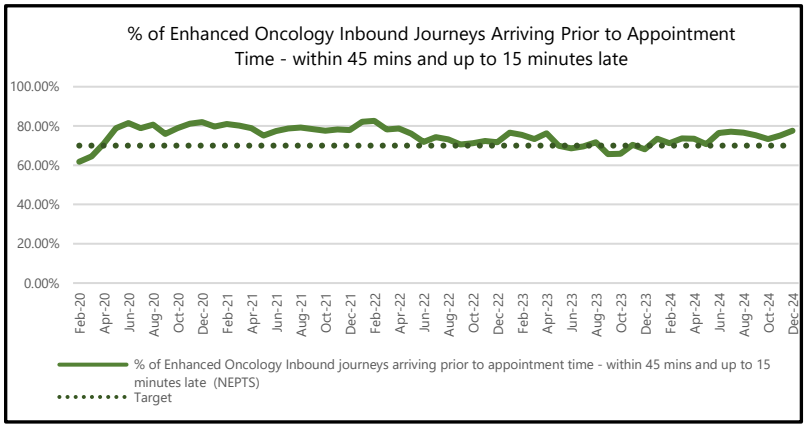


Overall demand for **NEPTS** services, following a sharp rise during the latter half of 2020, has levelled off to a degree, with the average monthly demand during 2024 (n=47,446) being only marginally higher than that seen during 2023 (n=47,143). However, demand still remains below pre-pandemic levels, as the average number of journeys carried each month in 2019 was 56,820.

Oncology - RAG

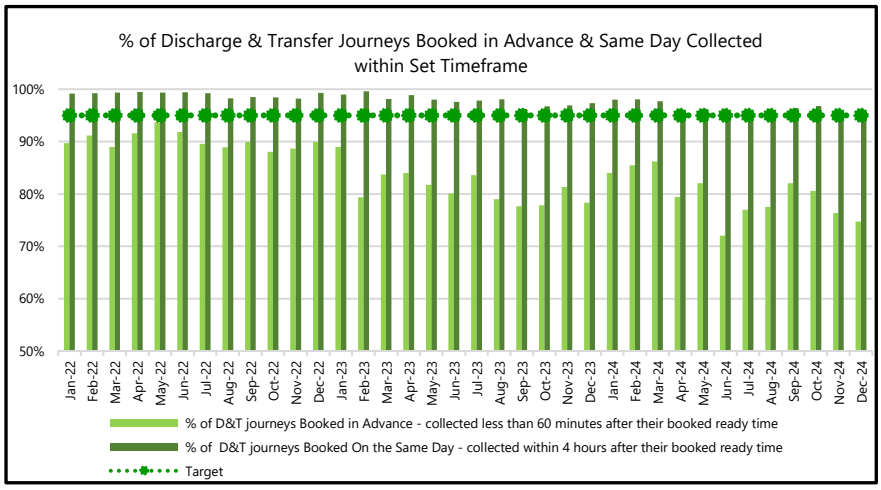
Oncology performance in December 2024 was 77.6%, which is above the 72.8% 2-year monthly average and also achieving the 70% target.

As the graph opposite indicates, performance in this area has seen sustained improvement since September 2023, and is now comparable to levels achieved during 2021, following a dip during 2022.



Discharge & Transfer - RAG

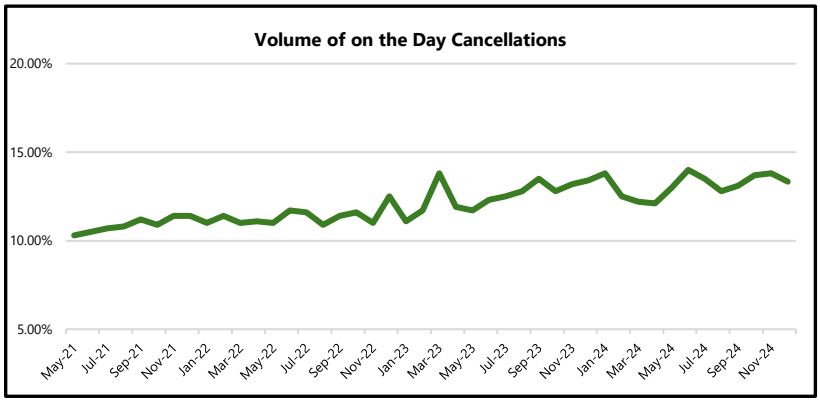
Booked in advance Discharge & Transfer (D&T) journeys collected on time in December 2024 were at 75%, which was below the 81% 2-year monthly average and also below the 95% target. The number of booked in advance journeys collected on time has declined since early 2023, with the monthly percentage figure in 2022 being 90%.



Booked on the day journeys collected on time was at 96% in December 2024 and, remaining relatively stable over recent months and continuing to achieve the 95% target.

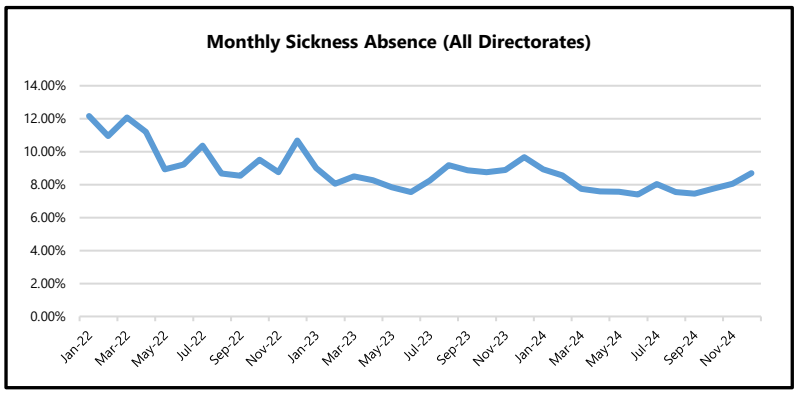
On the Day Cancellations - RAG

The volume of on the day cancellations shows an increasing trend over the past 3 years**, with the figure for December 2024 being 13.3%.** This is only marginally above the 2-year average of 12.9% and, as seen in the graph, indicates that the number has levelled off over the past 12 months.



The Operations Directorate LDP includes delivering a range of efficiencies and improvements, for example: aligning clinic patient ready times to ambulance availability and addressing oncology performance.

Sickness - All Directorates - RAG



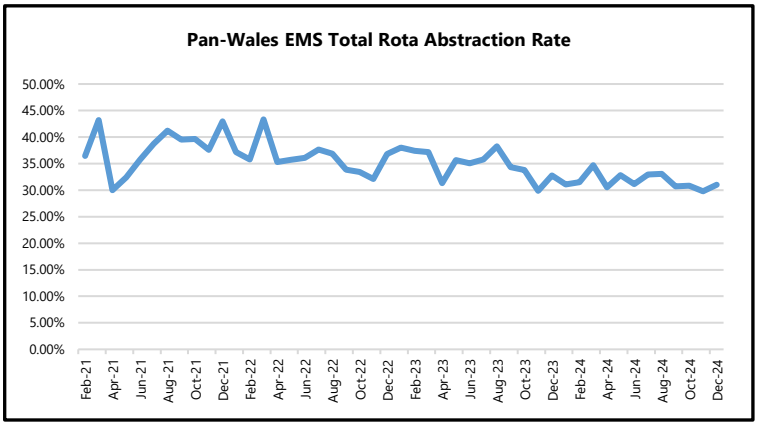
The Trust's overall sickness percentage rate for December 2024 was 8.69%, which although slightly higher than the 7.94% 12-month average, primarily due to seasonality increases during the winter, it is significantly lower than the 10.1% rate recorded during 2022.

Actions within the IMTP concentrate on staff well-being, with an aim to continue to reduce this level supported by the ten-point plan. Although the current rate remains above the 2024/25 IMTP ambition of 6%, is still showing a good, and sustained, improvement. As can be seen in the graph above, overall sickness rates have been on a downward trajectory over the past 3 years.

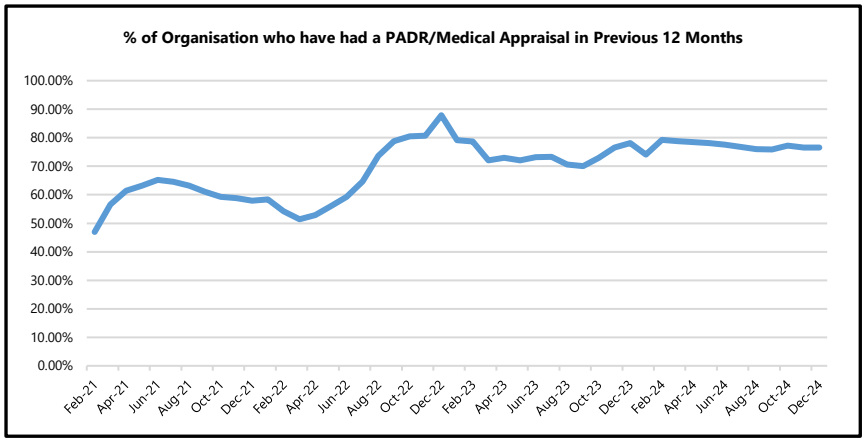
Absence due to mental health was at 2.93% in December 2024. This metric has seen a steady increase during 2024, with the latest figure being the highest yet recorded.

EMS Abstractions - RAG

EMS abstractions were at 31.05% in December 2024, which is below the 2-year average figure of 33.32% but failed to achieve the 30% target. However, abstraction rates have seen a steady improvement over the past 3-years, as shown in the graph opposite. The 30% target was also achieved in November 2024 (29.79%).



PADR Rates – RAG



PADR rates did not achieve the 85% target in December 2024, standing at 76.6%. Although rates did improve between early 2021 and December 2022, they have subsequently declined slightly and failed to achieve the 85% target since January 2023.

Implications for the IMTP

The key implications for the IMTP fall into the following categories:

1. **Increasing Demand**: The sustained upward trend in 111 call demand and Red call demand indicates a growing need for urgent and emergency services. This requires integrated planning and modelling to ensure adequate resources and capacity to meet this increasing demand.
2. **Call Answering and Abandonment Rates**: The percentage of 111 calls answered within 60 seconds is significantly below the target, and the abandonment rate is high. This suggests a need for improvements in call handling efficiency to release the capacity needed to reduce wait times and abandonment rates.
3. **111 Clinical Response**: While the highest priority clinical assessments (P1CT) are consistently meeting targets, lower priority assessments (P2CT and P3CT) have fluctuated. This indicates a need for better resource allocation and management to ensure timely clinical responses across all priority levels.
4. **Ambulance Response Times**: The decline in Red 8-minute response performance and the increase in Amber 1 median response times highlight challenges in meeting response time targets. Factors such as increased demand and lost hours to handovers at hospitals are contributing to these issues. This is a key issue for our transformation plans as we respond to the review of the ambulance response target.
5. **Lost Hours to Handover at Hospital**: The significant increase in lost hours to handover at hospitals is impacting overall EMS performance. This requires collaboration with health boards to improve handover processes and reduce lost hours, as well as a transformation in our services to seek to care for more people in the community.
6. **Outcomes/Dispositions**: The strategic ambition to convey fewer people to major EDs and treat more people at home or within the community is showing progress. However, continued efforts are needed to further reduce conveyance rates to EDs and increase conveyance to other services.
7. **Clinical Outcomes**: Improvements in stroke care bundle compliance and ROSC rates are positive, but there is still room for improvement to meet targets. Continued focus on clinical outcomes and compliance through systems like ePCR is necessary.
8. **Ambulance Care**: The demand for NEPTS services has levelled off but remains below pre-pandemic levels. Oncology performance has improved, but discharge and transfer journeys collected on time are below target. Efforts to align clinic patient ready times to ambulance availability and address oncology performance are needed.
9. **Sickness Absence/Abstractions**: The overall sickness rate is higher than the IMTP ambition, and mental health absence rates are increasing. EMS abstractions are improving but still above target. Focus on staff well-being and reducing sickness absence through the ten-point plan is essential.

10. **PADR Rates**: The decline in PADR rates indicates a need for improved performance appraisal and development processes to meet targets. Plans for our people need to focus on how we better support our workforce.

Overall, the organisational plan should prioritise resource allocation, staff recruitment and retention, process improvements, and collaboration with health boards to address these challenges and improve performance across all areas.

3.0 Public and patient feedback

Targeted IMTP engagement

Throughout 2024/25 we have been asking the public what a good quality ambulance service looks like. Peoples' responses have helped us in shaping the development of this IMTP, the Trust's Quality Plan and also helped us to understand how we develop our services to improve quality in line with the Health and Care (Quality & Engagement) (Wales) Act.



Through our continuous engagement and surveys, the priorities for our plan offered by patients and the public include:

- **Improvement in delays**: Prioritise solutions to ambulance-hospital delays.
- **A focus on inclusivity**: Ensure that feedback from diverse communities (including those whose first language is not English or Welsh and people with additional needs) is integrated into service design.
- **Transparent communication**: Be honest about the challenges the service faces but also offer hope with clear steps toward improvement.
- **Enhance community-based care**: Expand roles like "Community Welfare Responders" and increase care outside hospitals.

Putting things right

Our quarter three report (October to December) to our Quality, Patient Experience and Safety Committee highlights the following themes that have come through the Putting Things Right process:

- Harm due to extensive response times in the community for emergency care
- Distress caused by cancellations of pre-booked transport
- Large volume of high harm cases shared with Health Boards for joint investigation
- Two prevention of future death reports relating to delayed response times.

Utilising Compliments

We value the time people take to tell us of their positive experiences, they are especially valued by staff. We learn a lot from compliments as they are based on an individuals' own perspective as patients, carers and users of our services.

The general themes from compliments have been around friendly, kind and comforting staff. Interacting with professional, calming and efficient staff has positively impacted on people with feedback reflecting on staff 'doing an amazing job' and 'going above and beyond'. We have heard how grateful people have been for the services and care received from staff who have demonstrated humanity and connectedness to their patients.

It is expected that all NHS Wales Bodies develop and implement a robust 'Always on' system for the collection of compliments within easy reach for all people and communities.

All compliments submitted to us are recorded and form part of our national reporting requirements. We promote and share compliments received with Trust staff via a dedicated page on our internal communication channels, station posters and directly with line managers. For the public compliments are made available via the Trusts website.

Examples of compliments received:

I am delighted and relieved to share some positive feedback with you regarding the experience that I and my family had with your service today. I appreciate how stretched and under resourced you are, so I know that working conditions themselves are both challenging and inevitably frustrating. Sadly, I had to call 999 today for my Dad who had collapsed and was unconscious, I rang at 10.48am, the call handler was fantastic and patient, especially as my signal was poor, her calm and pleasant approach helped me to remain calm.

Rob the paramedic who arrived with us within the hour was nothing short of exemplary, a shining example to all health professionals in my view. (I have Worked in the NHS for over 30 years). He was diligent, professional, thorough, respectful and his values are clearly patient centred, being kind, thoughtful, attentive and gentle in all of his interactions with my Dad. Please let me know if you would like any further detail Rob's assistance and the manner in which he undertook his job restored some of my faith in the NHS, please pass on our formal thanks to him and wish him well for the future.

Hello, not sure if this is the correct department. I rang NHS 111 at 04:55 due to an unbearable Toothache, I couldn't even think straight. I cannot remember the Ladies name, buy she was very

calming, and she listened, and gave good advice, very kind and caring, as I was dreading making the call, due to the pain. So, thanks very much whoever you are!

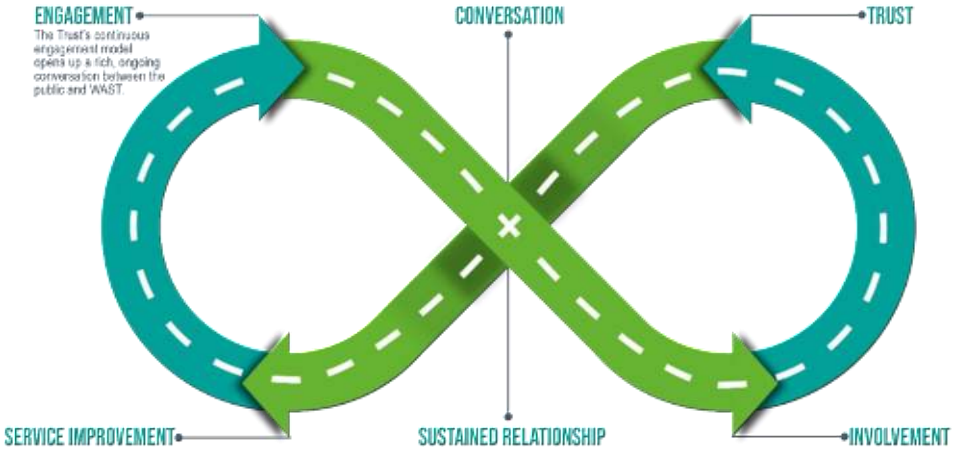
The care I received from the ambulance transport service to and from my home when I needed to get to hospital was amazing, the gentleman was polite well caring, listened to me and I think he enjoyed wheeling me through the hospital. This was all arranged by my community advance nurses, but I wanted to pass on many thanks.

Patient and Public Engagement

Patient experience at the Welsh Ambulance Service (WAST) is influenced by the many interactions people have with staff, their expectations, and their first and lasting impressions. Patient experience is defined by what it feels like for people to access and receive care from WAST, it is based on their own perceptions of the care and treatment received.

Though patient experience may be seen as a subjective indicator of quality, experiences and feedback are essential components for monitoring and serving as quality indicators and help us to plan improvements in our services. This includes the experience of all service users including families and carers.

Information and data has been captured using our continuous face-to-face engagement model and various channels for experience feedback including; surveys, stories and our 'Have your say' online facility.



The following feedback is from our bi-annual Patient Experience report taken to Quality, Patient Experience and Safety Committee in November 2024.

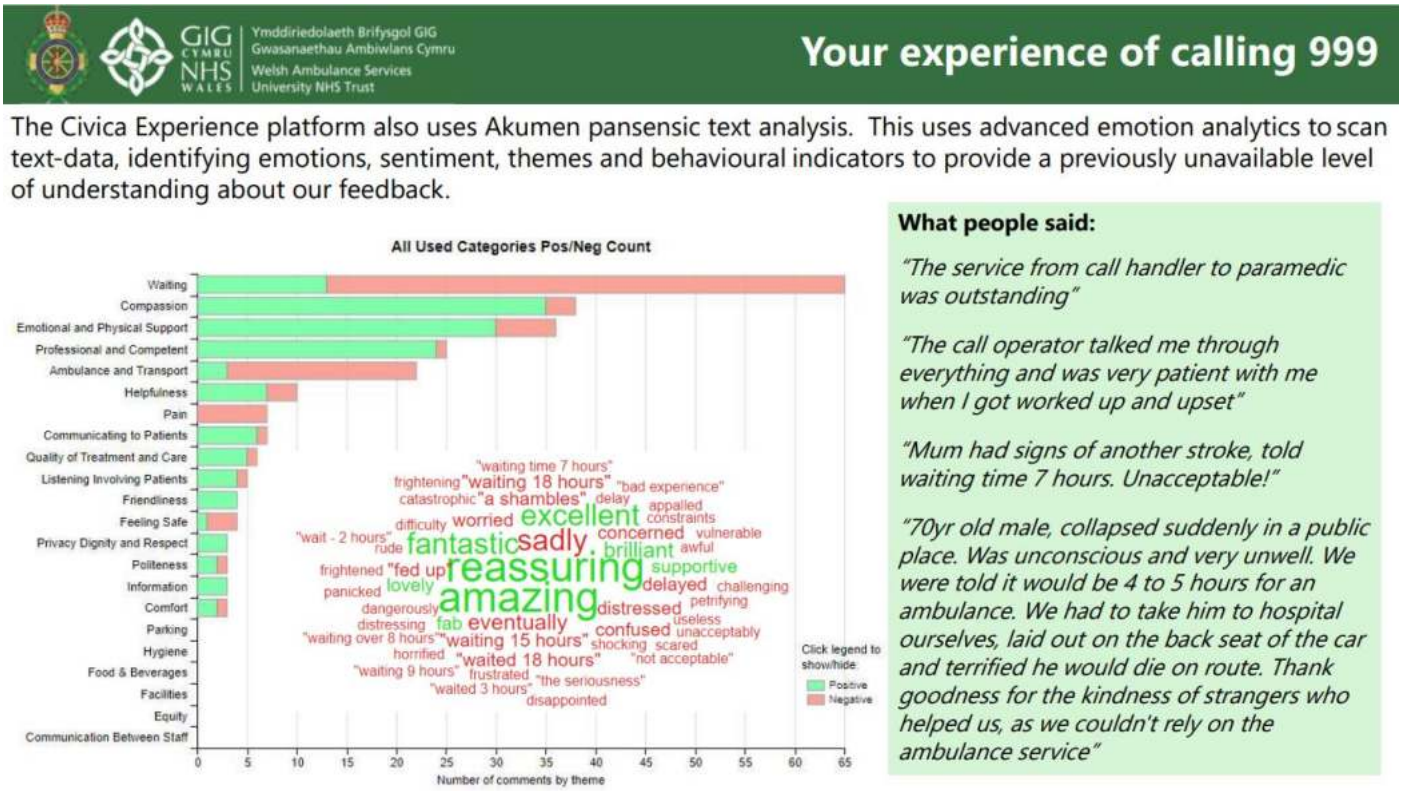
999 Experience

Our 999 patient experience survey is made available to members of the public through the WAST website and is frequently promoted across all available social media channels.

It is acknowledged that the low response rate to this survey does not paint a truly representative picture of what is feel like to be a user of our 999 service and we are exploring options available to increase engagement with the survey, including the use of SMS Text messaging and the introduction of QR code stickers into our EMS vehicles.

Taking that into account, responses received to this survey show that people think our staff provide good care, with wait times being the largest area of concern.
In this reporting period 157 responses were received.

- 65% of respondents said they felt confident in the ability of the person who answered their call to manage the call and provide appropriate advice
- 70% of respondents said they did not receive a call back from a clinical advisor
- Of those who did receive a call back from a clinical advisor, 43% said they felt they were given enough advice about what to do next.
- Of those who said an ambulance was sent, 87% said they felt safe whilst in the care of the ambulance crew.
- 50% of people who completed the survey rated their overall experience as 'Good' or 'Very Good'



111 Experience

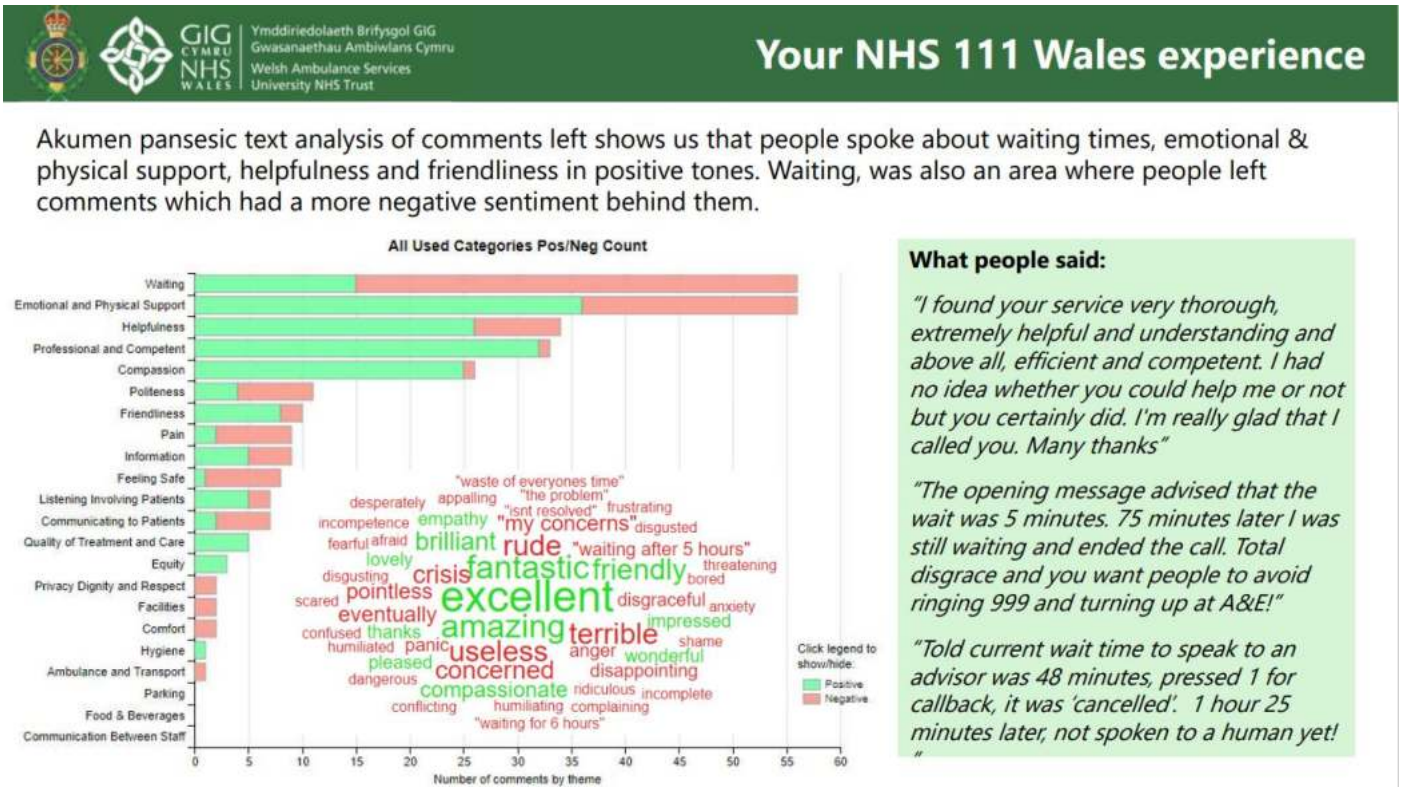
There are two surveys in place for NHS 111 Wales, separately collecting feedback about people's online experience and telephony experience.

We are currently reliant on people using their initiative and accessing the survey online themselves to provide feedback. However, we have had initial discussions with the NHS 111 Wales Senior Management Team about how we can potentially increase participation in this survey using SMS Text messaging or messaging in the 111 telephony IVR.

The online experience survey is available through the NHS 111 Wales website, users are prompted to leave feedback using a pop up that appears on screen.

In this reporting period 104 responses to the Telephony survey were received; and 180 to the Online survey.

- 71% of respondents told us that NHS 111 Wales had been their first port of call and that they had not been referred on from another service
- 59% of people told us they called 111 looking for health information or advice for themselv es
- 58% of people told us they found their call to NHS 111 Wales 'Extremely Helpful' or 'Helpful'
- 82% of people said they went on to follow the advice given to them by NHS 111 Wales



111 Website

We have continued to make available a patient experience survey asking people to share their views with us about accessing health information and advice through the NHS 111 Wales website. Between April and September 2024 180 people completed a website experience survey.

- 57% told us that they found it 'Extremely Easy' or 'Easy' to find the information they were looking for on the website
- In contrast, 34% of respondents said they found it 'Not so easy' or 'Not at all easy' to find the information they needed
- 53% of people said they intended to follow the follow the advice they found on the website
- 50% of respondents rated their overall experience of using the website as 'Good' or 'Very Good'.
- 33% of respondents rated their overall experience of using the website as 'Poor' or 'Very Poor'.

We know the reasons behind these metrics and this IMTP has a clear commitment to improving the 111 website.

Non-emergency patient transport

An established governance process is in place which allows us to contact people who have received transport to their appointment and ask for feedback. Responses to this survey continue to show us that overall NEPTS users are broadly satisfied with the service they receive. With negative comments tending to focus on timeliness.

Survey results continue to show that wait time for transport home following an appointment is still the main area of concern for patients. From 1st April we also changed the question we ask about seatbelt safety, which revealed that many people were telling us that they were reporting that they were not reminded to put on the seat belt because they had already put it on independently and didn't need to be reminded.

In this reporting period 680 responses were received.

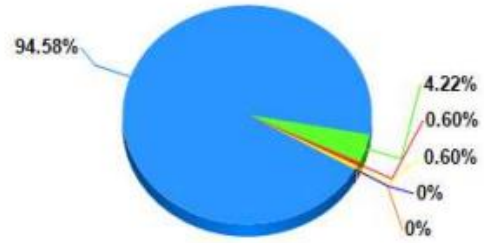
- 95% found the booking process easy
- Those who answered negatively said they experienced long delays waiting for their booking call to be answered
- 90% said they were happy with the transport they received
- Majority of people (87%) said their overall NEPTS experience was either Very Good or Good.

Falls services

Working with the WAST Falls Improvement Lead we have developed two Falls Experience surveys. One for Level 1 Falls Assistants and one for Level 2 Falls Responders. Patients attended to by either a Falls Assistant or Falls Responder are left an invitation to complete a survey to share their experience. The invitation contains a QR code that can be scanned to complete a survey online, as well as the phone number and email address for the PECI Team for anyone who would like a hard copy survey. Feedback from these surveys is overwhelmingly positive, with people saying they appreciated the service received and valued being responded to by a dedicated service that was able to safely lift them and work to keep them at home if possible.

In this reporting period 183 Falls Assistant responses were received and 17 Falls Responder responses.

How was your overall experience with the Falls Assistant today?



Available Answers	Responses	Score
Very Good	157	94.58%
Good	7	4.22%
Neither Good nor Poor	1	0.60%
Poor	1	0.60%
Very poor	0	0%
Don't Know	0	0%
Total	**166**	**100%**

How was your overall experience with the Falls Responder today?



Available Answers	Responses	Score
Very Good	16	94.12%
Good	0	0%
Neither Good nor Poor	0	0%
Poor	0	0%
Very poor	0	0%
Don't Know	1	5.88%
Total	**17**	**100%**

4.0 Staff feedback, cultural metrics and survey data

WAST Live questions

The questions raised at WAST Live over the last six months span a range of themes primarily focused on operational concerns, policies, and staff welfare, which include:

1. **Operational Resources and Equipment**:
    - Queries about the availability and sufficiency of uniforms, protective gear, and medical equipment.
    - Concerns around the effectiveness and availability of new vehicles, hoists, and technology such as in-cab radios and sat-nav systems.
    - Requests for updates on digitising systems like timesheets and improving communication tools.
2. **Training and Career Progression**:
    - Questions about access to training programs for EMTs and paramedics, including the availability of external paramedic training and clarification on progression criteria.
    - Inquiries about the fairness and accessibility of progression opportunities, including concerns about nepotism and favouritism.
    - Requests for clarification on policies related to job descriptions, career progression frameworks, and formal qualifications.

3. **Staff Welfare and Working Conditions**:
    - Concerns about staff welfare, including burnout, low morale, and the fairness of managerial processes.
    - Questions about support systems in place for abusive calls, mental health, and the psychological toll of the job.
    - Complaints about working conditions, such as delays in being relieved after shifts, meal break management, and long wait times at hospitals.
4. **Policy and Governance**:
    - Requests for clarification on policies regarding job descriptions, annual leave carryover, and pay increases.
    - Concerns about the uniform policy and whether it accounts for different needs (e.g., female-specific uniforms, menopause accommodations).
    - Inquiries about changes in job roles, such as the EMT3 role and leadership responsibilities for managers.
5. **Technology and Communication Issues**:
    - Multiple questions surrounding technical challenges, particularly with IT equipment like iPads and ePCR systems, sat-nav, and radios.
    - Suggestions for improving technology to streamline operations, such as introducing body-worn cameras and improving communication for NEPTS crews.
6. **Workforce Engagement and Feedback**:
    - Discontent with management responses to staff feedback, particularly regarding workforce surveys and the implementation of behaviours and values (e.g., "OUR BEST" behaviours).
    - Concerns about the effectiveness of staff engagement and whether issues like low survey response rates are being properly addressed.
7. **Patient Care and Service Delivery**:
    - Questions about improving collaboration with hospitals, especially around "fit to sit" patients and reducing waiting times for ambulances outside hospitals.
    - Suggestions to improve patient transfer protocols and reduce strain on emergency services by leveraging alternative transport options (e.g., taxis for non-emergency cases).
    - Inquiries about expanding clinical roles and capabilities, such as critical care paramedic roles and mental health response units.
8. **Uniform and Appearance**:
    - Multiple concerns regarding the fit, comfort, and appropriateness of uniforms, particularly for female staff and the availability of gender-specific designs.
    - Requests for new uniform options like black t-shirts and shorts for non-frontline staff.

These questions reflect a workforce that is engaged with the day-to-day challenges of delivering healthcare services, with a strong emphasis on operational efficiency, fairness in career progression, and the need for better support from management.

CEO Roadshows

In November 2024 we held a series of CEO Roadshows where we engaged with our people around Wales. The key issues raised through Q&A sessions at these roadshows included:

- Organisational Operations and Efficiency: Concerns about improving the organisation's structure, workflows, and decision-making processes.
- Mental Health and Well-being: Requests for updates or improvements in mental health resources, emphasising employee support and well-being initiatives.
- Public Health Messaging: Suggestions regarding better use of organisational platforms, such as vehicles, to communicate public health messages effectively.
- Employee Concerns (Uniforms, Surveys, Policies): Questions related to employee satisfaction with uniforms, input on surveys, and workplace policies, showing a focus on working conditions and feedback.

Cultural metrics

Our last two IMTPs have set out how we will approach our People & Culture Plan focussing on 3Cs: Culture; Capacity; Capability. We also set out three clear commitments to staff around: flexible working; their digital experience; shift overruns. A report on our progress against the plan and our commitments to our people is presented to People & Culture committee every 2 months. Some of the key points from the latest report are as follows.



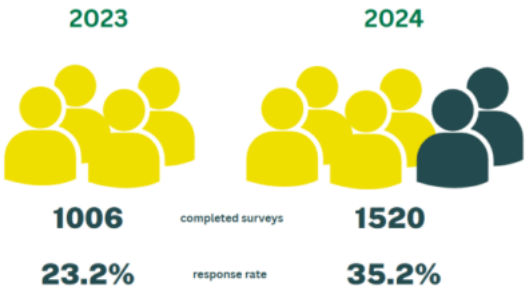

"Digital Literacy was useful at the time because we were using a lot of new digital equipment, like the iPads and ePCR, but it was really helpful when I applied for the part time Paramedicine degree. I had to make a poster presentation, so I was able to use what I learned to put together a pretty slick presentation in Power Point".

"I appreciated having the opportunity to undertake the Digital Literacy training. I'm on alternative duties and I felt a bit out of my depth in the office environment. It's really helped me get up to speed with the new way of working on the Cloud"

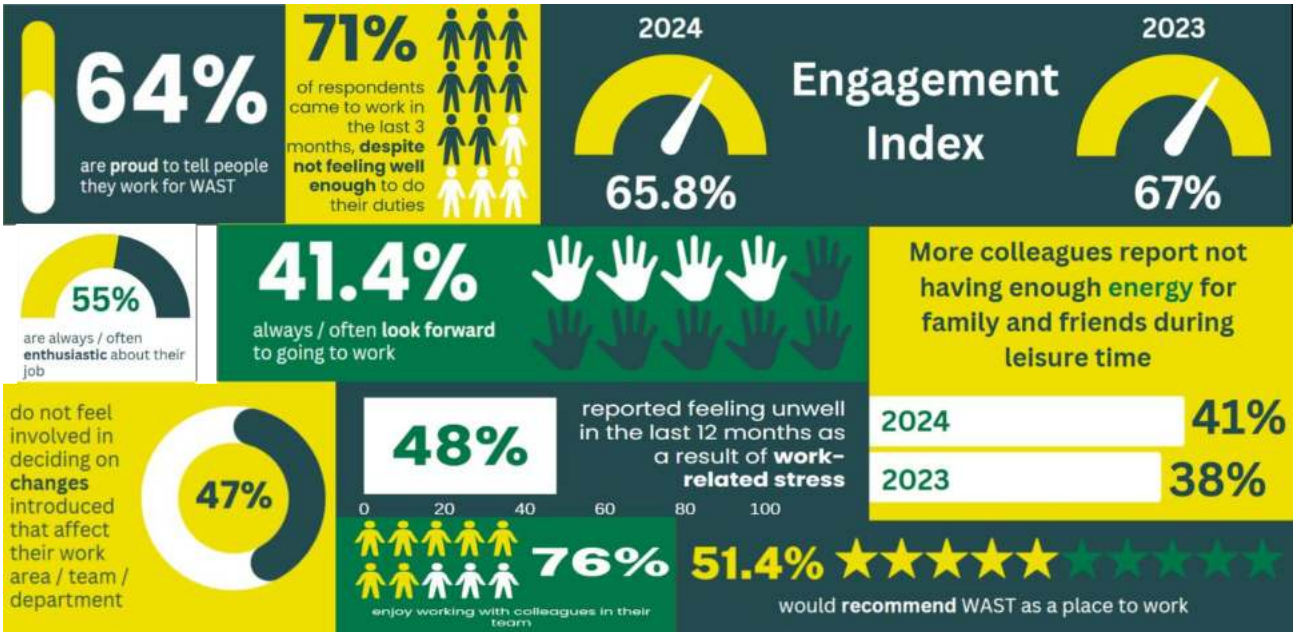
"I think the Digital Information Literacy strand is particularly important because of all the misinformation that's around. CRAAP has been a really useful tool for evaluating information I've used in my studies, but it also has been useful when I've waded through articles sent to me on Facebook"

Positive feedback was received in relation to Digital Literacy, including the benefits to colleagues applying for the paramedic science conversion programme. This work is part of our ambition to enhance colleagues' digital experience and this feedback suggests that a range of benefits are being realised.

This year we saw an increase in engagement with the NHS Staff Survey.



With the following results:



5.0 Our Risk profile

Risk ID	Description	Score
223	The Trust's inability to reach patients in the community causing patient harm and death	25
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	25
160	High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service	20
201	A loss of stakeholder confidence that damages the Trust's reputation	20
594	The Trust's inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death	20
163	Maintaining Effective & Strong Trade Union Partnerships	16
542	Failure to deliver the Welsh Government NHS Wales Decarbonisation Strategic Delivery Action Plan	16
260	Significant and Sustained Cyber Attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems	15
558	Deterioration of staff health and wellbeing in as a consequence of both internal and external system pressures	15
623	Failure to comply with Data Protection Legislation	15
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	12
139	Failure to deliver our Statutory Financial Duties in accordance with Legislation	8

Risk 223: The Trust's inability to reach patients in the community

This risk remains at the highest score of 25, reflecting the potential for patient harm or death due to delays in reaching patients in the community. The score is not based on the frequency of catastrophic incidents but on the potential for any individual to experience avoidable harm. Despite various controls being implemented, such as the Swansea Bay Winter actions, the Volunteer Alternative Responder Scheme (VARS), and an increase in Advanced Paramedic Practitioners, the risk remains high due to persistent delays and pressures across the NHS system.

Risk 224: Handover delays outside Accident and Emergency departments

This risk also holds a score of 25, due to significant delays in handing over patients from ambulances to A&E, which affects timely access to definitive care. Although there has been a slight decrease in lost handover

hours during June and July 2024, overall pressures in the urgent and emergency care system continue to lead to avoidable patient harm. The Trust is working on mitigating these issues through its avoidable harm action plan, yet external pressures limit improvements in performance. The Trust is reviewing its approach to managing areas within its control, while stakeholder involvement remains critical.

Both risks are under constant review and are discussed in governance meetings to explore further mitigation strategies and actions.

Evidencing Due Regard – Integrated Equality Impact Assessment form

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

Step 1

Complete Part A

Section 1

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

Section 2 – Evidence to support assessment

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

Complete Step 2 and 3 if required.

Format as Arial 12 black font.

Step 2

Complete Part B – Equality Impact Assessment (EqIA)

Section 1 - Equality Impact

Section 2 - Human Rights

Section 3 – Armed Forces Due Regard

Section 4 - Welsh Language

Section 5 - Assurance for Compliance

Section 6 – EQIA Action Plan

Section 7 – Equality Risks

Section 8 – Sign Off

Step 3

Complete Part C - Socio-economic Impact Assessment (SEIA)

Section 1 - Assessment information

Section 2 - Impacts on Socio-economic Duty Domain Areas

Section 3 – SEIA Action plan

Section 4 – Sign Off

Part A – Information on assessment work required

Section 1 – General information

Title: IMTP 2025-2028 EQIA
Assessment Lead: Kelsey Rees-Dykes
Who has been involved in undertaking this equality assessment: Alexander Crawford Kathryn Cobley Planning & Performance Business Partners

Quick guide on what assessments are required: This section will help guide you to which assessments are required for your proposal.			
Types of decision being assessed:	**What is being assessed?** **please tick the one which applies** ✓	**EQIA Required** [Part B]	**SEIA Required** [Part C]
Strategic policy development with strategic directive and intent, including those developed at Regional Partnership Boards and Public Service Boards which impact on a public bodies functions			
Trust Wider Plans. Medium to long term plans (for example, corporate plans, development plans, service delivery and improvement plans)	✓		
Business Case/Capital Involvement/Options Appraisal required			

Setting objectives (for example, well-being objectives, equality objectives, Welsh language strategy)	✓		
Changes to and development of public services/Closure of Services	✓		
Decisions affecting service users, employees or the wider community including (de)commissioning or revised services	✓		
Efficiency or saving proposals, e.g., resulting in a change in community facilities, activities, support or employment opportunities	✓		
Directorate Financial Planning	✓		
Divisional policies and procedures affecting staff			
New policies, procedures or practices that affect service delivery	✓		
Large Scale Public Events			
Major procurement and commissioning decisions	✓		
Local implementation of National Strategy/Plans/Legislation (e.g. vaccination programme)	✓		
Other – please state (seek advice if not sure what assessments are required)			

Equality Impact Assessment	**Socio-economic Impact Assessment**
Start date: 02/01/2025 Completed date: 10/03/2025	Start date: N/A Completed date: N/A
If not undertaking EqIA state reason: (Note that EqIA is a requirement of the Trust to evidence compliance to equality legislation)	**If not undertaking SEIA state reason:** For individual initiatives individual assessment will be conducted to see if a SEIA is required.
Please complete the rest of this section if EQIA / SEIA is required.	
Summary of the purpose and aims of the decision / service / policy / function / change being assessed:	

Our three year medium term plan which sets out delivery against our long term strategic ambitions, commissioning intentions and political, economic, social, technical, legal and environmental drivers over the next three years. It also addresses key performance improvements and risks across the Trust.

Links to WAST Behaviours

Indicate any behaviours that relate to the decision / service / policy / function / change being assessed. **please tick the one which applies** ✓

						
✓	✓	✓	✓	✓	✓	✓

Links to WAST Equality Objectives 2024 - 2028

The Trust published the Strategic Equality Plan (SEP) in 2024, for the period 2024 - 2028. Please indicate which objectives align for this decision / service / policy / function / change being assessed. **please tick the one which applies** ✓

Equality Objectives	**Tick if decision relates**	**Any supporting narrative**

1	We will design equitable services	✓	
2	We will lead by example	✓	
3	We will be an employer of choice	✓	
4	We will create allyship	✓	

Well-being of Future Generations (WFG)

Indicate any goals of the WFG Act that are being considered within the decision / service / policy / function / change being assessed.
please tick the one which applies ✓

A Prosperous Wales	 A Resilient Wales	 A More Equal Wales	 A Healthier Wales	 A Wales of Cohesive Communities	 A Wales of Vibrant Culture & Thriving Welsh Language	 A Globally Responsible Wales
✓	✓	✓	✓	✓	✓	✓

For descriptors of these goals - Well-being of Future Generations (Wales) Act 2015 – The Future Generations Commissioner for Wales

Is the decision / service / policy / function / change being assessed related to, or influenced by, other Policies or areas of work?

Yes, it covers all areas of the Trust's business

Governance Route for this assessment and Executive Sponsor (usually Director level): please state which Committee / Board will scrutinise and approve this assessment:

Trust Board.

Section 2 - Evidence to support assessment

a. Record of Engagement and Consultation

The drive towards closer integration of health and social services with improved public engagement is reflected in the aims of A Healthier Wales. This sets out the goal of ensuring citizens are placed at the heart of a whole-system approach to health and social care services and stresses the importance of listening to all voices through continual engagement. We also have a legal duty to engage with people who share protected characteristics and who are socio-economically disadvantaged under the Equality Act 2010. This is particularly important when considering proposals for changes in services that could potentially impact upon people / groups.

Please record here details of any engagement and consultation you have planned / undertaken / or analysed. This may include engagement with patients, carers, communities, stakeholders and staff.

a. What steps have you taken, or planned in order to engage and consult with people who share protected characteristics and how have you done this? Include consideration for co-design.

- Formal and Informal Trust Board (https://ambulance.nhs.wales/about-us/wast-trust-board/trust-board-members/) engagement in December, January, February and March
- Ongoing patient and staff feedback informing the plan, including CEO roadshows, Behaviours and Values reset, regular WAST Live CEO sessions, Viva Engage, PECI engagement activity with patients and the public including specific engagement with people with protected characteristics as set out in Appendix 1 of the IMTP. All plans developed have been through thorough checking across the organisations directorates as well as cross checked via the Project group members with representation from People and Culture, Capital and estates, finance colleagues as well as our planning business partners and performance managers.

- TU partners included in Board strategy development sessions and engagement through the Corporate Partnership Forum and WASPT. TU partners have championed the needs of colleagues with protected characteristics and provided valuable learning as we develop summary versions of our plans in accessible format.
- The IMTP is socialised and shared with the Joint Commissioning Committee (JCC) at numerous points in its development ensuring that it aligns with our commissioning intentions, notably through the Interim Ambulance and 111 Commissioning Group, JCC Development sessions withCEOs of health boards and informal touch points with senior JCC staff.
- Head of people and engagement play a key role in reviewing the IMTP from a Equality lens ensuring that there are specific actions addressing the 9 characterises and the challenges they face when using our services.

b. Give a summary on how the decision / service / policy / function / change will be shared?

The IMTP is shared at Executive Leadership Team, Strategic Transformation Board Finance & Performance Committee, Trust Board as well as disseminated across the organisation via team meetings and service meetings. Additionally summarised posters will be displayed across sites and stations within Welsh Ambulance service and added to Siren where all employees have access to.

Externally, the IMTP will be published on our website and presented and shared with all DOP/ADOP members of Health Boards, Trusts and other NHS organisations, commissioning and Welsh Government Meetings and presented at TU committees.

We will be producing a short video about the key deliverables in the IMTP which will be accessible and available in both English and Cymraeg.

c. Are there planned arrangements for gathering feedback during implementation of the decision / service / policy / function / change being assessed?

All initiatives agreed and signed up to within the IMTP have been reviewed via a prioritisation process at ALDT/ELT level on 3rd February 2025 and at Board Development in November and December with a draft of the plan shared with the Board prior to final sign off at Board on 27th March 2025

We work closely with the PECI team around engagement with patients and the public on the impact of our plans, and how these affect communities across Wales.

Following the agreement and implementation of the IMTP, each initiative individually will be expected to complete its own EQIA where a strategic decision is required.

Alongside continuous engagement activity which informs the IMTP and other plans we will be establishing a Patient and Public Reference Group in 2025/26. The exact details are not yet established but it will be a diverse forum with representation across protected characteristics.

d. Summarise any emerging themes from the engagement work carried out:

It is recognised across the organisation that we will continue to develop services to provide a better offer as a health care provider to the population of Wales.

Some key feedback from our networks included:

Improvement in delays – our transformational plans seek to address this by focussing on clinical priority over time, ensuring that there is equity in the access to our services. However some external factors are outside our control but we work with health boards on improvements in system flow.

Focus on inclusivity – our strategic equality plan is key to this. But also plans for a patient and public forum to ensure insights from all characteristics.

Transparent communication – this will be a key element of our emerging clinical model, but also how we engage internally and externally with stakeholders in accessible formats is a key area of focus. Also our plans around the use of Welsh language seek clearer communication for those who wish to communicate in Welsh as their preference.

Enhanced community based care – our evolving clinical model is based on an approach which seeks to avoid conveyance to an ED where safe and appropriate and working with health board partners to care for people at home or closer to home. This can be a benefit to people within protected characteristics for example those who might be frail and could decondition in hospital, or people without capacity or difficulties communicating for themselves.

e. How has the engagement work influenced / or how will the planned engagement influence your work/guide your policy/proposal? Does the engagement work highlight any opportunities to address adverse impacts?

Appendix 1 of the IMTP sets out how the feedback from our people, patients and the public has been used to guide the plan.

What do the public say about our services.
The People's Experience Framework (PEF) launched in 2025, places a duty to promote listening and learning from experience and feedback. PEF is aligned with various regulations and acts, including the Health and Social Care (Quality and Engagement) (Wales) Act 2020 (Duty of Quality and the Duty of Candour), the National Health Service (Concerns, Complaints, and Redress Arrangements) (Wales) Regulations 2011, the Public Services Ombudsman (Wales) Act 2019, the Well-being of Future Generations (Wales) Act 2015, the Equality Act 2010, the Value Based Health Care Strategy and the Socio-economic Duty. Listening and learning from people's experiences is an integral element of these regulations.
The PEF enables the PECI team to develop its plan to improve people's experience through a value lens. Using a range of methods from patient experience surveys, face-to-face engagement events and patient stories people have told us that they want: • fast access to reliable care • immediate attention for their 'medical' emergency
Their responses have been influenced by their experiences of: • challenges in accessing 'primary care' (leading to increase reliance on urgent care services) • Long waiting lists • Not knowing who else to contact • Communication gaps
What would a good quality ambulance service look like to you?

Throughout the year we have been asking the public this question at all our engagement events. Peoples' responses have helped us in shaping the development of the Trust's Quality Plan.
In response to our question 'What would a good quality ambulance service look like to you'? people have stated the following: • Having kind, compassionate, caring staff • Being informed, receiving good communication • Instilling trust and confidence in people
Good quality has also been defined as: • Considering the needs of those with special needs / requirements • Being inclusive of all • Having an educated workforce on diversity, neurodiversity and mental health
When asked what areas that people thought we could improve upon, they tended to relate to aspects of Trust performance that have been well documented through the media such as:
• Long wait times • Peoples condition worsening in the community • Experiencing handover delays outside emergency departments
People have also asked us to be: • more open/transparent with the public • Manage people expectations and; • Acknowledge patient/carer/parent expertise when assessing patients
Improving the lives of people with learning disability

A change request to make improvements to the EPCR to record patients with additional LD needs (including, Autism and Neurodiversity) and a prompt to record reasonable adjustments made on scene, has been. Checks to ensure background data structures necessary for the reporting dashboard, and the required paperwork are in place is being finalised. The changes will go live at the end of October 2024 enabling us to better understand the volume of patients accessing Trust services and the experiences they have when in our care.

We were instrumental in advancing an improvement project to increase the identification of patients with a learning disability accessing the Trust. We introduced a new tab to WASTs electronic Patient Clinical Record System (ePCR). The tab, placed more prominently on the system provides prompts to increase the uptake of reasonable adjustments that clinical responders can make with their patients.

The system previously had one function to record learning disability which was generally underutilised, giving us no useable data on how many adults with a learning disability we responded to.

The new “Needs tab” was launched on 1st October 2024, is encouraging staff to ask early on whether someone has a learning disability as part of their assessment/intervention.

Early data suggests that patients are being identified and recorded as having a learning disability, are autistic, neurodivergent or any combination of the 3* with evidence on reasonable adjustments being made.

A reporting dashboard, currently being built, will collate data and filter ePCR records by demographics such as age-band, gender, health board area, incident type (e.g. cardiac / falls / respiratory / injury etc), call category (e.g. red, amber, green) and closure summary.
It is anticipated that the dashboard will go live with version 01 in early 2025, with review points projected at 6 monthly intervals, to expand to include additional activity such as average time on scene, response type, handover time at hospital etc.

Section 9 of the IMTP sets out how we will continue to engage with the public and we will continue to engage with staff through existing means, including at CEO Roadshow events in April 2024 (and every 6months thereafter).

b. Additional information

Evidence to support assessment - your decisions must be based on robust evidence. What evidence base have you used in support?

The IMTP sets out the range of legislation that drives the IMTP.

In particular, our plan takes account of many other legislative, policy, strategic and financial drivers, including (not exhaustive):

- Duty of Quality
- Duty of Candour
- Socio-Economic Duty
- Equality legislation and the Strategic Equality Plan
- The Race Equality Plan for Wales
- More than Just Words Action Plan
- LGBTQ+ Action Plan for Wales

As an all Wales emergency services provider our plans are based on the principle that our service is accessible to all people. We use ORH and Optima modelling to determine the levels of service required within our plans for the population of Wales to try to maintain equitable access. This has driven actions within the plan such as a focus around rural areas.

We intend through the course of this IMTP to continue work around the use of health inequalities data and will engage with Public Health Wales and AACE on the evidence base for improved service delivery driven by health inequalities including both deprivation and protected characteristics. In particular we should be looking to published research such as the following to inform our improvements in population health outcomes:

Equality and Human Rights Monitor 2023: Is Wales Fairer? | EHRC (equalityhumanrights.com)

mentalhealthstrategyreport_english_dev6.pdf (mind.org.uk)

Black, Asian and Minority Ethnic COVID-19 socioeconomic subgroup: report | GOV.WALES

Cost of living crisis: a public health emergency - Public Health Wales (nhs.wales)

This year we will be publishing our updated Population Health plan which has been developed by a seconded Public Health Registrar working closely with colleagues across the Trust and engaging with stakeholders. This will support the continued development of Value Based Health care within WAST.

End of Part A

Part B – Equality Impact Assessment with Human Rights

Section 1 - Equality Impact Assessment

Assessment – due regard relating to people / group who share protected characteristics

This section should record any known or potential impacts for those who share protected characteristics and other key groups. Impacts may be both negative and positive and the assessment will help to identify how different groups may be disproportionately impacted. Include consideration for any intersectional impacts. Evidence can link to Part A. You can copy and paste this tick: ✓

Age	**Positive effect**	**Negative effect**	**Neutral**
	✓		

Evidence / supporting narrative:

A key pillar of the IMTP is the improvement in the quality of services for all patients.

The National Service Framework (NSF) for Children, Young People and Maternity Services sets out the quality of services that children, young people and their families have a right to expect and receive in Wales. Its scope includes all children and young people from pre-conception to 18th birthday, for whom NHS Wales and local social services authorities have a responsibility.

There are particular plans in the IMTP around improving services around falls and frailty.

The ageing population is increasing faster in rural authorities than in urban areas, compounded by the outward migration of young people and inward migration of older people. This will have a significant impact on local service needs and support systems across health and social care. We have a focus in this plan on seeking to address key actions in rural areas such as recruitment to some of our core services and how our volunteers can better support in these areas.

As we transform our services digital will play a greater part in how we deliver services, so we will be cognisant of the need for support around digital literacy. This is not only for patients but also the confidence of our staff of all ages to use digital and technology solutions – we have a key commitment in our plan around the digital experience of our people.

Our mental health and dementia plan aims to improve environments within which we provide care for people with dementia.

We take account of the following:

The Strategy for Older People in Wales 2013 -2023 aims to address the barriers faced by older people in Wales today and to ensure that wellbeing is within the reach of all.

Health in Wales | Older People
Health in Wales | Populations
Life Expectancy and Mortality in Wales report published - Public Health Wales (nhs.wales)
What is happening to life expectancy in England? | The King's Fund (kingsfund.org.uk)

Mitigation action if adverse impact found:

N/A

Disability (Including long term conditions, mental health, neurodivergence and invisible impairments)	**Positive effect**	**Negative effect**	**Neutral**
	✓		

Evidence / supporting narrative:

This IMTP sets out the implementation of our Strategic Equality objectives covering a range of disabilities and is published on our website.

There are specific actions relating to mental health, our support to people with long term conditions in terms of how we play a role in public and population health and we have engaged with people with learning disabilities and those with neurodivergence with further plans through our PECI team how we further understand the needs of these protected groups. We have set this out in the IMTP.

Our mental health and dementia plan aims to improve environments within which we provide care for people with dementia.

We will take account of the following:

Learning-Disability-Strategic-Action-Plan2021-26-Draft-V5-Action-Plan-January-2022.pdf (ldw.org.uk)

Review of Evidence of Inequalities in Access to Healthcare Services for Disabled People in Wales. This report was undertaken to review inequalities in access to healthcare services associated with the protected characteristic of disability. This report therefore presents a synthesis of such evidence based on a scoping review of published literature.

Mental health problems can affect anyone, regardless of age, race, gender or social background. Mental health disorders take many different forms and affect people in different ways. Schizophrenia, depression and personality disorders are all types of mental health problem. Diseases such as Alzheimer's and dementia generally develop in old age, whereas eating disorders are more common in young people. (Source: NPHS website)
Health in Wales | People with Mental Health Problems

Mitigation action if adverse impact found:

N/A

Sexual Orientation	**Positive effect**	**Negative effect**	**Neutral**
			✓

Evidence / supporting narrative:

This IMTP sets out the implementation of our Strategic Equality objectives. It also builds on the Allyship and Bystander training, and sexual safety work commenced in our last IMTP to create safe working environments for all no matter their gender, gender assignment/identity or sexual orientation. The Freedom to Speak up campaign continues to be an element of the plans to improve WAST culture.

However, we have assessed this as neutral impact whilst we consider metrics to demonstrate improvement in this area.

We take account of the following:

LGBTQ+ Action Plan for Wales (gov.wales)

We will continue to work with Stonewall Cymru and take account of their research when implementing initiatives set out within the IMTP.

Stonewall commissioned YouGov to carry out a survey asking 1,272 lesbian, gay, bi and trans (LGBT) people in Wales about their life in Wales today. This report investigates their experiences at work. This report, part of a series based on the research, investigates the specific experiences of the 825 employed LGBT people and their experiences of discrimination in the workplace as well as the extent to which LGBT people still feel they have to conceal who they are at work. It also looks at steps taken by employers to ensure a safe and equal work environment for LGBT people, for example, implementation of equality policies, steps to make the workplace trans inclusive and visible commitment from senior management.

Ward, R, Pugh, S, Price, E (2010) Don't look back? Improving health and social care service delivery for older LGB users

Aspinall, P.J., Mitton, L. (2009) Operationalising 'sexual orientation' in routine data collection and equality monitoring in UK Culture, Health & Sexuality, 10(1), pp.57-72

Mitigation action if adverse impact found:

Gender Reassignment / Gender identity (Including non-binary, gender fluid and intersex)	**Positive effect**	**Negative effect**	**Neutral**
			✓

Evidence / supporting narrative:

Inequalities in the prevalence of mental ill-health for people in this characteristic.

Assessing differences in the prevalence of mental illness between social groups is challenging and complex, because rates of recognition, reporting and diagnosis are likely to vary between groups. Existing evidence, although in many cases patchy and inconsistent, suggests a number of important patterns.

Evidence suggests that inequalities in various types of mental ill-health exist across a range of protected characteristics, including sexual orientation, sex and ethnicity. People in the United Kingdom who identify as lesbian, gay, bisexual or transgender (LGBT), for example, experience higher rates of poor mental health, including depression, anxiety and self-harm, than those who do not identify as LGBT.

This IMTP sets out the implementation of our Strategic Equality objectives. It also builds on the Allyship and Bystander training, and sexual safety work commenced in our last IMTP to create safe working environments for all no matter their gender, gender assignment/identity or sexual orientation.

However, we have assessed this as neutral impact whilst we consider metrics to demonstrate improvement in this area. The Freedom to Speak up campaign continues to be an element of the plans to improve WAST culture.

We will continue to work with AACE LGBTQ+ Network to educate staff and raise awareness of the issues faced by our trans communities.

Mitigation action if adverse impact found:

N/A

Sex / Gender	**Positive effect**	**Negative effect**	**Neutral**
			✓

Under the Worker Protection (Amendment of Equality Act 2010)Act 2023 we have a duty to ensure preventative measures are in place to protect workers from sexual harassment. We continue to build on our culture work in addressing sexual harassment and misogyny in the workplace. This IMTP places emphasis on this continued work. Our Freedom to Speak up campaign is a key element of this and continues to drive improvement through this IMTP in section 5.

Evidence / supporting narrative:

There are biological differences between the sexes in rates of susceptibility, symptoms and response to treatment in many major areas of health, including heart disease and some cancers.

There are also a wide range of personal, social, economic and environmental factors like smoking, drinking alcohol, physical activity levels, low paid work and bringing up a family that can affect the health of men and women differently. Some of the important issues for Women's Health, including :

- Coronary Heart Disease
- Women's Cancers
- Sexual Health
- Mental Health
- Pregnancy and early years

Life Expectancy and Mortality in Wales report published - Public Health Wales (nhs.wales)
What is happening to life expectancy in England? | The King's Fund (kingsfund.org.uk)

This IMTP sets out the implementation of our Strategic Equality objectives. It also builds on the Allyship and Bystander training, and sexual safety work commenced in our last IMTP to create safe working environments for all no matter their gender, gender assignment/identity or sexual orientation.

However, we have assessed this as neutral impact whilst we consider metrics to demonstrate improvement in this area. The Freedom to Speak up campaign and the programme of work to reduce misogyny and improve sexual safety continues to be an element of the plans to improve WAST culture.

Mitigation action if adverse impact found:

Race (including ethnicity)	**Positive effect**	**Negative effect**	**Neutral**

	✓		

Evidence / supporting narrative:

This plan specifically references the Race Equality Action Plan as a driver for our IMTP. This is a key element of our EDI across WAST and builds on the cultural journey started in our 2023-26 IMTP and the range of Allyship and Bystander training available and being developed and the objectives within our Strategic Equality Plan. The Freedom to Speak up campaign continues to be an element of the plans to improve WAST culture.

Race/Ethnicity is an important issue because, as well as having specific needs relating to language and culture, people from ethnic minority backgrounds are more likely to come from low-income families, suffer poorer living conditions and gain lower levels of educational qualifications. In addition, certain ethnic groups have higher rates of some health conditions. In addition, certain Black, Asian and Minority Ethnic groups have higher rates of some health conditions. For example, South Asian and Caribbean-descended populations have a substantially higher risk of diabetes; Bangladeshi-descended populations are more likely to avoid alcohol but to smoke and sickle cell anaemia is an inherited blood disorder, which mainly affects people of African or Caribbean origin. (Source: Public Health Wales) All can impact on our work in terms of having this knowledge. COVID-19 Black, Asian and Minority Ethnic Socio-economic Subgroup Report: Welsh Government response [HTML] | GOV.WALES

We will continue to implement the actions set out in the healthcare sector within Welsh Government's Anti-Racist Wales Action Plan: 41912 An Anti-Racist Wales - Race Equality Action Plan for Wales (gov.wales)

Life Expectancy and Mortality in Wales report published - Public Health Wales (nhs.wales)
What is happening to life expectancy in England? | The King's Fund (kingsfund.org.uk)

We intend in 2025/26 to be more sophisticated in the use of health inequalities data and will engage with Public Health Wales and AACE on the evidence base for improved service delivery driven by health inequalities including both deprivation and protected characteristics.

https://www.nhs.wales/sa/workforce-race-equality-standard/national-report-2024/

https://www.gov.wales/anti-racist-wales-action-plan-2024-update-html

Mitigation action if adverse impact found: N/A			
Religion and Belief (including non-belief and Philosophical belief)	**Positive effect**	**Negative effect**	**Neutral**
			✓
Evidence / supporting narrative: This IMTP sets out the implementation of our Strategic Equality objectives. It also builds on the Allyship and Bystander training, and mentoring opportunities that have been available to our senior leaders. The Freedom to Speak up campaign continues to be an element of the plans to improve WAST culture. However, we have assessed this as neutral impact whilst we consider metrics to demonstrate improvement in this area. Some important sources of information for us include: The Role and Value of Chaplains in the Ambulance Service: Paramedic Perspectives | SpringerLink Religion or belief: A practical guide for the NHS (clatterbridgecc.nhs.uk)			
Mitigation action if adverse impact found: N/A			
Pregnancy and Maternity	**Positive effect**	**Negative effect**	**Neutral**
	✓		
Evidence / supporting narrative:			

The plan sets out specific actions relating to the continuation of the maternity and neonatal clinical leadership role which has already helped to improve outcomes for expectant mothers and babies. The ambition in the plan is to develop a 24/7 labour line along with continued improvements in obstetric and neonatal care that our services can provide. We are also linked into the South Wales Neonatal network regional service development through an Operational Delivery Network.

We also take account of the following reports:

What is happening to life expectancy in England? | The King's Fund (kingsfund.org.uk)
Sharp rise in ambulance call-outs following home abortion pills - The Christian Institute

Mitigation action if adverse impact found:

N/A

Marriage and Civil Partnership	**Positive effect**	**Negative effect**	**Neutral**
			✓

Evidence / supporting narrative:

There is no specific evidence or research that suggests that there is a direct impact on this protected group. However, evidence cited for some of the other protected groups, e.g, Sexual orientation, gender etc will have an impact on our plans.

For our people, improvements through our people and culture plan and across our commitments to staff on flexible working would support the rights of this protected characteristic. However we have rated this as neutral on the basis of there being no specific actions that would relate to these groups.

Mitigation action if adverse impact found:

N/A

Other groups at risk of poorer health outcomes:

Unpaid Carers	**Positive effect**	**Negative effect**	**Neutral**
	✓		

Evidence / supporting narrative:

This plan does not directly address the needs of unpaid carers, however our people and culture plan and our commitment to flexible working opportunities provide opportunities for working carers to enhance the existing mechanisms which include:

WAST are members of Employers for Carers Wales and membership includes access to EFCDigitalWales.org
WAST hosts a Carers Network for working carers
Carers Passport - A tool which can be used by Carers and line managers to start the conversation on caring responsibilities and the support and flexibility available.

Our Making Every Contact Count training will also equip staff with tools to identify the public health needs of all people with whom they come into contact, including unpaid carers, and through this IMTP we want to more strongly our focus on public and population health.

Our IMTP will monitor our implementation of the Strategic Equality Objectives which will also encompass support for unpaid carers.

Mitigation action if adverse impact found:

N/A

Socio-economically disadvantaged	**Positive effect**	**Negative effect**	**Neutral**
			✓

Evidence / supporting narrative:

Through the development of the IMTP we updated our previous 24/25 detailed PESTLE analysis with our assistant directors, execs and the Board. Some of the themes that came up included poverty, health inequalities and socio-economic disadvantage. Whilst the IMTP

will not detriment these groups, we acknowledge we have more to do to understand these inequalities across Wales. We are taking part in work with AACE around tackling health inequalities and learning from colleagues in England such as Yorkshire and London ambulance services who have done a lot of work in this area.

Through our engagement with staff at CEO roadshows there was concern last year around the cost of living and rising costs. We undertook some work on this in previous year's and this is now business as usual and support is available for staff.

We also need to be cognisant in our plans around digital, particularly around digital literacy and Wi-Fi & digital poverty, as well as NEPTS eligibility for services ensuring that our plans are individually assessed to ensure they do not have detrimental impact on socio economic disadvantaged populations.

Mitigation action if adverse impact found:

n/a

Other groups / communities of interest - please state	**Positive effect**	**Negative effect**	**Neutral**

Explanation:

Mitigation action if adverse impact found:

Intersectional disadvantages - summary potential impacts – this may include how potential impacts may be more adverse due to the interconnected nature of multiple disadvantages.

We recognise that for some individuals, intersectionality will impact their experiences of accessing services. Equally, some staff with intersectional needs may require more tailored support. The Strategic Equality Plan Objectives and the work of the Inclusion, Culture and Wellbeing Team will help to address intersectionality where it presents itself.

Our plan also includes the continued focus on our people networks. They champion culture, and celebrate difference for example our Muslim network recently held a Ramadan Iftar for senior leaders in the Trust to attend,sharing learning about Islam and Ramadan. This network plays a strong part in community and staff engagement as we seek to recruit a workforce that is representative of the communities we serve. This is one example of our growing networks.

Section 2 – Human Rights Assessment

Assessment – based on human rights-based approach in health Do you think that this policy will have a positive or negative impact on people's human rights? For more information on Human Rights, see our Betsi pages and additional information the Equality and Human Rights Commission (EHRC) Human Rights Treaty Tracker https://humanrightstracker.com	
Here is a list of Human Rights (articles) and UN Conventions that may potentially impact on our patients, carers and staff. Please tick which are relevant to the proposal?	Use a tick ✓
Article 2 - Right to life	✓
Article 3 - Prohibition of inhuman or degrading treatment	✓
Article 5 - Right to liberty and security	✓
Article 8 - Right to respect for family and private life	✓
Article 9 - Freedom of thought, conscience and religion	✓
Article 14 – Prohibition of discrimination	✓
UN Convention on the Rights of the Child	✓
UN Convention on the Rights of Persons with Disabilities	✓
UN Convention on the Elimination of All Forms of Discrimination against Women.	✓
UN Principles for Older Persons	✓
Other articles – *please state:*	

Is the proposal aligned to the FREDA principles? You can copy and paste this tick: ✓

Fairness	Respect	Equality	Dignity	Autonomy
✓	✓	✓	✓	✓

If any negative impacts are identified, how will this be reduced/addressed?

Section 3 – Armed Forces Covenant

All decision makers are required under the Armed Forces Act 2022 to have due regard to the principles of the Armed Forces Covenant. WP7 contains guidance and information to help complete this section. Decision makers should recognise the unique obligations of, and sacrifices made by, the Armed Forces and ensure there are no adverse effects and where possible a positive or increased positive effect on the armed services community. Special provision for Service People may be justified by the effect on such people of membership, or former membership, of the Armed Forces.

Due regard to the Armed Forces Covenant - Factors regarding impact to the Armed Forces community have been considered. You can copy and paste this tick: ✓	**Positive impact**	**Negative impact**	**Neutral / No impact**
Considering the unique obligations of, and sacrifices made by, the Armed Forces have you identified any potential impacts?			✓
Reasons for your decision (including brief summary that has led you to decide on the level of impact) **If any negative impacts have been identified, how will this be reduced/addressed? Include here any special provisions if appropriate.**			

There are no specific actions relating to armed forces but the service has received the Employer Recognition Scheme Gold Award which celebrates organisations that employ and support those who serve, both veterans and their families. We are also committed to a pathway into employment for veterans and we have plans this year to recruit additional staff through our workforce plan.

Section 4 – Welsh Language

In this section you need to consider the impact, the evidence and any action you are taking for improvement. This is to ensure that the opportunities for people who choose to live their lives and access services through the medium of Welsh are not inferior to what is afforded to those choosing to do so in English, in accordance with the requirement of the Welsh Language Measure 2011.

Welsh Language Impact Assessment You can copy and paste this tick: ✓		
Will the proposal ensure that patients and carers can choose to live and receive services through the medium of Welsh? For example - delivered bilingually in Welsh & English. e.g. Consider if the proposal increases or decrease the opportunities for people to receive information or access information in Welsh	**Yes** ✓	**No**
We have continued our commitment in this plan to the Active Offer and we have now centralised our translation services. This plan sets out how we will continue our commitment to the Welsh Language. We continually monitor our compliance with the WELSH LANGUAGE (WALES) MEASURE 2011 through ADLT, ELT and the Board		
Will the proposal have a positive effect on opportunities for persons to use the Welsh language? Will the proposal encourage staff to use Welsh in the workplace and to have opportunities to learn and improve their Welsh? e.g. Consider if the proposal will alter the linguistic nature of the department. Consider opportunities to develop Welsh language skills within the department?	**Yes** ✓	**No**

We have continued our commitment in this plan to the Active Offer and we have now centralised our translation services. This plan sets out how we will continue our commitment to the Welsh Language. We continually monitor our compliance with the WELSH LANGUAGE (WALES) MEASURE 2011 through ADLT, ELT and the Board		
Will the proposal act as a catalyst for Welsh cultural awareness, understanding, activity and integration? For example, encouraging new staff and students to take up Welsh language learning opportunities and to appreciate the socio-economic and cultural context of Wales.	**Yes** ✓	**No**
We have continued our commitment in this plan to the Active Offer and we have now centralised our translation services. This plan sets out how we will continue our commitment to the Welsh Language. We will also as part of our commitment continue to deliver Welsh Language awareness training through ESR. We continually monitor our compliance with the WELSH LANGUAGE (WALES) MEASURE 2011 through ADLT, ELT and the Board		
Will the proposal increase the department/division's ability to deliver services through the medium of Welsh? *e.g. Considerations for the proposal ensuring that people can access services in their preferred language, Welsh or English, and increases or reduces the opportunity for persons to use the Welsh language within the workplace. Consider impacts on the number of Welsh speaking staff within the service and if the proposal increases or reduces the opportunity for staff to improve their Welsh language skills or access training via the medium of Welsh.*	**Yes** ✓	**No**
The commitment across the whole Trust is to improve Welsh Language compliance through this IMTP We continually monitor our compliance with the WELSH LANGUAGE (WALES) MEASURE 2011 through ADLT, ELT and the Board		
Will the proposal treat the Welsh language no less favourably than the English language?	**Yes** ✓	**No**

e.g. Consider how Welsh speakers receive services to the same standard as those who access the same services through the medium of English.		
The commitment across the whole Trust is to improve Welsh Language compliance through this IMTP We continually monitor our compliance with the WELSH LANGUAGE (WALES) MEASURE 2011 through ADLT, ELT and the Board		

Section 5 – Summary of assurance for compliance – Public Sector Equality Duty and Human Rights

Equality Legal Duties – summary of compliance	
Has WAST given due regard and given consideration for this proposal with the following:	
Eliminating unlawful discrimination, harassment, and victimisation? *Unlawful discrimination takes place when people are treated 'less favorably' as a result of having a protected characteristic*	Yes
Advancing equality of opportunity between people who share a protected characteristic and those who do not? *Making sure that people are treated fairly and given equal access to opportunities and resources*	Yes
Fostering good relations between people who share a protected characteristic and those who do not? *Creating a cohesive and inclusive environment for all by tackling prejudice and promoting understanding of difference*	Yes
Are there any potential Human Rights concerns?	No
Compliance to the Welsh Language requirements?	Yes
Compliance to giving 'due regard' to the principles of the Armed Forces Covenant?	Yes
Supporting narrative to support the above responses: *This section must be completed*	

The IMTP is developed in line with relevant legislation, which are drivers for our plans. Our service and enabling plans are built on the premise of equality of access to all who access our services via 111, 999 or NEPTS irrelevant of whether they have a protected characteristic or not. Through our six strategic objectives, we strive to continually improve our services to meet Welsh population needs.

Do you consider the evidence used in this assessment to be robust? If you answer no, address this in the action plan (section 6)	No
Has this assessment been subject to scrutiny / been reviewed?	Yes
As part of the IMTP approval process at Trust Board	

Section 6 – EQIA Action Plan and Recommendations

This needs to address negative impacts, which may represent a potential equality risk. All equality risks should be reviewed in line with WAST risk management procedures. Include any positive action.

Action identified	Potential Outcomes	Resource implications	Target date	Monitoring arrangements	Lead person/ owner
Identify how within cultural metrics and through our patient engagement how we evidence positive impacts across all protected characteristics – discussion to be held at STB in Q1	Improved understanding of the impact of our plans on protected characteristics to ensure we continue	Neutral	End Q1	STB	Asst Director of Planning & transformation

Establish our baseline health inequalities maturity (ongoing work with AACE) and use this to determine how we further use population health analytics which is built into this IMTP	Improved understanding of health inequalities through data and exploration of how to improve and deploy our resources more effectively	TBC through digital plan	TBC	STB	Asst Director of Data and Analytics

Section 7 Equality Risks

This section helps you work out the level of risk posed by any equality related risks identified above. Guidance is available **here** on completing this section, which may be helpful if you are not familiar with risk score analysis. If you have not identified any equality risks, please note this in the narrative box below. Examples include retrospective assessments and decisions that treat a protected characteristic unfavourably without objective justification.

Equality Related Risk Assessment Section					
If you have identified an equality risk, please use the table below to work out the risk score. Use the table below to record the highest risk score. If you have a score of 9 and above you **should escalate to risk management procedures**.					
	Level of risk				
Level of consequence	RARE: 1	UNLIKELY: 2	POSSIBLE: 3	LIKELY: 4	VERY LIKELY:5
1. Negligible	1	2	3	4	5
2. Minor	2	4	6	8	10
3. Moderate	3	6	9	12	15
4. Major	4	8	12	16	20
5. Catastrophic	5	10	15	20	25

If you have identified an equality risk: No What is the consequence? 4 What is the likelihood? 1 Risk score = consequence x likelihood	Risk Score = 1x4
Any narrative relating to risk score: We consider our IMTP to be low risk as it is based on a premise of improving services to which all members of society have access. However it also included strong plans to improve how we meet the specific needs of people within the protected characteristics groups.	

Section 8 – EQIA Sign off

Name of persons who signed-off this Equality Impact Assessment (see below): *As per the Trust's Standing Orders, the Board may agree the delegation of any of their functions, except for those set out within the 'Schedule of Matters Reserved for the Board', to Committees and others. These functions may be carried out by a prescribed Committee, sub-Committee, or officer of the Trust as per the Standing Orders Schedule 1, in accordance with their delegated limits. Strategic decisions must have appropriate sign off. If you are in any doubt as to the correct approving body for a strategic decision, please contact the Office of the Board Secretary.*
Approval Date: 02/01/2024
Review Date:

Project Lead Sign-off	**Equality Team Sign-off (Required when both EQIA and SEIA is required)**	**Committee Chair Sign-off**
I confirm that this Equality Impact Assessment has been carried out in accordance with Welsh Ambulance Services NHS Trust's Procedure for assessment work for evidencing Due Regard for: Equality Impact, Socio economic Impact, Human rights,	I confirm that I have reviewed this Equality Impact Assessment and I am assured that it contains sufficient evidence and rigour to be considered by the decision-making committee.	I confirm that this Equality Impact Assessment represents evidence that we (The Trust), in making this decision, have given due regard to the need to: 1. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act. 2. Advance equality of opportunity between people who share a protected characteristic and those who do not.

Welsh Language requirements and Armed Forces Covenant. Signed: (Project Lead) **Alex Crawford** **Assistant Director of Planning & Transformation**	 Signed: Kathryn Cobley, Head of Inclusion and Engagement (Head of Inclusion and Engagement)	3. Foster good relations between people who share a protected characteristic and those who do not. Signed: (Committee Chair)

End of Part B. Only complete Part C if required.

Part C – Socio-economic Impact Assessment

The requirement for completion of Part C will have been identified in Part A and relates to complying with the Socio-economic Duty. This is a statutory duty with the aim of improving decision making to help improve outcomes for those who are socio-economically disadvantaged. The Socio-economic Duty gives us an opportunity to do things differently in Wales. It puts tackling inequality at the heart of decision-making and will build on the good work public bodies are already doing.

This SEIA procedure should be commenced at the outset and inform the development of both new strategic decisions and when reviewing previous strategic decisions. It provides a clear audit trail for all decisions made under the 2010 Act.

For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resource please see https://gov.wales/more-equal-wales-socio-economic-duty

Section 1 - Assessment information – evidence	
Has this assessment identified Stakeholder groups: *Supporting narrative if different to Part A.*	Yes / No
Has this assessment used a range of evidence: *Supporting narrative to consider socio-economic disadvantage and inequalities of outcome in relation to this decision? Note additional evidence if different to information within Part A.*	Yes / No
Has this proposal engaged with those impacted by the Policy / Strategy Proposal / Policy? *Supporting narrative if different to Part A.*	Yes / No

Relevant communities of interest identified that may be impacted by this proposal and engagement work undertaken:	**Proposal may impact these groups** Use a tick ✓	**Engagement undertaken** Yes / Planned	**Any supporting narrative / comments**
People experiencing poverty			
Carers			
People who share a common first language			
People experiencing homelessness			
Lone parent families			
Those seeking sanctuary			
Experience of local health and social care system			
Military Veterans and Armed Forces Community			
University students			
Long term caravan residents and second home visitors			
Other – please state:			

Relevant communities of place			
Urban areas			
Rural areas			
Areas of high levels of unemployment / deprivation			
Other – please state:			
How has / will this influence your work/guided your policy/proposal, or changed your recommendations? Supporting narrative:			

Section 2 - Impacts on Socio-economic Duty Domain Areas:

The Equality and Human Rights Commission monitor progress on equality and human rights across a range of areas of life in Great Britain. These domain areas include education, work, living standards, health, justice and personal security and participation.

It is helpful to consider where action can be taken to reduce inequality of outcome resulting from socio-economic disadvantage in regard to each of these areas, evidence is provided below and issues for consideration suggested.

Consider evidence from both research and any engagement already carried out. Who is being affected? Are some communities of interest or communities of place more affected by disadvantage than others? WAST Equality pages provides further guidance.

What are the main socio economic impacts of the proposal?			
	Positive impact	**Negative impact**	**Neutral / No impact**

Domain area: Education You can copy and paste this tick: ✓			
Supporting narrative: *How does your proposal take account of the impact of education on the local population, children and adults with additional learning needs, basic literacy levels and those less likely to have or have had access to training opportunities and qualifications?* *Think about how careers support at WAST and with partners, including apprenticeships and volunteer work placements can be promoted to support young people furthest from the job market.*			
Action / Opportunities that can be taken to reduce inequality of outcome resulting from socio-economic disadvantage:			

What are the main socio economic impacts of the proposal?			
Domain area: Health You can copy and paste this tick: ✓	**Positive impact**	**Negative impact**	**Neutral / No impact**
Supporting narrative: *How does your proposal take account of the expected health outcomes of the local population? What are the current health needs and what action can be taken to increase access to healthcare for those who experience socio-economic disadvantage? Have the*			

costs of transport and travel been taken into account? Think about the design of the built environment on the physical and mental health of patients, staff and visitors.
Action / Opportunities that can be taken to reduce inequality of outcome resulting from socio-economic disadvantage? What are the opportunities for collaboration, have local third sector organisations been engaged and opportunities to promote access to financial wellbeing, social and other support maximised?

What are the main socio economic impacts of the proposal?			
Domain area: Living standards You can copy and paste this tick: ✓	**Positive impact**	**Negative impact**	**Neutral / No impact**
Supporting narrative: *How does your proposal take account of the impact of poverty and deprivation?* *Are there groups who may be disproportionately impacted by poverty e.g. disabled people / lone parents / unemployment / homelessness. This domain includes issues of accessibility of transport, healthy food, leisure activities, road safety and the quality and safety of play areas and open spaces.*			

As part of your proposal what are the opportunities to reduce the impact of poverty on living standards?

What are the main socio economic impacts of the proposal?			
Domain area: Work You can copy and paste this tick: ✓	**Positive impact**	**Negative impact**	**Neutral / No impact**

Supporting narrative:

Welsh Ambulance Services NHS Trust provides numerous opportunities for people to access work. Will this plan impact on employment / apprenticeship / volunteering opportunities? What are the implications of the proposal for people on low income, those who are economically inactive, unemployed, workless, and people who are unable to work due to ill-health. Consider people living in work poverty. During the pandemic lower earners are three times as likely to have lost their job or been furloughed as high earners.

How can procurement and commissioning arrangements be optimised to reduce inequalities of outcome caused by socio-economic disadvantage?

As part of your proposal what are the opportunities to increase employment opportunities for people who experience socio-economic disadvantage?

What are the main socio economic impacts of the proposal?			
Domain area: Justice and personal security You can copy and paste this tick: ✓	**Positive impact**	**Negative impact**	**Neutral / No impact**
Supporting narrative: *How does your proposal take account of local crime rates and feeling safe? Think about people who live in less safe areas and those more likely to be victims of domestic violence and abuse. Evidence suggests that domestic violence incidents are becoming more complex and serious, with higher levels of physical violence and coercive control*.			
How can your proposal promote and protect people's rights and increase their access to justice and personal security?			

What are the main socio economic impacts of the proposal?			
Domain area: Participation You can copy and paste this tick: ✓	**Positive impact**	**Negative impact**	**Neutral / No impact**
Supporting narrative: *How is participation enabled, how is engagement sustained with people with lived experience of socio-economic disadvantage and how has this informed your proposal? Think about digital exclusion and digital poverty, people living in rural areas and those unable to access services and facilities.*			

How can your proposal increase participation for people who experience socio-economic disadvantage?

Section 3 – Socio-economic Duty Action plan

Socio-economic Impact Assessment Action Plan and Recommendations Please include any related recommendations arising from this assessment. Include any positive action.					
Action identified	Potential Outcomes	Resource implications	Target date	Monitoring arrangements	Lead person/ Owner

Section 4 – SEIA Sign off

Who signed-off this SED Impact Assessment: *As per the Trust's Standing Orders, the Board may agree the delegation of any of their functions, except for those set out within the 'Schedule of Matters Reserved for the Board', to Committees and others. These functions may be carried out by a prescribed Committee, sub-Committee or officer of the Trust as per the Standing Orders Schedule 1, in accordance with their delegated limits. Strategic decisions must have appropriate sign off. If you are in any doubt as to the correct approving body for a strategic decision, please contact the Office of the Board Secretary.*
Approval Date:
Review Date:

Project Lead Sign-off	**Equality Team Quality Check (required when both EQIA and SEIA is required)**	**Committee Chair Sign-off**
I confirm that this Socio-economic Impact Assessment has been carried out in accordance with Welsh Ambulance Services NHS Trust Procedure for assessment work for evidencing Due Regard for: Equality Impact, Socio economic Impact, Human rights, Welsh Language requirements and Armed Forces Covenant. Signed:	I confirm that I have reviewed this Socio-economic Impact Assessment and I am assured that it contains sufficient evidence and rigour to be considered by the decision-making committee. Signed:	I confirm that this Equality Impact Assessment represents evidence that we (The Trust), in making this decision, have given due regard to the need to reduce the inequalities of outcome resulting from socio-economic disadvantage. Signed:

(Project Lead)	(Equality and Inclusion Manager)	(Committee Chair)

End of SED assessment

Welsh Ambulance Services University NHS Trust
2025/26 financial plan

1. This is currently presented as a balanced revenue financial plan for the 2025/26 financial year, but with some outstanding work and actions required to ensure delivery of this, specifically in relation to identification and delivery of a residual savings and cost management plan to balance. It is also based on some key funding and cost assumptions included with it and additional actions that are expected to continue to be progressed through the financial year to deliver savings, and exploit any emerging areas of additional income generation, in order to balance. Given the current financial environment and context, and the continuing way in which the NHS in Wales and, in particular our commissioners, are funded, this plan inevitably focusses on the 2025/26 financial year, although the supporting tables and technical submission maps this over the three financial years through to 2027/28.

Revenue Financial Plan

2. Specifically, this plan will only provide for a balanced revenue financial outturn for the Trust for the 2025/26 financial year based on the following key financial assumptions:

    a. The additional funding as assumed and detailed in this plan is received in full. Primarily this relates to the full pass through of the general 1.77% uplift provided to Health Boards in the 2025/26 NHS Wales Allocation Letter issued on 20th December 2024, and is applied to all of the Trust's key commissioning agreements;
    b. That the resultant in year costs for key cost pressures identified within this plan are no more than that currently estimated. These are likely to be similar to that faced across the NHS in Wales, within an ambulance sector context and in particular relates to energy, utilities, fuel, general non pay inflation, and a range of costs either having had to be incurred or committed in 2024/25, or will unavoidably need to be spent in 2025/26 due to continuing service demand and system pressures and the delivery of the range of commissioning intentions placed on the Trust;
    c. Specifically included within the above is c£3.5m costs for 2025/26, being this financial year impact of the need to move former EMTs onto the new EAP role at a A4C Band 5, and for which no separate, additional funding has been made available to the Trust to support these costs. How this is therefore afforded in year is captured within this overall financial plan, noting that the continuing

work to balance in year in 2025/26 will need to also reflect the increasing costs of this element in 2026/27 and beyond;

d. The ability to fully deliver on the resulting range of cost containment, cost avoidance and savings required to balance in year. This will need to be made up of a minimum of £6.5m, or c2.1% of cost baseline, along with an estimated further c£2m to offset further unavoidable additional in year costs expected and agreed as part of this IMTP so total of c2.7% of baseline;
e. That any and all additional costs the Trust may incur as a result of the following will either be funded separately, in addition to that currently assumed within this financial plan, or will not be able to be incurred:
    i. As per the above allocation letter issued to the NHS in Wales, costs relating to the 2025/26 pay deal, along with the recurrent costs of the 2024/25 pay deal, still to be confirmed;
    ii. The costs relating to changes to Employers NI from 6th April 2025,
    iii. Any costs, capital or revenue, emerging from the recommendations of the Manchester Arena Inquiry, which have been subject to a separate business case submitted to commissioners and WG for funding consideration,
    iv. Any net additional costs of providing any new road based response service to parts of rural Wales, linked to the implementation of some of the service changes arising from the recent EMRTS Service Review, and
    v. Any remaining costs associated with the previously submitted Connected Support Cymru business case, other than that already confirmed through Charitable grants;
f. That the upcoming transfer of Save a Life Cymru to the Trust is financially neutral, for the 2025/26 financial year and beyond.

3. This plan therefore presents a way forward in the shape of what needs to be done to deliver a balanced financial position for the 2025/26 financial year. However it is built on a range of assumptions in relation to both income and funding and expenditure, including some of the key ones already set out, that will need to be delivered in order to do so. In particular it requires the identification and delivery of **c£2m** of further savings and cost management in year, work on which will continue through Q1 in order to provide to the Trust Board and wider organisation, alongside key external stakeholders, updates and assurances on the ability to deliver this. Given the materiality of this set in the context of balancing the significant number of risks requiring mitigation within the IMTP, this approach is not considered unreasonable at the outset of the financial year, in the context of that being presented as an overall balanced financial plan. Ways through which this will be progressed are detailed later.

4. This financial plan as presented, is the culmination of a range of activity delivered over a number of months, both pre and since the publication of the Welsh Government 2025/26 draft budget and the NHS Wales Allocation Letter. Alongside the more general sessions developing the rest of this IMTP, this includes the key financial ones as follows:

    a. Some more specific finance focussed and costing of priorities work undertaken following and between the IMTP priority workshops held on 8th January and 3rd February 2025;
    b. Discussions at the Finance & Performance Committee – 16th January 2025 and 18th March 2025;
    c. Specific finance focussed discussions as part of the CMT Programme Collaborative Workshop held on 22nd January 2025;
    d. Trust Board – 30th January 2025;
    e. The finance "touchpoint" meeting with WG and NHS Executive Finance colleagues on 4th February 2025;
    f. Non Submission of an Accountable Officer (AO) letter to Welsh Government on 14th February 2025 but subsequently replaced with an e-mail;
    g. Key national discussions with DoFs on 24th January and 21st February 2025, and;
    h. Various touchpoint meetings with the Director for Commissioning – Ambulance Services and 111 and his team within the NHS Wales JCC through January and February 2025.

The Iterative Revenue Financial Plan – 2025/26

5. At many of the above, various iterations of the development of the Trust's 2025/26 revenue financial plan were presented, this has been further refined to the following high level summary iterative revenue financial plan for 2025/26, which forms the basis of the Trust's overall gross financial plan and subsequent budget setting for the upcoming financial year:

Welsh Ambulance Services University NHS Trust
Initial 2025/26 revenue financial plan changes

	£m	£m
INCOME:		
Assumed full pass through of nationally prescribed 1.77% uplift:		
- via JCC	-5.1	
- via HBs and WG direct	-0.2	
Total estimated income increase		**-5.2**
EXPENDITURE:		
Additional committed costs 2025/26:		
FYE of 2024/25 pressures	1.9	
2024/25 non recurring savings	2.8	
2025/26 costs of EAP B5 development	3.5	
Sub total		**8.2**
Estimated inflationary pressures 2025/26:		
Ambulance care external providers	0.4	
Falls contract increase	0.3	
Non pay inflation	0.8	
Sub total		**1.5**
Other known unavoidable cost pressures 2025/26:		
MS Office NHS Wales enterprise agreement impact	0.1	
Additional WRP	0.1	
Fleet maintenance	1.0	
Waste legislation	0.1	
Losses and special payments increases	0.3	
New 111 system - additional cost pressures	0.1	
GRS refresh - to cloud	0.2	
Cost pressures relating to service and system pressures, including the impact of handover delays, plus delivery of commissioning intentions. This includes:		
Remote clinical triage / RICS/ Clinical navigation	1.4	
Additional clinicians to support "shift left" / reduced conveyancing (inc maximising previous investment)	0.5	
Consultant midwife post - previously externally funded	0.1	
Additional digital, organisational and corporate costs to support the above	0.3	
Other	0.1	
Sub total		**4.0**
Total estimated increase in costs		**13.7**
Shortfall before savings delivery 2025/26		**8.5**
Current savings plan of delivery (minimum of 2%)		-6.5
Current financial gap - 2025/26		**2.0**

6. The key points to note from this are as follows:

    a. The above is a summary of the Trust's iterative revenue financial plan for the 2025/26 financial year, factoring into this the expected levels of income growth in 2025/26 based on national uplifts, the full year effect of 2024/25 commitments, known and unavoidable cost pressures for 2025/26, and the minimum required savings delivery of c2%, or £6.5m. As such, the baseline for this is the previous year's recurring plan approved, and for which the initial 2024/25 budget was set and approved by the Trust Board.

    b. The total additional funding expected from all NHS commissioners, across the full range of services funded in 2025/26, based on that provided through the

NHS Wales Allocation letter and the full pass through of the core uplift of 1.77% is **c£5.2m**, over and above that funded in 2024/25.

c. As noted above, this does not include the in year costs to be incurred on either the 2025/26 pay award or the additional cost impact of changes to Employers NI, both of which are expected to be funded separately, in year, by WG.
d. Set against this baseline uplift is a range of existing, known, unavoidable or committed costs for 2025/26, as follows:
    i. The full year / 2025/26 impact of that committed to in 2024/25. These are committed costs and include that unavoidably introduced in year to meet with demand and current system pressures, along with an element of the 2024/25 savings delivery identified as being more non recurring in nature;
    ii. The current estimated 2025/26 costs of the EMT Band 5 / creation of the EAP role development, including some of the education wraparound agreed as part of this;
    iii. The 2025/26 costs of i. and ii. above equals **£5.4m**. Put another way, all of the 1.77% in year funding uplift doesn't even cover these two items alone, in full;
    iv. On top of this are a range of known and unavoidable costs that will be incurred in year, predominantly as a result of the following:
        - The ongoing and continuing revenue cost pressure relating to fleet maintenance, largely due to an element of the fleet remaining in service longer than initially planned due to reduced capital funding being available to replace vehicles in recent years;
        - A national cost pressure in relation to the renewal of the MS Office enterprise agreement across NHS Wales;
        - An increasing trend of losses and special payments, including that linked to compensatory payments managed through the WRP;
        - Some emerging and ongoing cost pressures in relation to digital spend, and
        - Continuing costs resulting from the changes in waste management legislation in 2024/25.
    v. The current estimate of likely inflationary pressures on non pay budgets in 2025/26, including some specific known tendered or contractual increases, including as a result of the increasing employer NI costs in third party organisations, along with a more general current estimate of an average of 1% increase across the year on all other non pay areas.
    vi. As in 2024/25, a further range of unavoidable costs pressures are expected to inevitably be incurred as we go through the financial year,

as a result of system demand pressures, the continuing impact of hospital handover delays, the measures the Trust continues to deploy through this IMTP to mitigate the varying and significant levels of risk and harm these generate, and to respond to the NHS Wales JCC set range of commissioning intentions. Estimated at c£2.3m part year impact in 2025/26, this includes:

- Continuing costs in relation to remote clinical navigation, remote triage and care planning and management and the further enhancement of the RICS service, including expanded and enhanced auditing and evaluation requirements;
- Where possible furthering the continuation of development in advanced practice including ensuring maximum value to attained from previous investments;
- The continuation of a consultant midwife role in the Trust, but for which previously provided separate funding has now ceased,
- The inevitable and necessary corporate and, in particular, digital support required as a result of much of the above.

A current estimate of when much of these additional in year unavoidable costs are likely to kick in has been made, resulting in that currently detailed in the table above. It should be noted that the full year recurring impact of this is then likely to be much higher than this, estimated currently as in excess of £3.3m just for these items alone, and for which allowance will then again have to be made within the 2026/27 financial plan.

e. Also included in the table above is an assumed **initial** savings plan of a minimum of £6.5m. More detail on the current status of this is provided in ***Annex 1***, being made up of:
    i. Full year effect of schemes enacted part way through the 2024/25 financial year;
    ii. A range of new schemes already identified for 2025/26 and
    iii. How that previously identified as non recurring in delivery can either be delivered again in 2024/25, or what alternative, in some cases similar, savings can be achieved.

Moving towards financial balance in year – a balanced financial plan for 2025/26

7. As previously noted, there is therefore some further work required early in the financial year to identify and confirm the savings and cost management required to fully balance, and in order to deliver that agreed within this IMTP. This results in a likely total in year cost management and savings delivery of in excess of **£8.5m**, greater than that ever delivered by the Trust before. On top of this, as already noted, some of these

in year costs in 2025/26 will inevitably have greater recurring values going forward which, which is on top of the known further increases from 2026/27 onwards in cost of the EMT Band 5 / EAP development. All this will mean that this work needs to focus on both that required to balance in the 2025/26 financial year but also how it can then further increased to ensure future year's recurring baselines are similarly balanced and affordable.

8. For the 2025/26 financial year however, at this stage, whilst clearly a risk to in year delivery of revenue financial balance, given the residual value to close as we enter the financial year, and the Trust's recent excellent track record of delivery, it is not considered at this stage that this should prevent the Trust from presenting a balanced financial plan, and budget, for Board approval at the outset of the financial year.

9. There are numerous ways in which the residual savings and cost management plan in year is planned to be approached and delivered, including the following:

    a. Continuing to firm up and confirm some of the actual in year cost estimates of that prioritised within the IMTP and summarised above, if not fully known at this stage, and also refining any expected in year start dates / part year effect of a number of these as they are incurred as we go through the financial year. This is likely to result in some in year slippage against some of the costs currently estimated and included within this plan;
    b. On top of this, the usual and continuing in year monitoring of all other cost estimates and expected in year inflationary and other costs pressures, to determine as we go through the financial year any required updates to the scale of the financial gap and challenge required in year to balance;
    c. A key and significant piece of work is ongoing on the likely future staffing model, crew skill mix and numbers required for front line EAs. Initially instigated as a direct impact of the non funding of the EAP Band 5 development, this will continue in parallel with the further identification and introduction of other savings opportunities in year, including the need to ensure this delivers sufficient offset to afford both this financial year's recurring costs, plus the estimated future year's increasing costs of this development. The need and ability to be able to both do this and demonstrate the effective self-financing of these committed costs within the front line operational workforce is self-evident, given the current project cost impact for the 2025/26 financial year, where we are entering the financial year with a residual £2m cost pressure and gap to close, within which the costs of EAP B5s in year is c£3.5m;
    d. Identifying possible VERS opportunities (to be actioned before 31.03.2025) and whether small number of staff could be released from the organisation as a

result, who would not then be backfilled and which therefore represent a direct saving for 2025/26 and beyond;

e. The continuation of the weekly Recruitment Control Panel, with the potential for this to be more focussed on the need to deliver in year cost savings, where required;
f. The harvesting of any efficiencies and cost benefit opportunities arising from the outcome of the detailed Services Review recently undertaken, and the emerging action plan to address the recommendations within this;
g. The potential opportunity to refresh that considered part way through the 2023/24 financial year, as part of an ask at the time from WG to potentially increase our savings delivery in that financial year by a range of a further 10 / 20 / 30%. None of that proposed at the time has since had to be introduced, updating and refreshing what was considered at the time, alongside the risks and impacts of doing so, could however propose some further choices to make to balance in year;
h. As is part of the Trust's wider Financial Sustainability Programme and plan, to continue to seek any and all opportunities for income generation and growth, in particular that are now expected to start to be delivered through the 2025/26 financial year from the new Head of Commercialisation. Whilst likely to have less of an immediate impact in year, this could start to provide some financial benefits later in the 2025/26 financial year;
i. As in previous financial years, the iterative financial plan presented above retains a fairly modest in year revenue contingency of £1m. Whilst there will inevitably be elements of unavoidable in year spend that will materialise that will need to be covered by this, there may be some scope for some non recurring contribution to any remaining gap to balance from this later in the financial year;
j. As is also often the case, there may also be some specific accountancy gains or non recurring balance sheet or accounts issues that could similarly offset any remaining value to balance, non recurringly, at the financial year end.

10. Through a combination of the above, this plan is therefore now presented as one that has the ability to balance, closing off any remaining financial challenges and gaps as we progress through the 2025/26 financial year. Balancing risk against opportunity and other impacts and consequences, it is recommended that the Board supports the plan to balance in this way through the continuing work progressing to close the resulting gap in year, on the basis that this is no more than the current estimate of c£2m.

Summary Income & Expenditure

11. This result of all of the above is the following high level summary gross Income & Expenditure plan for the 2025/26 financial year. More detail will also be provided in a

separate budget setting paper, which is planned to be presented to the Trust Board on 27th March 2025, for approval:

	Opening Budgets 25/26 £m	Planned Savings £m	Revenue Set Budgets 25/26 £m
Income	-310.469	-0.150	-310.619
Operating Expenses	304.723	-7.542	297.181
Profit on Disposal	-0.445	-0.250	-0.695
Interest Payable	0.240		0.240
Interest Receivable	-0.800	-0.558	-1.358
Depreciation (Baseline)	15.251		15.251
Total Expenditure	318.969	-8.350	310.619
Planned Budget Surplus (-) / deficit	8.500	-8.500	0.000

Risks

12. No financial plan is risk free and clearly entering into the financial year with a residual financial gap to close in year increases the risks of non delivery of a balanced position in year, particularly potentially earlier on in the financial year.

13. The main risks that will need close monitoring and mitigating actions through the upcoming financial year therefore, include:

- The recovery of all of the income assumptions this financial plan now makes, in particular ensuring the commitments and elements supported within the NHS Wales JCC IMTP are fully aligned and delivered upon and that the full uplift assumed across all of the Trust's income sources is delivered;
- That the in year costs relating to both the 2025/26 pay award and the increase in employers NI is fully funded by WG;
- No other developments, enhancements or cost increases not currently funded within budgets, or identified within this financial plan supporting that contained within the IMTP, will be able to be progressed until a confirmed funding source for them is found, or an agreed equivalent value of cost is stopped or reduced elsewhere. However the ability to do this in the context of the current total savings already required to balance in year makes this unlikely;
- The ability to deliver up to a potential total requirement of c£8.5m in savings, efficiencies and cost management in year, in order to balance;
- Linked to the above, the ability to identify and agree changes to crewing skill mix and numbers for front line EAs, directly linked to the non funded costs of the EAP

Band 5 development and the requirement for this to be sustainably affordable, both in 2025/26 and beyond;

- That no further additional savings, over and above the current "stretched" value of £8.5m presented above, will be required by commissioners. Recent correspondence from the JCC has requested the Trust to consider and present what further savings may be able to be delivered in year, to contribute to the wider JCC financial position. It is however highly unlikely that anything beyond that already being progressed within this plan in order for the Trust to deliver on its statutory duty to breakeven will be achievable in 2025/26, without some significant and severe impacts on resources, capacity, service delivery, patient safety and performance;
- Some cost elements are still hard to predict through the coming 15 months and may remain volatile, with a clear indication from WG that no further funding will follow in year in 2025/26 to manage any such variations;
- Linked in part to the above, that the continuing impact of the recent changes in commissioning, and the move of the NHS Wales JCC more out of its current transition phase, have no wider impact on the Trust financially, including in relation to how it is currently funded for EMS, NEPTS, 111 services, etc;
- The ability to manage in year cost pressures as they arrive, within the small contingency this plan continues to hold.

Years 2&3 – 2026/27 & 2027/28

14. The accompanying financial tables and MDS has been produced in line with the guidance received, with year one (2025/26) built in accordance with the above detail. In relation to years two and three (2026/27 & 2027/28), following guidance produced by the Financial Planning and Delivery unit, a 2.6% inflationary impact has been included, in addition the Trust is assuming any nationally agreed pay increases will be funded in full by WG and have a net neutral impact across both expenditure and income; as this is currently unknown at this stage nothing has been included in the 3 year forecasting. In addition it is assumed any other nationally agreed changes to national insurance or pension rates would again be fully funded by WG. The financial elements only assume the known planned developments as such any other future decisions both locally and nationally agreed, would have to be funded in full or have additional identified savings to offset these costs, before the Trust could commit to the expenditure. As in previous years, the detailed financial plan for these years will be further refreshed as part of future IMTP submissions.

Draft Capital Programme 2025/26

All Wales Capital Funding

15. The capital programme has continued to be developed in parallel with our services, Estate, Digital and Fleet plans. Whilst the Trust has an endorsed 10 year SOP for Estates following a prioritisation exercise by WG the Trust's number one priority in relation to Estates development, Swansea MRD, was not able to be supported at this stage and as such the Trust is now reconsidering its options around the scheme, given All Wales Capital monies are unlikely to be forthcoming at the levels previously suggested.

16. The Trust has submitted to WG a revised Vehicle Procurement Strategy and has had initial discussions with WG around the first year's financial ask. Whilst this is the most money the Trust has requested for vehicle replacement, it has been received positively to date and if the Strategy is supported, it would allow the Trust to reduce the number of overage vehicles over the next few years and realign the vehicles to the required age profile. The first-year financial ask is c£22.5m for 142 vehicles.

17. As in previous years, the 2024/25 financial year is yet to be fully closed. However it is known that a small number of the All Wales Capital Schemes are not going to fully deliver in year to their revised programmes, and as such discussions have already been held with WG to agree brokerage arrangements of these monies between internal schemes to ensure achievement of the 2024/25 CEL, as this is the best way to manage schemes that inevitably straddle financial year end. As in previous years, a detailed update on the final impact of the 2024/25 financial year end on the 2025/26 programme is due to be presented to both F&PC and the Trust Board in May 2025.

Discretionary Capital

18. The Trust was notified in December 2024 of a discretionary capital allocation of £6.250m for 2025/26; this is an uplift from 2024/25 of £0.425m, however this is before any contributions towards any future Targeted Estates Fund (TEF) (similar to previous EFAB funding) schemes, which require a 30% contribution from the Trust. From the Discretionary Capital allocation for 2025/26 it will be necessary to fund a range of estates, digital, medical equipment and other schemes.

19. The organisation has continued to strengthen its overall approach to capital planning, with the now well-established Capital Management Board, supported by SOP Delivery Groups which meet monthly and oversee all aspects of capital planning. On top of this, if funding is available, the Internal Capital Management Group will score and prioritise

discretionary capital schemes. These are all then taken to the F&PC via Capital Management Board, and, where required, Trust Board for approval.

20. Due to the way a number of schemes approved from the Trust's discretionary capital funding have been progressed through the 2024/25 financial year, scheme lead times, scheme development times and the expected phasing of some of these through to the 2025/26 financial year, a reasonable amount of the confirmed discretionary capital funding for the coming financial year is already committed.

21. In addition to the above following detailed analysis and management of the 2024/25 schemes it was possible to broker internal discretionary monies to support schemes that could be delivered in 2024/25, this included the acceleration of fleet chassis', which will allow for the 2024/25 schemes to have this money brokered back in 2025/26 when the fleet BJC is funded. This process currently has identified an additional £0.200m that can be reinvested into the discretionary fund for 2025/26.

22. The table below shows a draft plan for the 2025/26 discretionary capital funding therefore, considering items which the Trust has recently reconfirmed as a priority to deliver, along with that currently proposed as the "top slice" for funds which allow the Trust to progress with smaller less complex schemes.

Discretionary Capital allocation - 2025/26		
Allocation		**£6,250,000**
Current schemes	**2024/25**	**2025/26 proposed**
Top slice - Estates (inc fees)	450,000	450,000
Top slice - Digital	300,000	400,000
Top slice - Fleet	250,000	250,000
Top slice - project/staff costs	180,000	180,000
Total top slice		**1,280,000**
Dolgellau		900,000
Bangor Workshop		800,000
Monmouth		1,000,000
Schemes Total		**2,700,000**
Total unallocated		**£2,270,000**

23. This would then leave a minimum residual value of c£2.27m to commit from the Trust's discretionary funding for the 2025/26 financial year. However it should be noted that this doesn't include any top sliced funding for the TEF, as these schemes are yet to be prioritised by WG, and therefore the total contribution is yet unknown. However, if all the schemes submitted to WG are approved the Trust's contribution wouldn't exceed c£0.4m.

24. Additionally, through the engagement with directorates one item emerged as a must do given its past support through capital funding but also the Trust's reliance on the systems these licences cover, therefore, the Trust will also have to undertake the replacement of the CAD SQL Licenses during 2025/26.

25. The updated plan is being progressed via an ongoing prioritisation exercise and will be confirmed and finalised as soon as possible after the 2024/25 financial year end. Schemes being proposed include the following:

    a. EPCR - enhancements;
    b. Smart Stations;
    c. A potential to reconfigure and rationalise some call centre estate within the Swansea area;
    d. Further enhancements linked to the Trust's Decarbonisation Action Plan, and
    e. RFID.
    f. Symptom checker

26. In addition to the above, given the response from WG around the prioritisation exercise for All Wales Capital monies and them being unable to currently support some of our proposed schemes, the Trust will also need to investigate the use of discretionary capital to potentially support the planning for development of these schemes, including Swansea, Llanelli and Llandrindod. Spend from the 2025/26 discretionary capital funding on these is likely to be minimal but may incur some planning fees on how some of these schemes may now be able to be progressed in the future, given the likely lack of AWCP monies to do so.

27. Work is however also progressing through the above groups and Boards to ensure cases are available for additional capital schemes; it is envisioned that the schemes which are unable to be progressed at this stage will be held in reserve should further monies become available throughout 2025/26 and beyond.

Annex 1

Welsh Ambulance Services University NHS Trust

Initial savings plan 2025/26

Scheme	Initial Savings Plan 2025/26	
	Recurring £000s	Non recurring £000s
Apprentice Income	50	
Balance Sheet Flexibility	200	
End of Shift Overrun	100	
Fuel (forecourt price saving against budget)	230	
Interest Receivable	466	
Non Pay Local Schemes - Corporate	722	
Non Pay Local Schemes - Operations	651	
Pay Cost Management (Variable / Net Vacancies) - Operations	1,806	
Pay Vacancy Management - Corporate		2,275
OVERALL TOTALS	**4,225**	**2,275**
TOTAL INITIAL SAVINGS PLAN 2025/26		**6,500**

NHS WALES PLANNING FRAMEWORK 25-28- TEMPLATES

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- **Timely Access to Care**
- **Population Health and Prevention**
- **Building Community Capacity**
- **Mental Health Access**
- **Women's Health**

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Completing the template will provide detailed delivery points including baseline, milestone and actions to demonstrate how the priority will be implemented. The detail contained in the template should align to the narrative plan.

All priorities need to be underpinned by a focus on quality, safety and prevention as a part of the planned activity, with good medical outcomes at the heart of NHS services.

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The blank template below needs to be replicated as required for each priority / delivery expectation identified. Additional rows can be expanded as necessary.

	Priority area(s) to deliver 25/26:	
	Key focus should be on delivering	**Timely Access to Care** **Ambulance Target Review & Call Categorisation** Respond to the outcome of the Welsh Government-led Task & Finish group to determine the appropriateness of the current Red 8-minute target. **Rapid Clinical Screening** Transition to a clinically prioritised emergency response model with early clinical input to improve the accuracy of prioritisation, providing more timely response to the most critically unwell patients **RICS** Strengthen and expand the use of the Call Prioritisation Streaming System (CPSS) enabling call handlers to provide safe, effective advice and referrals to a broader range of calls Design and implement processes and policies to deliver an effective integrated care clinical team including revisions to SOPs, alignment of terms and conditions, strengthened quality and safety governance arrangements, and implementation of a Home and Remote Working Model to enhance service delivery and support seamless collaboration **Transfer & Discharge Service Model** Engage with commissioners to develop a Transfer & Discharge service model appropriate to Health Board & strategic service development needs - including opportunities to implement a Transfer Clinical Hub (subject to external funding) Non-Emergency Patient Transport Service (NEPTS) Continued development of the service to ensure the right capacity is in place to meet demand to support planned care and cancer services.

	Ref:	**New priority**

	Resume of planning Milestones 24/25:				
		Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
	Ref:				
	Progress synopsis				

	Outcomes of delivering Ministerial Priorities:	
	Ref:	

Planned milestones for Priority area to deliver 2025/26

		Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
	Ref: Call categorisation	• Ambulance Target Review complete with a formal mandate from Welsh Government • MIS configuration of Arrest category • Dual reporting for Ambulance Target Review go-live (subject to confirmed recommendation)	• Implementation of Purple ARREST category • Development and roll-out of revised performance reporting in line with agreed KPIs	• Transition to BAU and benefits realisation	
	Ref: RCS	• Implement RCS0 call category	Post implementation evaluation / lessons learnt - Adoption of High Risk Markers data (Q2/Q3)	• Introduce video functionality for Clinical Navigators to support provision of crew advice.	• RCS Demand & Capacity Review (to be completed

		• Finalise RCS Standard operating procedure (SOP) • Familiarisation Training (BAU - continuous process)	(dependent upon high risk marker work led by Jon Chippendale)		following wider implementation of the CMT (E.g., RICS) • Consider wider opportunities for RCS
	Ref: RICS (CPSS)	• Complete evaluation of Winter Desk (Must) • Implement a sustainable solution to the Winter Desk Test of Change (Could)	• Implement a sustainable solution to the Winter Desk Test of Change • Complete formal evaluation of CPSS	• Implement a sustainable solution to the Winter Desk Test of Change	
	Ref: RICS (Integration of 111 & 999 clinicians)	• Strengthen Quality and Safety Governance arrangements (Must) • Define processes for single Integrated Care Clinical team and replace 52 SOPs (Must) • Align terms and conditions for clinical teams	• Strengthen Quality and Safety Governance arrangements (Must)	• Strengthen Quality and Safety Governance arrangements (Must) • Implement sustainable solution relating to GP/Pharmacy Tests of Change (Could)	• Transition to BAU and benefits realisation
	Ref: Transfer & Discharge	• Agree the internal vision for Transfer & Discharge aligned with the national direction of travel • Work with six goals team to integrate NEPTS processes into system wide discharge planning	• Develop a proposal for the WAST Transfer & Discharge model for internal agreement • Engage via JCC with Health Boards on options for future model, aligned to EMS, NEPTS and ACCTS commissioning intentions • Work with six goals team to integrate NEPTS processes into system wide discharge planning •	• Implement plan, including a Transfer Clinical Hub (subject to external funding) • Work with six goals team to integrate NEPTS processes into system wide discharge planning	• Implement plan, including a Transfer Clinical Hub (subject to external funding) • Transition to BAU and monitor • Work with six goals team to integrate NEPTS processes into system wide discharge planning
	Ref: NEPTS	• Data and insights to improve co-ordination and decision making with health boards throughout 25/26.	• Roster review completed	•	• Plurality model reviewed and updated • Review of NEPTS and UCS alignment completed with a delivery plan by the end of Q4
	Overarching outcome measures/ metrics:				
	Baseline position 24/25				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**	
	78 % of D&T journeys Booked in Advance - collected less than 60 minutes after their booked ready time 95% of D&T journeys Booked on the Same Day - collected within 4 hours after their booked ready time	79 % of D&T journeys Booked in Advance - collected less than 60 minutes after their booked ready time 96% of D&T journeys Booked on the Same Day - collected within 4 hours after their booked ready time	77 % of D&T journeys Booked in Advance - collected less than 60 minutes after their booked ready time 96% of D&T journeys Booked on the Same Day - collected within 4 hours after their booked ready time	77 % of D&T journeys Booked in Advance - collected less than 60 minutes after their booked ready time 96% of D&T journeys Booked on the Same Day - collected within 4 hours after their booked ready time	

	70,619 (average 23,540) Hours Lost Waiting at Hospital	57,829 (average 19,276) Hours Lost Waiting at Hospital	68,070 (average 22,690) Hours Lost Waiting at Hospital	74,234 (average 24,745) Hours Lost Waiting at Hospital
	73.6% of Enhanced Oncology Inbound journeys – within 45 minutes and up to 15 minutes late	76.3% of Enhanced Oncology Inbound journeys – within 45 minutes and up to 15 minutes late	75.4% of Enhanced Oncology Inbound journeys – within 45 minutes and up to 15 minutes late	76.9% of Enhanced Oncology Inbound journeys – within 45 minutes and up to 15 minutes late
	Performance Trajectories 25/26			
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
	Call categorisation (new)		"Chain of survival metrics (going live October 2025)"	"Chain of survival metrics (going live October 2025)"
	RCS (new) RICS suitable Green & Amber 2 - 75% Amber 1 - 66%	RCS (new) RICS suitable Green & Amber 2 - 75% Amber 1 - 66%	RCS (new) RICS suitable Green & Amber 2 - 75% Amber 1 - 66%	RCS (new) RICS suitable Green & Amber 2 - 75% Amber 1 - 66%
	RICS Rate 20% Consult & Close	Further improvement in RICS consult & close rate	Further improvement in RICS consult & close rate	Further improvement in RICS consult & close rate
	% of D&T journeys Booked in Advance - collected less than 60 minutes after their booked ready time – Improvement against 24/25 baseline % of D&T journeys Booked on the Same Day - collected within 4 hours after their booked ready time – improvement against 24/25 baseline	% of D&T journeys Booked in Advance - collected less than 60 minutes after their booked ready time – Improvement against 24/25 baseline % of D&T journeys Booked on the Same Day - collected within 4 hours after their booked ready time – improvement against 24/25 baseline	% of D&T journeys Booked in Advance - collected less than 60 minutes after their booked ready time – Improvement against 24/25 baseline % of D&T journeys Booked on the Same Day - collected within 4 hours after their booked ready time – improvement against 24/25 baseline	% of D&T journeys Booked in Advance - collected less than 60 minutes after their booked ready time – Improvement against 24/25 baseline % of D&T journeys Booked on the Same Day - collected within 4 hours after their booked ready time – improvement against 24/25 baseline
	Hours lost waiting at hospital – improvement against 24/25 baseline (dependent on health board improvement alongside WAST actions)	Hours lost waiting at hospital – improvement against 24/25 baseline (dependent on health board improvement alongside WAST actions)	Hours lost waiting at hospital – improvement against 24/25 baseline (dependent on health board improvement alongside WAST actions)	Hours lost waiting at hospital – improvement against 24/25 baseline (dependent on health board improvement alongside WAST actions)
	To maintain performance above the 70% target for Enhanced Oncology Inbound journeys – within 45 minutes and up to 15 minutes late.	To maintain performance above the 70% target for Enhanced Oncology Inbound journeys – within 45 minutes and up to 15 minutes late.	To maintain performance above the 70% target for Enhanced Oncology Inbound journeys – within 45 minutes and up to 15 minutes late.	To maintain performance above the 70% target for Enhanced Oncology Inbound journeys – within 45 minutes and up to 15 minutes late.

	Risks	**Risks of Non-Delivery**	**Mitigations**
		Traditional model of care, based on default conveyance to an ED Inability to prioritise patients effectively through screening to ease pressure on Eds Lack of capacity for planned care and cancer patient journeys	Clinical model transformation in WAST NEPTS re-roster
		Risks to Delivery	**Mitigations**
		Stakeholder buy in Funding availability Workforce availability	Stakeholder engagement plan Prioritisation within IMTP Targeted recruitment and future workforce planning in Strategic Workforce Plan
	Critical Enablers	**Finance**	
		Unavoidable costs in WAST IMTP to ensure capacity to support RCS and call flows	
		Workforce	
		Additional up to 16 FTE clinicians in RICS	
		Digital	
		Video functionality for RCS Integrated data through NDR	
		Other (Specify)	
		RCS adoption of high risk markers dependent upon high risk marker work led in Clinical Directorate	
	Prevention & Population Health	**Opportunities identified**	
		Rapid clinical screening offers opportunity to prevent harm and unnecessary escalation of care for those who can be screened to RICS	

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Priority area(s) to deliver 25/26:	
Key focus should be on delivering	**Population Health and Prevention** **NHS 111 Wales website:** the website will provide information and advice to support people to access the right part of the health system or self care, preventing escalation of care unnecessarily. NHS111.Wales Improvement Deploy a Virtual Assistant integrated with Robotics AI to empower patients with the tools and information needed to manage their health needs more autonomously, enhancing accessibility and supporting self-care. Online Symptom Checker (OSC) Identify and implement an effective Online Symptom Checker tool to enhance patient access to timely, accurate advice **Falls services:** Objectives are to lift patients at the earliest opportunity to prevent deterioration and avoid hospital conveyance where safe and appropriate to do so. Where hospital conveyance is required the aim is to convey in a timely manner to prevent further deterioration. By the end of FY25/26: Optimise the current Falls Level One Service in line with Health Board specifications and remit, National Falls Framework, and WAST Falls Response to provide an effective and safe Falls Service across Wales. We will also develop the subsequent transformational amendments to Falls incident management and deployment (including RICS, RCS, Care Planning, and UCR Hubs) to ensure patient safety. By the end of FY27/28: Deploy and optimise a Falls Level Two Service in collaboration with Health Boards, and in line with the National Falls Framework and Trust Level Two Specification including subsequent transformational amendments to Falls incident management and deployment (including RICS, RCS, Care Planning, and UCR Hubs) to ensure patient safety.

Ref:	(Indicate if new priority or continued from 24/25)

Resume of planning Milestones 24/25:

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref: 111 website	Scoping exercise to review requirements of a 111 website – and develop options appraisal accordingly	Development of business case Review and develop requirements to improve symptom checkers, with potential requirement for procurement.	Finalise business case in readiness to Seek approval through organisational BC governance process Identify approach to improvement of symptom checkers	Secure funding and commence recruitment of website team as determined within business case process.
Ref: Falls	L1 - Assessment of the demand & capacity modelling undertaken L2 - Undertake evaluation of our existing services	Presentation of L1 options and benefits Present evaluation and options for sustainability of L2 services going forward	Implement new L1 model Develop and Implement L2 Plan	Monitor & evaluate impact on delivery Y2/3 Milestones for expansion of services across Wales
Progress synopsis	• No additional funding for website team at this stage • The procurement process for RoboticsAI's Virtual Assistant is complete, with contracts signed and development in progress. • A meeting with the current CPSS supplier in December where the high level Symptom Checker Specification was discussed. A high level specification was approved in the DFE Project. The current corporate risk regarding the symptom checkers is being reviewed by ADLT and ELT • The Business Case for the NHS 111 Wales website is at first draft which will be reviewed by the CMT Board. • To ensure clarity on technical requirements, a collaborative meeting between the Digital and Health Informatics teams facilitated the initial drafting of the technical specification for the Content Management System procurement.			

	• Our WAST Network members (made up from the public) and Llais public contacts and members were invited to take part in a review of the NHS 111 Wales website. This provided vital feedback on the current website content and usability to inform planned improvements
	• Deliverables for falls have been included in 2025-28 IMTP aligned to the National Community Falls framework • WAST engaged closely with NHS Executive on the National Community Falls Framework, and is attending a National Task Force group of falls leads across NHS Wales. • Health boards are completing baseline assessments and gap analysis; mapping what current community falls response services exist and how these can be accessed. • We have undertaken 24hr level 1 response modelling nationally (on the basis that all falls can be supported at level 1 where clinically appropriate) and we are supporting health boards on understanding demand and where scaling up is required to provide a response across all geographical areas 7/7.

Outcomes of delivering Ministerial Priorities:

Ref:	

Planned milestones for Priority area to deliver 2025/26

	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Ref: 111 website improvement	- Deliver and evaluate the initial proof of concept for the Virtual Assistant (navigation of the A-Z Directory (funded).	- Scoping and feasibility (further development would require additional investment)	- Testing and iterative development (if funded)	- Implement additional development of Virtual Assistant (navigation of the A-Z Directory (if funded)
Ref: Falls level 1	- Identify data availability regarding National Falls Framework Metrics (conveyance, response, community, resource, and HB data)	- Monitor and Evaluate the impact of the WAST Falls Response based on the identified metrics and subsequent Tests of Change - Undertake initial Tests of Change to determine 'what does good look like' and support service objectives - Continued development of dashboard aligned to All Wales Falls Framework - Development of Falls Level One patient management of through screening and RICS, and agreement on resource-appropriate response suitable to the patient	-Monitor and Evaluate the impact of the WAST Falls Response based on the identified metrics - Continued Development of dashboard aligned to All Wales Falls Framework	- Level One information sharing via ePCR - Build Level One resourcing reflective of modelling - Undertake L2 Tests of Change
Ref: Level 2 Falls	- Continue assessing developing Level One service to begin drafting Level Two specification	- Development of the Level Two specification	- Specification approval	- Development of dashboard aligned to All Wales Falls Framework - Benefit analysis of alternative response models

Overarching outcome measures/ metrics:

Baseline position 24/25

Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
1,350,602 website hits (Aver. Daily Visits - 14,842)	1,286,660 website hits (Aver. Daily Visits - 13,985)	1,349,635 website hits (Aver. Daily Visits - 14,670)	1,350,000 website hits (Aver. Daily Visits - 15,000)

Performance Trajectories 25/26

Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
1,445,144 website hits (Aver. Daily Visits - 15,881)	1,376,726 website hits (Aver. Daily Visits - 14,964)	1,444,110 website hits (Aver. Daily Visits - 15,697)	1,444,500 website hits (Aver. Daily Visits - 16,050)

Falls metrics to be developed as per Q1 milestone	TBC	TBC	TBC

Risks	**Risks of Non-Delivery**	**Mitigations**
	Traditional model of care, based on default conveyance to an ED	Clinical model transformation in WAST
	Risks to Delivery	**Mitigations**
	Funding availability	Ongoing engagement and dialogue with WG, six goals team and commissioners re 111 website funding Prioritisation within WAST IMTP

Critical Enablers	**Finance**
	Funding for 111 website improvement Funding for ongoing National Falls Framework model directed to WAST resources
	Workforce
	Falls level 1 resource Paramedic and Physio availability
	Digital
	Digital and Partnerships & Engagement directorates lead the website development
	Other (Specify)
	Falls: St John Cymru a key enabling partner

Prevention & Population Health	**Opportunities identified**
	The prevention element of these three service areas are linked to prevention of deterioration/escalation of care. There are opportunities to link public health messaging and advice through the 111 website. Falls services also have the opportunity to Make Every Contact Count, particularly in relation to future falls prevention.

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Priority area(s) to deliver 25/26:	
Key focus should be on delivering	**Building community capacity** **APP Navigators** By the end of FY26/27: Deliver an APP Navigator in every Health Board, fully integrated into Health Board MDT hubs to enhance collaboration, optimise resource allocation, and ensure a consistent, equitable service offer across all seven Health Boards. To deliver this, a roster review will also be conducted to support efficient deployment and service consistency. **Care Planning** Explore opportunities to schedule care through the planned deployment of internal responders including Community Welfare Responders, Falls, Mental Health, and Advanced Paramedic Practitioners etc, including expanding volunteer and community response resource i.e. Community Welfare Responders (CWRs) as required. **End of Life Care** By the end of FY27/28: In collaboration with Health Board Specialist Palliative Care Teams, integrate Palliative Care Paramedics (PCPs) into the Advanced Practice portfolio and deploy a PCP in every Health Board, fully operationalising PCPs within our commissioned service offer to deliver an equitable, patient-centred, and specialised palliative care service **CTAS (formerly PTAS)** By the end of FY26/27: Deliver a Clinical Triage Assessment Service (CTAS) in every Health Board to facilitate direct patient access to remote specialist clinical care (e.g. physiotherapists). Collaborate with Health Boards to implement an integrated model that enhances patient access and delivers a consistent, equitable service across all seven Health Boards.
Ref:	**New priority** **APP actions included in last years' goal 3 template** **CWRs were part of CSC actions in 2024/25 now subsumed into wider clinical model transformation RICS workstream**

Resume of planning Milestones 24/25:				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Ref: APPs	Continue to develop the APP Navigator model with Health Board Partners. Support health boards with delivery of integrated hubs. Review tests of change to inform preferred APP dispatch model			
Ref: CSC (CWRs)	Recruitment of key roles to support CSC delivery (dependent on outcome of business case) Commenced recruitment of internal volunteers Testing 'ambulance in a box' in Care Homes in AB & BCU, evaluate and conclude forward plan	Engaging with key stakeholders and evaluating overall project data to determine resource requirements moving forward Commencement of recruitment and on-boarding on external partner organisations and ongoing recruitment and onboarding of internal volunteers Developing technology enabled care community pathways up until end of Nov; testing in Care Homes in AB & BCU and in patients homes	Development of secondary business case to support sustainable implementation Develop business case for procurement of technology (subject to funding)	Submission of business case Y2/3 Milestones for expansion of services across Wales

		Evaluate and conclude forward plan		
Progress synopsis	• APP Navigator operating in every Health Board (6/7 currently, AB engaged and will be operationalised by the end of Q2) but further integration with clinical hubs a focus on 2025/26 plan • No further progress on funding requirement to support ongoing CSC development. • Project continues in BCU and remains part of the WAST IMTP and Clinical model transformation programme as part of the wider remote clinical service development.			
Outcomes of delivering Ministerial Priorities:				
Ref:				

Planned milestones for Priority area to deliver 2025/26

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Ref: APP navigators	• Engagement with HBs to identify opportunities to co-locate APP Navigators in MDT hubs	• APP Navigator operating in every Health Board • Integration with HB MDT Hubs	• Agree standardised service offer that will deliver a consistent 7-day service • Integration with HB MDT Hub	• Implement a consistent service 7-days per week by the end of Q4
Ref: Care Planning	• Implement Care Planning capability • Expand volunteer and community resource numbers including CWRs	• Implement Appointment Scheduling and Deployment of CWRs / Falls / MHRVs / APP / etc. • Expand volunteer and community resource numbers including CWRs	• Implement Appointment Scheduling and Deployment of CWRs / Falls / MHRVs / APP / etc. • Expand volunteer and community resource numbers including CWRs	
Ref: PCPs	• Secure funding pathway with Marie Curie (3-5 year funding) and establish shared vision, and baseline metrics for performance monitoring and evaluation • Secure palliative care training pathway with Swansea and Cardiff SPCT • First cohort of Trainee Advanced Paramedic Practitioners (TAPPs) to complete palliative care training pathway (Swansea and Cardiff)	• Second cohort of Trainee Advanced Paramedic Practitioners (TAPPs) to complete palliative care training pathway (Swansea and Cardiff) • Engage with further HB Specialist Palliative Care Teams to establish additional training pathways • Agree a Fleet model for PCPs (currently operating in unmarked vehicles, however alternative models need to be explored)	• Implement TAPP palliative care pathway in Hywel Dda and Betsi Cadwaladr	• Complete an evaluation of the Palliative Care Paramedic model to inform further development and opportunities for improvement
Ref: CTAS	• Development of MoUs with Health Boards • System integration / interoperability to enable the dynamic transfer of patients • Development if inclusion/exclusion criteria and ability to identify suitable patients	• TBC based on further development of model	• TBC based on further development of model	• TBC based on further development of model
Overarching outcome measures/ metrics:				

Baseline position 24/25			
Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
56% APP non conveyance rate	55% APP non conveyance rate	56% APP non conveyance rate	56% APP non conveyance rate
44% consult and close with CWR on scene	44%	44%	44%
40,611 conveyed to ED	38,997 conveyed to ED	36,649 conveyed to ED	36,998 conveyed to ED
Performance Trajectories 25/26			
Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
APP: non-conveyance rate improvement on 24/25 baseline >56%	APP: non-conveyance rate improvement on 24/25 baseline >55%	APP: non-conveyance rate improvement on 24/25 baseline >56%	APP: non-conveyance rate improvement on 24/25 baseline >56%
Care Planning metrics to focus on conveyance to ED rather than consult and close			
End of Life metrics TBC	TBC	TBC	TBC
Suggestion to amend metric to 'Enhanced C&C rate with CWR support' Improvement on 24/25 C&C rate for CWR on scene >44%	Improvement on 24/25 C&C rate for CWR on scene >44%	Improvement on 24/25 C&C rate for CWR on scene >44%	Improvement on 24/25 C&C rate for CWR on scene >44%
37,037 conveyed to ED	35,565 conveyed to ED	33,424 conveyed to ED	33,742 conveyed to ED

Risks	**Risks of non-delivery**	**Mitigations**
	Traditional model of care, based on default conveyance to an ED	Clinical model transformation in WAST
	Risks to Delivery	**Mitigations**
	Funding availability generally Non-recurrent nature of funding	Ongoing engagement and dialogue with WG, six goals team and commissioners Prioritisation within WAST IMTP Substitution of resource
Critical Enablers	**Finance**	
	CWRs - No recurrent funding for CWRs (currently funded through NHS Charity money for 1.5 years); decision required on whether we want to fund CWRs longer-term Recurrent funding of care planning capacity Funding from Marie Curie for PCPs (non-recurrent)	
	Workforce	
	CWRs current volunteer role but with a structure requiring revenue funding Care Planning - temporary funding for 14 FTE B6; decision required to continue / increase / decrease. Supports aspirations around 'time to triage', currently down by approx. 10% APP uplift in numbers for PCP role APP re-roster (currently presents recruitment and retention challenges and is a barrier to delivering a consistent 7-day service).	
	Digital	
	Clinical triage and assessment software	
	Other (Specify)	
	Relationships with Health Board Specialist Palliative Care Teams (SPCTs) APP deployment dependent on RICS Care Planning, HB MDT Hub establishment (appetite to integrated, pace),	

	Training package for AQM transition developed, but not yet approved. Operational buy in internally and within health boards
Prevention & Population Health	**Opportunities identified**
	Opportunities for MECC and targeting resources in line with our Population Health plan

NHS WALES PLANNING FRAMEWORK 25-28- TEMPLATES

The Ministerial templates support the development of organisational IMTPs/ plans along with the Minimum Data Set (MDS).

A template will be required to detail milestones, actions and risks etc for the delivery expectations against each of the following strategic priorities:

- **Timely Access to Care**
- **Population Health and Prevention**
- **Building Community Capacity**
- **Mental Health Access**
- **Women's Health**

Progress on these expectations, including specific delivery metrics, have been referenced in the planning framework. The set of 3-year strategic priorities and year 1 delivery expectations must be delivered by all health boards, and other NHS organisations where relevant, and will be a focus of the planning process for 2025-26.

Completing the template will provide detailed delivery points including baseline, milestone and actions to demonstrate how the priority will be implemented. The detail contained in the template should align to the narrative plan.

All priorities need to be underpinned by a focus on quality, safety and prevention as a part of the planned activity, with good medical outcomes at the heart of NHS services.

MINISTERIAL TEMPLATE BLANK

All organisations are expected to complete the templates proportionate to their direct or supporting roles and functions.

The completed templates must be collated and submitted alongside the organisation's plan and the completed Minimum Data Set by 31 March 2025. Please send to: HSS-planningteam@gov.wales

The blank template below needs to be replicated as required for each priority / delivery expectation identified. Additional rows can be expanded as necessary.

Priority area(s) to deliver 25/26:	
Key focus should be on delivering	**Mental Health Access** As part of our remote integrated care offer we will explore opportunities to schedule care through the planned deployment of internal responders including Mental Health By the end of FY26/27: we aim to evaluate and optimise the Mental Health Response Vehicle (MHRV) blended model and expand across Wales as part of a wider developing mental health service offer.

Ref:	**(Indicate if new priority or continued from 24/25)**

Resume of planning Milestones 24/25:

	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Ref: MHRV	Collating and presenting evidence from pilot within AB, discussing outcomes and options for further pilots	Undertake further pilot (pending agreement) Continuing to engage with national evidence across UK	Prepare business case dependent on outcomes	Presenting outcomes and business case to commissioners for MHRV for Wales (dependent on outcomes)
Ref: Care Planning	Assess demand and capacity plan outlining future needs for the team and training requirements	Share plan with commissioners for further discussion	Training implemented (subject to cost and funding)	Recruitment of MHPs required (subject to funding)
Progress synopsis	Independent evaluation completed: key outcomes; significant reduction in A&E conveyances by 66% 30% reduction in job cycle for conveyances compared to EA where appropriate. Positive staff feedback	Service established across Sout-East Wales commenced in Q3; November 24 as part of our Clinical Model Transformation Phase 1 to further review the model and continue to work with national evidence across UK.	Draft business case completed, decision to consider outcome of further pilot	Phase 1 to run until November 25, decision to follow evaluation on next steps

Outcomes of delivering Ministerial Priorities:	
Ref:	

Planned milestones for Priority area to deliver 2025/26

	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Ref: Care Planning	Implement care planning capability	Implement appointment scheduling and deployment of MHRVs		
Ref: MHRV	Quality measures confirmed Performance metrics, and	Data collection aligned to agreed service offer	Evaluate the MHRV model to determine sustainability and value	Wider implementation of the MHRV informed by evaluation

	service offer defined MHRV Logic Model approved			
Overarching outcome measures/ metrics:				
Baseline position 24/25				
Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**	
N/A	N/A	MHRV conveyance 14%	MHRV conveyance 14%	
Performance Trajectories 25/26				
Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**	
MHRV conveyance 14%	MHRV conveyance 14%	MHRV conveyance 14%	MHRV conveyance 14%	

Risks	**Risks of Non-Delivery**	**Mitigations**
	Inability to meet mental health needs and demand Traditional model of care, based on default conveyance to an ED	Working with Health Boards to agree community MH pathways Clinical model transformation
	Risks to Delivery	**Mitigations**
	Funding availability generally Non-recurrent nature of funding	Ongoing engagement and dialogue with key stakeholders Prioritisation within WAST IMTP Substitution of resource

Critical Enablers	**Finance**
	Recurrent funding of MHRVs
	Workforce
	Availability of mental practitioners for the remote and blended response model
	Digital
	Other (Specify)

Prevention & Population Health	**Opportunities identified**
	Opportunity for suicide and self-harm prevention

AGENDA ITEM No	**13.2**
OPEN or CLOSED	**Open**
No of ANNEXES ATTACHED	**2**

Welsh Ambulance Services University NHS Trust: Wellbeing Objectives

MEETING	Trust Board
DATE	March 27, 2025
EXECUTIVE	Estelle Hitchon, Director of Partnerships and Engagement
AUTHOR	Estelle Hitchon, Director of Partnerships and Engagement
CONTACT	estelle.hitchon2@wales.nhs.uk

EXECUTIVE SUMMARY

The Wellbeing of Future Generations Act (WBFGA) has applied to the Welsh Ambulance Service since June 30, 2024. The aim of the Act is to ensure that public bodies across Wales are working together to ensure that Wales develops as a prosperous, culturally rich, economically vibrant, healthy and well educated country, where people can thrive both at work, and at home.

While the Welsh Ambulance Service has been working in the spirit of the WBFGA since 2015, now that the organisation comes formally under the Act, it is required to set out how it will play its part in contributing to the wellbeing goals outlined in the legislation becoming a reality.

Over the past few months, draft wellbeing objectives have been developed by a task and finish group, comprising staff from across the organisation and including trade union partners, to develop some broad wellbeing objectives that reflect the Trust's commitment to delivery of the wellbeing goals outlined in the Act.

These have been tested internally through the Integrated Medium Term Plan (IMTP) engagement process, including trade union partner representation, through a Board Development session and through a digital engagement process with staff, stakeholders and the public.

This paper outlines the outcome of that engagement and makes proposals for the final objectives. These objectives were endorsed by Finance and Performance Committee at its meeting on March 18, 2025.

Recommendations:

(i) Note the process of setting the wellbeing objectives, including the feedback received through the process of staff and public engagement and the response made to that feedback.

(ii) Note the endorsement by Finance and Performance Committee of the revised wellbeing objectives

(iii) Approve the wellbeing objectives for adoption and publication by March 31, 2025

KEY ISSUES/IMPLICATIONS

Board should note that the Trust is required to agree and publish its wellbeing objectives by March 31, 2025

REPORT APPROVAL ROUTE

Finance and Performance Committee, March 18, 2025

REPORT APPENDICES

Appendix One: Our Wellbeing Objectives February 2025

Appendix Two: Ein Hamcanion Llesiant Chwefror 2025

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

SITUATION

1. The Wellbeing of Future Generations Act (WBFGA) has applied to the Welsh Ambulance Service since June 30, 2024. The aim of the Act is to ensure that public bodies across Wales are working together to ensure that Wales develops as a prosperous, culturally rich, economically vibrant, healthy and well-educated country, where people can thrive both at work, and at home.

2. While the Welsh Ambulance Service has been working in the spirit of the WBFGA since 2015, now that the organisation comes formally under the Act, it is required to set out how it will play its part in contributing to the wellbeing goals outlined in the legislation becoming a reality.

3. These wellbeing goals are depicted in the graphic below:



4. This paper sets out the final draft objectives for Board approval, which have been developed in partnership with trade unions and subject to a process of internal and external engagement. They were endorsed by Finance and Performance Committee at its March 18 meeting.

BACKGROUND

5. Over the past few months, draft wellbeing objectives have been developed by a task and finish group, comprising staff from across the organisation and including trade union partners, to develop some broad wellbeing objectives that reflect the Trust's commitment to delivery of the wellbeing goals outlined in the Act.

6. Task and finish group members reviewed examples of wellbeing objectives set by NHS Wales and other public sector bodies subject to the Act since its inception in 2015, as well as discussing and identifying areas where it was felt the Trust could make the most significant contribution to the wellbeing of future generations.

7. It was acknowledged by the group, and in discussions between the Director of Partnerships and Engagement and the Deputy Future Generations Commissioner and Health Lead, that given the Trust's long-standing commitment to the WBFGA, and work already underway, wellbeing objectives needed to connect with the Trust's strategic ambition, resonate with its staff, stakeholders and the public, and reflect the breadth of the Trust's role and social impact.

8. The objectives detailed below were tested internally through the Integrated Medium Term Plan (IMTP) engagement process, including trade union partner representation, through a Board Development session and subsequently through a digital engagement process with stakeholders and the public.

9. The latter ran for a period of 14 days to March 07, 2025, and received 24 responses. The opportunity to participate was promoted via the organisation's digital stakeholder newsletter, WAST Connects, via WAST's social media and internal digital platforms and through the Trust's citizen reference group, the In Network, supported by the Patient Engagement and Community Involvement (PECI) Team.

10. The original objectives are detailed below and in the engagement documents in Welsh and English appended to this paper, from which a Microsoft forms survey was accessible for those individuals who wished to share their feedback. The survey asked three short questions with the options of yes/no/not sure and an option to add qualitative feedback through free text. Respondents had the opportunity to identify themselves or remain anonymous. In the event, all 24 responses were provided anonymously.

11. The objectives as originally written (including descriptors as per the appendices) were as follows:

(i) **Objective One:** A socially responsible employer
i) **Objective Two:** An innovative and sustainable organisation
ii) **Objective Three:** A Pro-active, Accessible and Equitable Care Provider

12. The questions posed were simple and straightforward, taking an average of less than 15 minutes to complete.

(i) **Question One:**
Do you think our wellbeing objectives cover broadly the right areas? Please let us know if you think something is missing or needs more explanation.
(ii) **Question Two:**
Have we explained our objectives in an easily understandable way?
(iii) **Question Three:**
Is there anything you want us to consider as an organisation with responsibility to safeguard the wellbeing of future generations?

ASSESSMENT

13. In reviewing the engagement feedback received, it is clear that what it lacks in number of responses, it makes up for in depth of feedback. The Trust wishes to thank those stakeholders and colleagues who gave so generously of their time to provide detailed feedback.

14. In general, feedback was largely, although not exclusively, positive and, therefore, where proposed adjustments are made to the original draft objectives, they are relatively minor in nature.

15. There was some concern about the achievability of the proposed objectives, recognising, of course, that they are by their very nature long term, and should be stretching, if the Trust is to really challenge itself and genuinely safeguard the wellbeing of future generations.

16. Similarly, there were some comments about whether the language was accessible enough e.g. “foundational economy” and “anchor employer”. This has been simplified as a result.

17. Equity and equality were consistent themes, with the Trust reminded of the need to ensure both parity of access to employment and to services for communities across Wales, as well as ensuring its promotional materials reflect that diversity. The lack of diversity of imagery in the engagement document was specifically noted and this will be addressed in the final publication.

18. There was some concern that the broad nature of the wellbeing objectives should not be a distraction from the Trust’s core need to improve its clinical

services and performance to ensure better outcomes and experience for patients.

19. Finally, there were a small number of negative comments which argued the organisation should not waste its time on the setting of wellbeing objectives, identifying the need to address poor staff morale and wellbeing, issues of workplace culture and poor performance and patient experience as more pressing.

20. While recognising that these are important matters requiring the Board's attention, and acknowledging the extensive work underway to address both culture and performance, the Trust has a statutory duty to develop wellbeing objectives, as required under the Wellbeing of Future Generations Act. Setting them does not detract from the need the address a broad range of issues, but it does add an additional lens and focus to do so.

21. On the basis of the feedback received, it is proposed that the revised wellbeing objectives be described as follows, with amendments highlighted in blue:

Objective One: A Socially Responsible and Inclusive Employer

We will:

- support communities and the economy by providing long-term employment and volunteering opportunities for people living across Wales, at all points in their career and in a wide variety of roles.
- continue to develop a diverse and expertly trained workforce so that our communities feel well supported and engaged in our organisation.
- be an inclusive employer, reflecting the communities we serve across Wales.
- value our partnerships with trade unions and work in partnership to create an organisation that is welcoming, fair and where people can thrive.

Objective Two: An Innovative and Sustainable Organisation

We will:

- be at the forefront of clinical care by harnessing technology in a way that minimises our environmental impact and improves patient safety and experience.
- make the most of our University Trust Status (UTS) to work with commercial and academic partners to look for tomorrow's solutions, today.
- continue to reduce our environmental impact, using more sustainable and carbon neutral solutions in our estate, fleet and working practices, to ensure we contribute to a greener, cleaner and healthier Wales.

- manage our financial and physical assets well, so that we can provide viable services for the long term and so communities can rely on us to be there when they need us.

Objective Three: A Pro-active, Accessible and Equitable Care Provider

We will:

- provide urgent and emergency care services that meet the needs of the people of Wales, wherever and whenever they are needed, improving outcomes and ensuring people can live healthier lives for longer.
- continually improve our services and performance, so the people of Wales have trust and confidence in our ability to be there when they need us most.
- co-produce with our communities and partners models of care that continue to meet the evolving needs of people in Wales and reflect what matters to them.
- help make Wales a nation of lifesavers by supporting health education and promoting bystander CPR skills, improving community resilience.
- embrace our cultural role as Wales' national ambulance service, championing our language and heritage while develop pioneering new ways of delivering care which position Wales as a leader on the national and international stage.

RECOMMENDATION

22. Trust Board is asked to:

(iv) Note the process of setting the wellbeing objectives, including the feedback received through the process of staff and public engagement and the response made to that feedback.

(v) Note the endorsement by Finance and Performance Committee of the revised wellbeing objectives

(vi) Approve the wellbeing objectives for adoption and publication by March 31, 2025

Ends/EVH/March25

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

Our Wellbeing Objectives:
Focused on the Future

The Wellbeing of Future Generations Act (WBFGA) has applied to the Welsh Ambulance Service since June 30, 2024.

The aim of the Act is to ensure that public bodies across Wales are working together to ensure that Wales develops as a prosperous, culturally rich, economically vibrant, healthy and well educated country, where people can thrive both at work, and at home.



While we've been working in the spirit of the WBFGA since 2015, now that we come formally under the Act, we are required to set out how we will play our part in contributing to these wellbeing goals becoming a reality.

Over the past few months, we have been developing draft wellbeing objectives, working with a group of staff from across our organisation and our trade union partners, to develop some broad wellbeing objectives that reflect our commitment to delivery of the wellbeing goals outlined in the Act.

Now that we have our draft wellbeing objectives, we really want to hear what our partners, stakeholders, patients and the public think about our ideas.

Because the Wellbeing of Future Generations Act encourages us to think about the long term, our proposed objectives are broad but reflect the principles on which we want to base our organisation as we move forward. We hope that, by being future focused, with guiding principles centred on passion, purpose and commitment to collaborating with and for our communities, we can continue to be one of Wales' strongest anchor organisations.

Our Draft Wellbeing Objectives

Our draft wellbeing objectives are outlined below. We've provided a short explanation of each one to help you understand our thinking.

Of course, while these are broad, there will be lots of detailed work underneath, which will need to be reflected in our future strategic and operational plans.

Objective One:
A Socially Responsible Employer



- support the foundational economy by providing Wales-wide, long-term employment and volunteering opportunities for people at all points in their career and in a wide variety of roles.
- invest in training, education and learning to ensure our people maintain and develop their skills, to be the best they can be, and retain those skills within the organisation or local communities.
- be an anchor employer, including in parts of Wales where employment opportunities are fewer.
- value our partnerships with trade unions and together create an organisation that is welcoming, fair and where people can thrive.

Objective Two:
An Innovative and Sustainable Organisation



- be at the forefront of clinical care by harnessing technology in a way that minimises our environmental impact and improves patient safety and experience.
- utilise our University Trust Status (UTS) to work with commercial and academic partners to look for tomorrow's solutions, today.
- reduce our environmental impact, use more sustainable and carbon neutral solutions in our estate, fleet and working practices to contribute to a greener, cleaner and healthier Wales.
- manage our financial and physical assets well, so that we can provide viable services for the long term and so communities can rely on us to be there when they need us.

Objective Three:
A Pro-active, Accessible and Equitable Care Provider



- provide urgent and emergency care services that meet the needs of the people of Wales, wherever and whenever they are needed, improving outcomes and ensuring people can live healthier lives for longer.
- develop a diverse and expertly trained workforce so communities feel well supported and that they have a stake in our organisation.
- collaborate with our communities and partners to build models of care that continue to meet the evolving needs of Wales.
- embrace our cultural role as Wales' national ambulance service, championing our language and heritage while develop pioneering new ways of delivering care which position Wales as a leader on the national and international stage.

How will we do all this?

We're clear that our wellbeing objectives must be more than just words. We want to make real and meaningful change and make a full contribution to a healthier, more vibrant and successful Wales.

Our wellbeing objectives are for the long-term. They can't be achieved overnight, and their focus will develop over time. This is why we think they should be deliberately broad – to ensure we retain focus on things that will really improve life in Wales for many years to come. They will be used as guiding principles around which we develop our strategy and plans so that we can measure tangible progress and see real change.

Of course, we can't do this on our own, which is why we think the sustainable development principle outlined in the Wellbeing of Future Generations Act is so important. It captures five ways of working that will help us deliver on our objectives, and the wider wellbeing goals. These ways of working will form the bedrock of our approach and are:

- Collaboration
- Integration
- Involvement
- Long-term
- Prevention



How can you help?



We'd like you to answer a few short questions to tell us what you think about our wellbeing objectives.

Your feedback will help shape our final objectives and ensure they are fit for the future. Please share your thoughts via this form.

The closing date for responses is Friday, March 7, 2025. Thank you so much for helping us. We'll be publishing our final objectives on March 31, 2025.

Give feedback



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

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Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services
University NHS Trust

Ein Hamcanion Llesiant:
Canolbwyntio ar y Dyfodol

Mae Deddf Llesiant Cenedlaethau'r Dyfodol (WBFGA) wedi bod yn berthnasol i Wasanaeth Ambiwlans Cymru ers Mehefin 30, 2024.

Nod y Ddeddf yw sicrhau bod cyrff cyhoeddus ledled Cymru yn cydweithio i sicrhau bod Cymru'n datblygu'n wlad lewyrchus, gyfoethog yn ddiwylliannol, sy'n fywiog yn economaidd, yn iach ac wedi'i haddysgu'n dda, lle gall pobl ffynnu yn y gwaith, ac yn y cartref.



Er ein bod wedi bod yn gweithio yn unol â Deddf Llesiant Cenedlaethau'r Dyfodol ers 2015, nawr ein bod yn dod yn ffurfiol o dan y Ddeddf, mae'n ofynnol i ni nodi sut y byddwn yn chwarae ein rhan i gyfrannu at wireddu'r nodau llesiant hyn.

Dros yr ychydig fisoedd diwethaf, rydym wedi bod yn datblygu amcanion llesiant drafft, gan weithio gyda grŵp o staff o bob rhan o'n sefydliad a'n partneriaid undeb llafur, i ddatblygu rhai amcanion llesiant eang sy'n adlewyrchu ein hymrwymiad i gyflawni'r nodau llesiant a amlinellir yn y Ddeddf.

Nawr bod gennym ein hamcanion llesiant drafft, rydym wir eisiau clywed beth yw barn ein partneriaid, rhanddeiliaid, cleifion a'r cyhoedd am ein syniadau.

Gan fod Deddf Llesiant Cenedlaethau'r Dyfodol yn ein hannog i feddwl am y tymor hir, mae ein hamcanion arfaethedig yn eang ond yn adlewyrchu'r egwyddorion yr ydym am seilio ein sefydliad arnynt wrth i ni symud ymlaen. Gobeithiwn, trwy ganolbwyntio ar y dyfodol, gydag egwyddorion arweiniol sy'n canolbwyntio ar angerdd, pwrpas ac ymrwymiad i gydweithio gyda'n cymunedau ac ar eu rhan, y gallwn barhau i fod yn un o sefydliadau angori cryfaf Cymru.

Ein Hamcanion Llesiant Drafft

Amlinellir ein hamcanion llesiant drafft isod. Rydym wedi rhoi esboniad byr o bob un i'ch helpu chi ddeall ein ffordd o feddwl.

Wrth gwrs, er bod y rhain yn eang iawn, bydd llawer o waith manwl oddi tano, y bydd angen ei adlewyrchu yn ein cynlluniau strategol a gweithredol yn y dyfodol.

Amcan Un:
Cyflogwr sy'n Gymdeithasol Gyfrifol



- cefnogi'r economi sylfaenol drwy ddarparu cyfleoedd cyflogaeth a gwirfoddoli hirdymor i bobl ledled Cymru, ar bob adeg yn eu gyrfa ac mewn amrywiaeth eang o rolau.
- buddsoddi mewn hyfforddiant, addysg a dysgu i sicrhau bod ein pobl yn cynnal ac yn datblygu eu sgiliau, i fod y gorau y gallant fod, ac i gadw'r sgiliau o fewn y sefydliad neu cymunedau lleol.
- bod yn gyflogwr angori, gan gynnwys mewn rhannau o Gymru lle mae llai o gyfleoedd cyflogaeth.
- gwerthfawrogi ein partneriaethau ag undebau llafur a gweithio i greu sefydliad sy'n groesawgar, yn deg a lle gall pobl ffynnu.

Amcan Dau:
Sefydliad Arloesol a Chynaliadwy



- bod ar flaen y gad ym maes gofal clinigol drwy harneisio technoleg mewn ffordd sy'n lleihau ein heffaith amgylcheddol ac sy'n gwella diogelwch a phrofiad cleifion.
- gwneud y gorau o'n Statws Ymddiriedolaeth Brifysgol i weithio gyda phartneriaid masnachol ac academaidd i chwilio am atebion yfory, heddiw.
- leihau ein heffaith amgylcheddol, defnyddio atebion mwy cynaliadwy a charbon niwtral yn ein hystâd, ein fflyd ac arferion gwaith, i cyfrannu at Gymru wyrddach, lanach ac iachach.
- rheoli ein hasedau ariannol a ffisegol yn dda, fel y gallwn ddarparu gwasanaethau hyfyw ar gyfer y tymor hir ac fel y gall cymunedau ddibynnu arnom i fod yno pan fyddant ein hangen.

Amcan Tri:
Darparwr Gofal Rhagweithiol, Hygyrch a Theg



- darparu gwasanaethau brys a gofal mewn argyfwng sy'n diwallu anghenion pobl Cymru, lle bynnag a phryd bynnag y mae eu hangen, gan wella canlyniadau a sicrhau y gall pobl fyw bywydau iachach am gyfnod hwy.
- ddatblygu gweithlu amrywiol sydd wedi'i hyfforddi'n arbenigol fel bod ein cymunedau'n teimlo eu bod yn cael eu cefnogi'n dda a bod ganddynt ran yn ein sefydliad.
- cydweithio â'n cymunedau a'n partneriaid i adeiladu modelau gofal sy'n parhau i ddiwallu anghenion esblygol Cymru.
- cofleidio ein rôl ddiwylliannol fel gwasanaeth ambiwlans cenedlaethol Cymru, gan hyrwyddo ein hiaith a'n treftadaeth tra'n datblygu ffyrdd arloesol newydd o ddarparu gofal sy'n gosod Cymru fel arweinydd ar y llwyfan cenedlaethol a rhyngwladol.

Sut byddwn ni'n gwneud hyn i gyd?

Rydym yn glir bod yn rhaid i'n hamcanion llesiant fod yn fwy na geiriau. Rydym am wneud newid gwirioneddol ac ystyrlon a gwneud cyfraniad llawn at Gymru iachach, fwy bywiog a llwyddiannus.

Mae ein hamcanion llesiant ar gyfer y tymor hir. Ni ellir eu cyflawni dros nos, a bydd eu ffocws yn datblygu dros amser. Dyma pam rydym yn meddwl y dylen nhw fod yn fwriadol eang – er mwyn sicrhau ein bod ni'n parhau i ganolbwyntio ar bethau a fydd wir yn gwella bywyd yng Nghymru am flynyddoedd lawer i ddod. Cânt eu defnyddio fel egwyddorion arweiniol ar gyfer datblygu ein strategaeth a'n cynlluniau fel y gallwn fesur cynnydd diriaethol a gweld newid gwirioneddol.

Wrth gwrs, ni allwn wneud hyn ar ein pennau ein hunain, a dyna pam yr ydym yn meddwl bod yr egwyddor datblygu cynaliadwy a amlinellir yn Neddf Llesiant Cenedlaethau'r Dyfodol mor bwysig. Mae'n crynhoi pum ffordd o weithio a fydd yn ein helpu i gyflawni ein hamcanion, a'r nodau llesiant ehangach. Y ffyrdd hyn o weithio bydd sylfaen ein hymagwedd, sef:

- Cydweithio
- Integreiddio
- Cymryd rhan
- Tymor Hir
- Atal



Sut gallwch chi ein helpu ni?

Hoffem i chi ateb ychydig o gwestiynau byr i rhannu eich barn am ein hamcanion llesiant.

Bydd eich adborth yn helpu i lunio ein hamcanion terfynol a sicrhau eu bod yn addas ar gyfer y dyfodol. Rhannwch eich barn drwy'r ffurflen hon.

Y dyddiad cau ar gyfer ymatebion yw dydd Gwener, 7 Mawrth, 2025. Diolch yn fawr iawn am ein helpu. Byddwn yn cyhoeddi ein hamcanion terfynol ar 31 Mawrth, 2025.

Rhoi adborth





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

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

AGENDA ITEM No	**13.3**
OPEN or CLOSED	**OPEN**
No of ANNEXES	**1 (2)**

INITIAL 2025/26 REVENUE BUDGET

MEETING	Trust Board
DATE	27 March 2025
EXECUTIVE	Executive Director of Finance and Corporate Resources
AUTHOR	Jason Collins, Head of Financial Management
CONTACT	Jason.Collins@wales.nhs.uk

EXECUTIVE SUMMARY

1. Further to the detail provided in the finance section of the IMTP this paper provides additional analysis of how the proposed balanced financial plan for 2025/2026 is translated into delegated budgets, the key assumptions made, and any remaining choices required in doing so.

2. Following the requested approval of this initial 2025/26 budget, as in previous financial years, individual discussions will be held by the CEO, Executive Director of Finance & Corporate Resources and Executive colleagues to formally agree and delegate the 2025/26 budgets, in accordance with the Trust's Standing Financial Instructions (SFIs). These meetings will take place as early in Q1 2025/26 as practically possible.

3. In accordance with the SFIs, annual budget setting and IMTP timetable, budgets for the 2025/26 financial year have been produced within the framework of the Trust's anticipated resource envelope.

4. ***Trust Board is asked to:***

   - **Approve** the initial 2025/26 revenue budget, building on the WAST Financial Plan included in the IMTP and as endorsed the meeting of the Finance & Performance Committee on 18th March 2025.

KEY ISSUES/IMPLICATIONS

1. The current planned resource envelope (planned income) for the Trust for the financial year 2025/26, as per the financial plan within the IMTP, totals **£310.6m** of which £291.5m is via JCC commissioned services of EMS, Ambulance Care and 111 services, £7.9m from other NHS Welsh Organisations, £10.1m from Welsh Government (WG) and £0.9m from other sources, of which £0.150m is assumed to be delivered via WAST Savings programme.

2. Key elements of planned income includes that the additional funding as assumed and detailed in this plan is received in full. Primarily this relates to the full pass through of the general 1.77% uplift provided to Health Boards in the 2025/26 NHS Wales Allocation Letter issued on 20th December 2024, applied to all of the Trust's key commissioning agreements. On top of this, changes to Employer National Insurance rates from 6th April 2025 are assumed to be funded direct by WG with income assumed to cover increased costs of £4.7m. No income (or expenditure) assumptions have been included for the 2025/26 pay deal, as values are currently unknown, although Welsh Government (WG) have advised this will be fully funded and hence cost neutral.

3. Core initial operating revenue budgets for 2025/26 for Pay, Non-Pay, plus any profit on sale of assets, interest payable and receivable and depreciation totals **£319.0m**. This recognises the full year impact of 2024/25 developments and brought forward cost pressures as well as inflation pressures and unavoidable cost pressures for 2025/26. As noted, no expenditure assumptions have been included for the 2025/26 pay deal and costs are assumed as fully funded and hence cost neutral. Also excluded in this opening financial plan are costs relating to the recommendations of the Manchester Arena Inquiry. WAST savings programme has identified £8.350m from its operating revenue budgets and hence budget will be set at **£310.6m,** providing **an opening balanced financial plan for 2025/26**.

4. The initial savings requirement for the 2025/26 financial year within the balanced financial plan is **£8.5m** of which £0.150m is income related and £8.350m from operating revenue budgets. £6.5m of this savings value has allocated programmes of identified themes and schemes and the balancing £2m has 'pipeline' ideas identified to which the detail is currently being worked through. Delivery and monitoring of their performance will be via the refreshed Financial Sustainability Programme governance group and workstreams. Finance & Performance Committee (F&PC) will be provided with regular monitoring of the savings plan via its normal Financial Reporting papers and agenda items.

5. Key risks and issues identified in the financial plan include the need to ensure full recovery of all the updated income assumptions via commissioners, delivery of a £8.5m savings target and recovery of the increased national insurance employer costs of £4.7m. There will also be a need to manage any further inflationary increases as the year materialises, the ongoing challenges and levels of hospital handover delays as well as any ongoing JCC commissioning asks.

REPORT APPROVAL ROUTE
• F&PC – 18th March 2025 – for endorsement • Trust Board – 25th March 2025 – for approval, building on the 2025/26 financial plan included within the 2025-28 IMTP

REPORT APPENDICES
Appendix 1 includes the detail and narrative to support initial revenue budgets for 2025/26. This includes two annexes of: • Annex 1 – Savings Schemes • Annex 2 – Directorate Revenue Budgets

REPORT CHECKLIST			
Confirm that the issues below have been considered and addressed		**Confirm that the issues below have been considered and addressed**	
EQIA (Inc. Welsh language)	YES	Financial Implications	YES
Environmental/Sustainability	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

APPENDIX 1

WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST

INITIAL 2025/26 REVENUE BUDGET

SITUATION / BACKGROUND

1. Further to the detail provided in the finance section of the IMTP this paper provides additional analysis of how the proposed balanced financial plan for 2025/2026 is translated into delegated budgets, the key assumptions made, and remaining choices required in doing so.

2. Following the approval of the initial 2025/26 budget, individual discussions will be held by the CEO, Executive Director of Finance & Corporate Resources and Executive colleagues to formally agree and delegate the 2025/26 budgets, in accordance with the Trust Standing Financial Instructions (SFIs).

3. A final financial plan for 2025/26 is being presented to Trust Board and included in the 2025-28 IMTP. The revenue elements of this paper are consistent with that contained within the current IMTP financial plan and hence forms the basis of the revenue budget for 2025/26 with a recommendation to the Trust Board to approve this, following the endorsement to do so at the meeting of the Finance & Performance Committee on 18th March 2025.

ASSESSMENT

4. In accordance with the SFIs, annual budget setting cycle and IMTP timetable, budgets for the 2025/26 financial year have been produced within the framework of the Trust's anticipated resource envelope.

KEY INCOME ASSUMPTIONS

5. As detailed in the updated financial plan, the current WAST planned resource envelope for the 2025/26 financial year is currently **£310.6m,** summarised in the table below.

Income Sources	£m	£m
JCC		
EMS	251.5	
Ambulance Care	29.1	
111	10.9	
Total JCC		**291.5**
Welsh NHS Organisations		
Ambulance Care Services	3.2	
EMS Services	3.0	
Other	1.7	
Total Welsh NHS Organisations		**7.9**
Welsh Government		
HART / CBRN / SORT	4.0	
PIBS	1.0	
Employers NI Increase 25/26	4.7	
Mental Health & Dementia	0.4	
Total Welsh Government		**10.1**
Other Income		
Savings Targets	0.2	
Other Sources	0.9	
Total Other Income		**1.1**
Total Income Assumptions		**310.6**

"Core" JCC income

6. As can be seen above, the biggest single funding source to the Trust is via the NHS Wales JCC (Joint Commissioning Committee) and current assumed income for 2024/25 is **£291.5m** for EMS, Ambulance Care and 111 related services.

Income baseline changes for 2025/26 includes the following:

- £5.1m for the 1.77% growth uplift;
- £11.5m for the recurrent cost of the 2024/25 pay awards that was funded direct by WG;
- All other income values in the 2024/25 baseline are assumed to rollover into 2025/26 as a starting position.

2025/26 Income from other Welsh NHS Organisations

7. The main items included here are as follows:

   - Ambulance Care income of £3.2m includes of £0.8m for Velindre NHS Trust of which funding cannot flow via JCC as it's a not a Health Board, £0.8m for Renal Transport Services commissioned locally via Betsi Cadwalader Health Board, £0.2m of recharged costs to WHSSC for renal transport costs, £0.7m via Cwm Taf Heath Board as an estimation for pending transfer of services, prompt cardiac transport of £0.4m and then a mix of local Health Board commissioned services totalling £0.3m;

   - Locally commissioned EMS services include services such as dedicated discharge services, APP support to primary care services, FALLS support services and Palliative Care Paramedics totalling £3.0m;

   - Other health board income totals £1.7m and includes fleet maintenance income to NHS Shared Services, rental income from WAST Estate, provision of Occupational Health Services and operational continued professional development (CPD).

Income from Welsh Government

8. Included here are the following:

   - Income from WG includes directly funded services for Hazardous Area Response Team (HART), Special Operations Response Team (SORT) and Chemical, Biological, Radiological and Nuclear (CBRN) totalling £4.0m.

   - WG also provide support for the cost of Personal Injury Benefit Cases (PIBS) to which a corresponding expenditure budget has been set, thus assuming overall neutrality to WAST. Value assumed at the outset of 2025/26 is £1.0m.

   - No additional income has been included currently for 'technical adjustments' of Depreciation and Impairments above baseline (baseline depreciation is funded via JCC contracts and for 2025/26 the value is £15.3m). Any additionality is invoiced on actual values as the year progresses. Corresponding expenditure budget has been set at the same baseline value, so any fluctuation is cost neutral.

   - WG also provide funding to support WAST activities for mental health and dementia totalling £0.4m.

   - Employer National Insurance rates from 6th April 2025 are assumed to be funded direct by WG with income assumed to cover increased costs of £4.7m. No income (or expenditure) assumptions have been included for the 2025/26 pay deal, as values are currently unknown, although Welsh Government (WG) have advised this will be fully funded and hence cost neutral

Other Income

9. Other income includes:

   - £0.150m of the £8.5m savings target for 2025/26 and this includes additional apprentice income and commercialisation opportunities.

   - £0.9m from other income sources include Ambulance Care provision provided to English NHS organisations, Compensation Recovery Unit (CRU) for Road Traffic Accidents, Welsh Universities for Paramedic Training and Operational Cover at Sports Events.

OPENING REVENUE BUDGETS

10. The Trust is required to set expenditure budgets within the total resource income available, and which are set to achieve financial balance in line with the Trust's SFIs, statutory break-even duty that align to the operational delivery plans of the organisation. From a high-level budget setting perspective, the financial plan for 2025/26 is summarised below.

	Opening Budgets 25/26	Planned Savings	Revenue Set Budgets 25/26
	£m	£m	£m
Income	-310.469	-0.150	-310.619
Operating Expenses	304.723	-7.542	297.181
Profit on Disposal	-0.445	-0.250	-0.695
Interest Payable	0.240		0.240
Interest Receivable	-0.800	-0.558	-1.358
Depreciation (Baseline)	15.251		15.251
Total Expenditure	318.969	-8.350	310.619
Planned Budget Surplus (-) / deficit	8.500	-8.500	0.000

11. The Operating Expenses line is where the main Divisional and Directorate budgets will be delegated within, primarily split between pay and non-pay budgets. Whilst a key budget setting principle is that such budgets are initially set based on the recurring "rollover" position from the 2025/26 budget, the current and future expected expenditure against each of the existing budgets has been scrutinised in detail as part of the budget setting process.

Pay

12. The pay budget for 2025/26 has been set based on the following assumptions.

13. Costs are based on NHS pay award rates for the 2024/25 financial year as pay rates for 2025/26 are currently unknown and will be added to the core budgets when known (with corresponding funding from WG). Overall directorate budget control totals will manage the pay progression up spinal points together with attrition salary differences and mostly vacancies have been set at entry point of scales. The following other key assumptions have been made:

    - Budgets include the cost impact of EMT grade rebanding to EAPs at £3.0m
    - Funded whole time equivalents (WTEs) are rolled over from 2024/25 and flexed for their full year impacts in 2025/26 including any skill mix changes;
    - Budgets also include the Employer National Insurance rates increases from 6th April 2025 of £4.7m (assumed to be funded direct by WG).
    - Pay costs include estimated staff costs for cost pressures in relation to service and unavoidable system pressures and delivery of commissioning intentions, in line with that included within the IMTP financial plan;
    - Budgets for the main variable cost elements of overtime, enhancements and overrun will be broadly set on a mix of roster relief calculations for 2025/26 and forecast outturn position for 2024/25.

14. The plan provides that £0.1m of pay costs will be capitalised to support the development of the 2025/26 capital schemes with this corresponding minimum requirement being highlighted against the discretionary capital allocation for 2025/26.

Non-pay, technical items and contingency

15. Non pay budgets for 2025/26 will be set taking into consideration the existing budget levels together with 2024/25 forecast expenditure outturn. Recognition of above inflation uplifts on certain contracts and a general c1% uplift for other non-pay expenditure budgets will be applied but there is an expectation that some of this will be required to be met within directorate core budgets and saving schemes.

16. Non pay budgets will include full year impact of those unavoidable cost pressures from the 2024/25 financial year and those identified for the 2025/26 financial year.

17. As noted in pay budgets, a similar approach for non-pay costs will apply and budgets will include estimates for cost pressures in relation to service and system pressures and delivery of commissioning intentions.

18. As per previous years a contingency budget is included and the 2025/26 value proposed is £1.0m.

19. For the 2025/26 financial year, the opening profit on asset disposal budget is £0.695m. This includes the sale of vehicles which is planned to be higher in 2025/26 due to capital replacement programme and sale of obsolete and replaced equipment.

20. Interest receivable budget for 2025/26 is set at £1.358m based on average returns in 2024/25 less some small forecast reduction in interest rates assumed in 2025/26.

21. Interest payable budgets have been 'rolled over' at 2024/25 values.

22. Depreciation and impairment budgets correspond with an income budget totalling £15.3m. This does not include any additionality in depreciation or indexation for 2025/26 and when this figure is available any impact will be cost neutral as these areas are assumed as 'ring fenced' allocation by Welsh Government with under spends clawed back and agreed increases because of capital investments funded, therefore assumption is no under or overspends in this area during the 2025/26 financial year.

Unavoidable Cost pressures, System Pressures and Commissioning Intentions

23. Further to that included in the pay and non-pay budgets sections of this paper then below summarises the main components included in the 2025/26 financial plan for the unavoidable cost pressures, system pressures and commissioning intentions;

	£000s	£000s
EXPENDITURE:		
Additional committed costs 2025/26:		
FYE of 2024/25 pressures	1,935	
2024/25 non recurring savings	2,775	
2025/26 costs of EAP B5 development	3,501	
Sub Total		**8,211**
Estimated inflationary pressures 2025/26:		
Ambulance care external providers	400	
Falls contract increase	340	
Non pay inflation	750	
Sub Total		**1,490**
Other known unavoidable cost pressures 2025/26:		
MS Office NHS Wales enterprise agreement impact	100	
Additional WRP	100	
Fleet Maintenance	950	
Waste legislation	100	
Losses and special payments increases	250	
New 111 system - additional cost pressures	100	
GRS refresh - to cloud	150	
Cost pressures relating to service and system pressures, including the impact of handover delays, plus delivery of commissioning intentions. This includes;		
Remote Clinical triage / RICS/ Clinical navigation	1,355	
Additional clinicians to support 'shift left' / reduced conveyancing (inc maximising previous investment)	500	
Consultant Midwife post - previously externally funded	66	
Additional digital, organisational and corporate costs to support the above	250	
Other	100	
Sub Total		**4,021**
Total Estimated increase in costs		**13,722**

SAVINGS AND EFFICIENCIES

24. A key part of the financial plan, and which therefore also needs to be reflected in the budget setting, is the savings target for 2025/26. As above, this is currently £8.5m of which £6.5m has

allocated programmes of identified themes and schemes to this value and the balancing £2m has 'pipeline' ideas identified to which the detail is currently being worked through. These summary savings are included in ***Annex 1.***

25. This value equates to c2.7% of WAST baseline and is a further stretch than the £6.421m planned and that is forecast to be fully delivered as a minimum in the 2024/25 financial year.

26. Refreshed Financial Sustainability Programmes governance group and workstreams planned for 2025/26 will have oversight of the savings target and the schemes delivery and monitoring. At the time of writing, finalisation of the profile of savings over the financial year by month is currently being worked through prior to its reporting in the Minimum Data Set (MDS) that will be submitted in conjunction with the IMTP.

27. Key risk is the ability to deliver this value and manage any other in year cost pressures as they arrive, within the small contingency this financial plan continues to hold. Despite this, in the current environment this remains a challenging target, the size of which proportionality is not out of the range being suggested by large parts of the rest of the NHS in Wales. There is also a clear track record of recent achievement within WAST.

28. Further development of the detailed plans and delivery and monitoring of the achievement of this will be via the refreshed Financial Sustainability Programmes Governance group, through to the Strategic Transformation Board. Finance & Performance Committee (F&PC) will also be provided with monitoring of the savings plan via its normal financial reporting reports that are also provided to Executive Leadership Team, Trust Board and externally to Welsh Government and Commissioners.

Initial Directorate Budgets

29. ***Annex 2*** therefore provides a summary of much of the above and how these translate into proposed opening 2025/26 revenue budgets by Directorate. Due to the continuation of work on some service transfers there may be minor fluctuation to directorate budgets as these progress to be uploaded to WAST General Ledger system. However, these will be included in final budget values to be discussed in budget meetings planned with CEO, Executive Director of Finance and Corporate Resources and each delegated Executive Director budget holder, for final agreement and formal sign off, as required by the Trust's SFIs.

Key risks

30. No financial plan or resulting budget set is risk free. The main risks that will need close monitoring and mitigating actions through the upcoming financial year, as highlighted within the IMTP financial plan, include:

- The recovery of all of the income assumptions this balanced financial plan now makes, in particular ensuring the commitments and elements supported within the JCC IMTP are fully delivered upon and that the full uplift assumed across all of the Trust's income sources is delivered;

- No other developments, enhancements or cost increases not currently funded within budgets will be progressed until a confirmed funding source for them is found, or an agreed equivalent value of cost is stopped or reduced elsewhere;
- The ability to deliver £8.5m in savings and efficiencies in year. This equates to c2.7% of the Trusts opening income assumptions. Any further ask to stretch this value will no doubt have an impact of WAST deliverables;
- That the embedding of JCC commissioning arrangements as they evolve have no wider impact on the Trust financially, including in relation to how it is currently funded for EMS, NEPTS services, etc;
- That the profile and pattern of additional unavoidable spend in year is as currently projected, with any significant variances to this being able to be managed in year whilst ensuring maximum value, and
- The ability to manage in year cost pressures as they arrive, within the small contingency this plan continues to hold.

RECOMMENDATION:

31. ***Trust Board is asked to:***

- **Approve** the initial 2025/26 revenue budget, consistent with the financial plan contained within the IMTP, and as endorsed at the meeting of the F&PC on 18th March 2025.

Welsh Ambulance Services NHS Trust

Savings Performance by Scheme 25-26

Scheme	PLAN 25/26	
	Recurring	Non Recurring
	£000	£000
Apprentice Income	50	
Balance Sheet Flexibility	200	
Dispoals	250	
End of Shift Overrun	100	
Fuel (forecourt price saving against budget)	230	
Commercialisation Opportunities	100	
Interest Receivable	516	
Non Pay Local Schemes - Corporate	914	
Non Pay Local Schemes - Operations	651	
Pay Cost Management (Variable / Net Vacancies) - Operations	3,139	
Pay Vacancy Management - Corporate	75	2,275
OVERALL TOTALS	**6,225**	**2,275**
% Split	**73%**	**27%**

Annex 2

Opening Revenue Budgets 2025/26

	Income Budgets			Pay & Non Pay Budgets			
Directorate	**Core Budgets £000**	**Savings to Directorates £000**	**Opening Budgets £000**	**Core Budgets £000**	**Savings to Directorates £000**	**Opening Budgets £000**	**Net Opening Budgets £000**
Chief Executive Directorate	0	0	0	2,157	-5	2,152	2,152
Corporate Governance	0	0	0	729	-45	684	684
Partnership & Engagement	-48	0	-48	651	-40	611	563
Operations	-10,534	0	-10,534	231,142	-4,120	227,022	216,488
Finance & Corporate Resources	-1,663	0	-1,663	39,859	-1,766	38,093	36,430
Strategic Planning & Performance	0	-100	-100	3,217	-112	3,105	3,005
Quality, Safety and Patient Experience	-427	0	-427	7,909	-492	7,417	6,990
Digital Directorate	-157	0	-157	17,405	-706	16,699	16,542
People & Culture	-926	-50	-976	7,677	-447	7,230	6,254
Clinical & Medical	-46	0	-46	6,316	-417	5,899	5,853
Trust Core Income	-296,178	0	-296,178	0	0	0	-296,178
Reserves	-490	0	-490	1,907	-200	1,707	1,217
TRUST TOTAL	**-310,469**	**-150**	**-310,619**	**318,969**	**-8,350**	**310,619**	**0**

AGENDA ITEM No	**14**
OPEN or CLOSED	**Open**
No of ANNEXES ATTACHED	**2**

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

MEETING	Trust Board
DATE	27 March 2025
EXECUTIVE	Rachel Marsh - Executive Director of Strategy, Planning and Performance
AUTHOR	Alexander Crawford - Assistant Director of Planning and Transformation Heather Holden, Head of Transformation Deborah Kingsbury, Senior Planning & Performance Business Partner
CONTACT	alexander.crawford2@wales.nhs.uk

EXECUTIVE SUMMARY

The purpose of this paper is to provide the Board with an update on IMTP delivery and assurance following approval of revised arrangements for 2024-27.

This paper provides an update on the Clinical Model Transformation (CMT) programme and interim position for quarter 4 (Q4) position on the Directorate-led IMTP portfolio, including the Ministerial (now Cabinet Secretary) Priorities set by Welsh Government.

RECOMMENDED:

That the Board

1. **Notes** the progress in identifying 'what good looks like' through the continuing development of high level outcomes measures;
2. **Notes** the CMT programme progress update;
3. **Notes** the Directorate-led IMTP interim position for Q4 ;
4. **Notes** the update against the Cabinet Secretary's priorities set out in the 2024-27 planning framework.

KEY ISSUES/IMPLICATIONS

The WAST IMTP for 2024-27 was approved by Trust Board on 28 March 2024 and submitted to Welsh Government the same day. Welsh Government approved the IMTP subject to accountability conditions on 9 August 2024. The accountability conditions set out the following:

- Continue with the development of the clinical model, liaising with wider services including health boards, to provide the evidence base and impact expected;
- Continue to derisk the financial assumptions in the plan to secure the organisation's position; and
- Ensure delivery is maintained against the commitments within the plan, including ensuring the availability of the detail behind the plan is available if needed.

This report will set out in detail how the Clinical Model Transformation programme has been established to deliver our commitment to refreshing the current clinical model and how the wider IMTP is being delivered through a directorate led approach. Our plan set out a break even position with a savings target in excess of £6m. The Trust continues to focus on delivery against its savings target and remains cognisant of its role in supporting efficiency across the NHS in Wales and continues to work with Health Boards at a local level on joint plans to deliver improvements in care for patients and efficiencies.

Finance & Performance Committee (FPC) has scrutinised this report and was assured by it.

Clinical Model Transformation (CMT) Programme

The CMT programme continues to strengthen, with key advancements in digitising programme management through an MS365-enabled solution, improving oversight of Risks, Issues, and Decisions. Governance has been reinforced with Programme Board approval of the risk management approach, benefits realisation framework, and impact assessment methodology.

A two-day workshop in January 2025 enabled reflection on progress, strengthened collaboration, and set key priorities for Phase 2, including improved connectivity across Health Care Professional Flows, RICS, Urgent Community Response, and Health Transport. Workstream deliverables for FY25/26 have been agreed for inclusion in the IMTP, with detailed planning underway.

Efforts continue to enhance communication, manage workload pressures, and provide clarity on deliverables, supported by a new Senior Responsible Owners group, touchpoint newsletters, and development of a SharePoint intranet page for the Programme Board. The programme remains **YELLOW** (cautionary) due to ongoing challenges related to documentation and workload pressures arising from the pace of change.

Directorate-led IMTP Portfolio

The Planning Team continues to work with Directorates to ensure assurance through directorate plans to the CEO and Strategic Transformation Board (STB) and enabling a structured approach to planning through the Integrated Planning and Development Group (ISPD). Work has commenced to explore digitising Directorate plans in conjunction with the developments for the Transformation Programme.

The assurance report in Appendix 1 sets out the end of interim 4 position (i.e. Mid-February position). The delivery confidence has been updated to reflect progress in Q4. A number of deliverables at directorate level remain **AMBER** (in progress, off track) with many rolling over into

next years IMTP. However, there are a number of key pieces of work **COMPLETE** and progress on track (**GREEN**) in a number of areas where delivery is across multiple years. There are no deliverables significantly off track requiring urgent attention (RED).

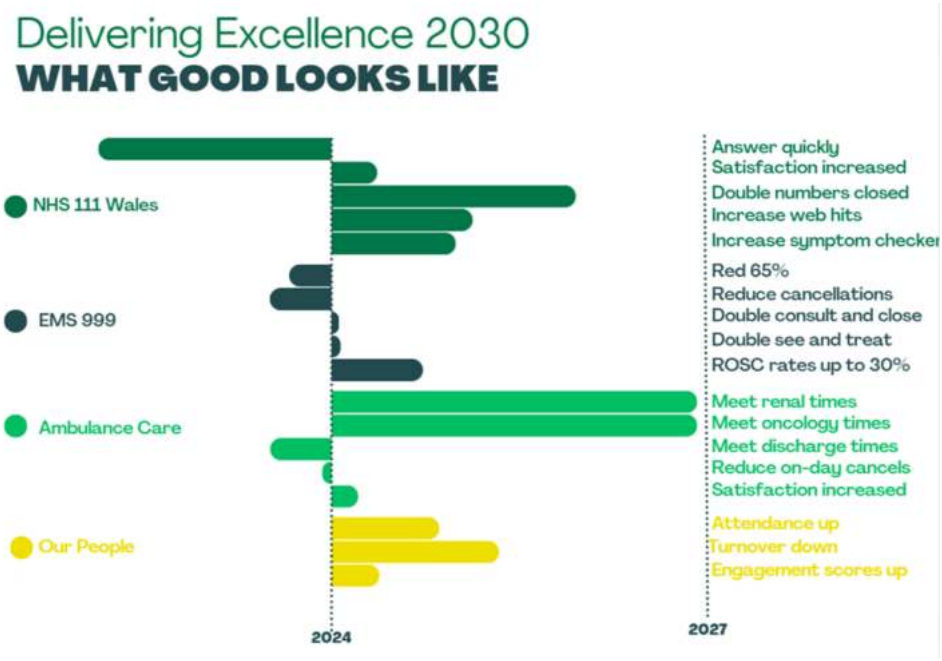
Appendix 1 directorate delivery tables also set out the delivery confidence for the remainder of the year as we start to transition to the next IMTP for 2025-28.

Appendix 2 sets out how we are progressing against ministerial priorities set out in the last NHS Planning Framework.

Outcomes measures

This report has drawn on available data from the MIQPR and through directorate level monitoring where available. Detailed metrics for each area of the IMTP that has 'what good looks like' statements is contained within appendix 1. The following visual gives an overview of progress of the plan in terms of the outcomes set out in the IMTP 2024/25.

The graphic focuses on 'What Good Looks Like' for 2024/25, based up to the end of Quarter 3 for that year, and then 'What will be Different' in 2025/26 (noting that this has been changed mid-year). It concentrates not only on new initiatives or processes that are yet to be implemented, but also on how we are progressing against existing targets and ambitions.



This graphic is different to the one presented during the IMTP assurance item at Finance and Performance Committee (FPC) but is the visual that was presented with next year's IMTP at FPC.

Despite advancements in delivery of our IMTP in 2024/25, demand continues to rise, and performance remains challenged in a complex and pressures health and care system. The graphic shows that in some areas we are moving towards the position we wanted to as set out in our

outcome statements, but we know there are still some areas that have deteriorated, and further improvement is required in next year's IMTP to address these areas, as well as further advance the outcomes we have set out.

The 2025/26 IMTP will include updated 'what good looks like' statements and associated metrics.

REPORT APPROVAL ROUTE
Strategic Transformation Board (STB) 24 February 2025

REPORT APPENDICES
Appendix 1 – IMTP Delivery Assurance Report **Appendix 2 - Assurance against the Cabinet Secretary's priorities 2024/25**

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

Appendix 1 - IMTP Delivery Assurance Report

SITUATION

1. The purpose of this paper is to provide the Board with an update on IMTP delivery and assurance following approval of revised arrangements for 2024-27. This SBAR sets out the Clinical Model Transformation Programme progress, directorate led IMTP delivery and our assessment against ministerial priorities.

BACKGROUND

Clinical Model Transformation (CMT) Programme Management Progress Update and Next Steps

2. Delivery and assurance arrangements for the CMT programme continue to strengthen, with significant progress made in digitising programme management through an MS365-enabled solution. This transition is replacing outdated Excel-based project controls, including Risks, Issues, and Decisions, to enhance efficiency and oversight. The Programme Board has approved the latest programme risk management approach, benefits realisation framework, and impact assessment methodology.

3. A two-day workshop in January 2025 provided an opportunity to reflect on progress since the first CMT workshops in May 2024. It highlighted achievements, strengthened collaboration across workstreams, and identified key priorities for Phase 2. These include enhancing connectivity between services such as Health Care Professional Flows, Remote Integrated Care (RICS), Urgent Community Response, and Health Transport. Following the workshops, workstream deliverables for FY25/26 were developed and agreed for inclusion in the IMTP, and detailed planning will now commence.

4. Programme leadership remains committed to ensuring that all colleagues feel valued and empowered, with ongoing efforts to enhance communication, streamline workload pressures, and provide clarity on programme deliverables. Steps are being taken to address these concerns, including the establishment of a Senior Responsible Owners group, the introduction of touchpoint newsletters, and the development of a SharePoint intranet page for enhanced communication.

5. From a management perspective, the overall status of the programme remains **YELLOW** (cautionary) due to ongoing challenges related to documentation and workload pressures arising from the pace of change.

ASSESSMENT

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

CORE CLINICAL MODEL TRANFORMATION (CMT) WORKSTREAMS	
DIGITAL FRONT-END	**↑ Green**
On Track: The procurement process for RoboticsAI's Virtual Assistant is complete, with contracts signed and development in progress. Weekly supplier updates are scheduled to track progress. Initial work is focused on ensuring accurate clinical and non-clinical responses, while discussions continue around the Virtual Assistant's name, visual design, and tone. A demo version of the Virtual Assistant is currently being tested by the project team and key stakeholders. We have received a quote to develop a web-based version of the Call Prioritisation Streaming System (CPSS) used in the NHS 111 telephony service. This would allow NHS111.Wales users to independently navigate care pathways, ensuring they access the right care and advice more efficiently. The first draft of the Digital Front-End Business Case is complete and is being reviewed by project team members for initial comments and feedback. The Business Case will be key to delivering transformative improvements to the current website, including procurement of the Online Symptom Checker tool and an improved Content Management System (CMS) to ensure that users have access to current and accurate clinical content.	
RAPID CLINICAL SCREENING	**↔ Green**
On Track: The implementation of Rapid Clinical Screening continues to progress, with Amber 2 calls launched in December and Amber 1 screening successfully launched in February. The Clinical Navigator Team is now fully established, ensuring a strong daily staffing profile to manage the call stack effectively. Clinical Navigators can now send incidents directly to Clinical Triage, ensuring that higher-risk patients are identified and escalated swiftly. These changes are already making a significant impact, streamlining call flow and strengthening clinical decision-making. Early data is encouraging, with over 74% of calls screened being directed to Integrated Care for remote assessment. A ministerial announcement is due on the 11th March in relation to the proposed changes to existing RED category. In anticipation of the announcement, the Call Flow Implementation Task & Finish group will be reestablished to convene a series of workshops to develop a specification against Welsh Government recommendations.	
URGENT COMMUNITY RESPONSE	**↑ Green**
On Track: The first draft of the Urgent Community Response Service Specification has been written and circulated to UCRS workstream members for comments and feedback. The Mental	

Health Response Vehicle Power BI dashboard is now operational via Launchpad with V2 due to be launched imminently. The APP Restructure OCP is now complete and Senior APPs (SAPPs) have now transitioned to the Clinical Directorate with formal inductions underway w/c 17th February.

A face-to-face workshop has been arranged in March and will provide an opportunity to reassess the workstream structure and ensure it remains fit for purpose for progression into Phase Two of programme delivery. The aim is to implement the most effective workstream and project structure moving forward, align delivery ambitions with anticipated dependencies across other workstreams, and identify key risks carried over from Phase One to ensure a coordinated and sustainable approach.

Outcomes: Turning the dial

In the IMTP we set out what good would look like for 999 callers over the next 3 years. These workstreams within the Clinical Model Transformation more or less cover what is currently the traditional 999 response, and the IMTP set out that the following metrics would determine the positive impacts of our plan:

- 65% red target
- Reducing unmet demand by half
- Doubling the number of patients safely managed at home or in the community
- An increase in ROSC rates

Performance Overview	RAG Rating
During quarter 1 2024/25, 46.8% of **Red calls were responded to within 8-minutes**, which was below the 65% target. This was also a reduction from the 54.1% achieved during quarter 1 2023/24. The ability to achieve the 65% target is still being negatively impacted by the high number of lost hours being recorded outside Emergency Departments as well as a sustained increase in Red demand over the past 2-years. The actual number of Red incidents being attended within 8-minutes has increased by 8.9% (n=191) in June 2024 compared to June 2023, but Red demand increased by 27.8% over the same period.	
Unmet EMS demand is defined by the Trust as patient cancellations and clinical safety plan (CSP) 'can't sends, with the aim to reduce these levels to those seen in the 2019 EMS Demand & Capacity Review. In quarter 3 2024/25 there were 36,546 patient cancellations and can't sends compared to 31,003 during the same period last year, indicating a 17.9% increase. The 2023 EMS Demand & Capacity Review modelled the current levels returning to pre-pandemic levels, which equates to a 50% reduction. Achieving this reduction is dependent on the **Trust's transformation of the clinical response model** and a reduction in handover lost hours to 7,500 per month. In December 2024 lost hours stood at 27,212.	
Early IDS assured data indicates a step change in the **Consult & Close rate** as a result of ongoing transformation in integrated care, with an initial estimate showing a figure over 20%. A further 18.7% of patients responded to being managed via **See & Treat**, with no requirement for a conveyance of any kind. Over the same period 63.9% of responded to patients required a conveyance of some type. This compares to 13.9% for Consult & Close and 16.9% See & Treat during quarter 3 2023/24. During that quarter, 66.8% of responded to patients were conveyed. This indicates a small improvement in performance when comparing quarter 3 year on year.	
ROSC rates for quarter 3 2024/25 were 19.8%, which was an improvement on the 18.7% achieved during quarter 3 2023/24. However, they remain below the ROSC rate ambition of 25-30%. The main factors that directly influence this metric are response times, bystander resuscitation and response type/numbers.	

The Board is able to scrutinise this data in more depth in the MIQPR.

REMOTE INTEGRATED CARE — ↔ Yellow

Yellow (cautionary status) overall: The January workshops included a focus on Remote Integrated Care (RICS), including insights from the Assistant Director of Integrated Care, who reflected on our achievements and shared the vision for the future.

Over the past eight months, **significant progress** has been made across key areas, including:

- **Operational alignment** – improving collaboration and coordination across remote clinical teams
- **Pathway optimisation** – making care more efficient and accessible
- **Digital development** – enhancing our technological capabilities

- **Innovative work in Care Planning** – improving patient-centred support

The session also acknowledged the growing demand on Integrated Care Teams and highlighted the adaptability and resilience of our colleagues in meeting these challenges.

One of the most exciting developments is the early success of the Call Prioritisation Streaming System (CPSS) for a broader range of presentations, enabling NHS 111 Call Handlers to assess 999-originating calls that do not require an immediate ambulance response. Early findings are highly promising with approximately 28% of CPSS triaged call being signposted to alternative services, and 31% assigned to the Patient Encounter Queue (PEQ) for clinician triage in priority order.

To help drive progress, short-term project support has been commissioned from South Central and West Commissioning Support Unit, bringing in extra expertise to guide and implement key deliverables. This includes a review of the workstream delivery structure with the aim to streamline current delivery and assurance arrangements to support workstream delivery and management of the wider Integrated Care portfolio.

As we transition into Phase 2 of the programme, the need for additional support and investment in RICS has been recognised to ensure that our establishment aligns with the growing demand on integrated care teams. ORH has recently completed revised modelling, providing recommendations on FTE requirements based on this increased demand. These recommendations are currently under consideration by the Executive Leadership Team.

Outcomes: Turning the dial

In the IMTP we set out what good would look like for 111 callers over the next 3 years. The RICS workstream within the Clinical Model Transformation more or less cover what is currently the traditional 111 response (noting that the CSD element of Integrated Care is covered above), and the IMTP set out that the following metrics would determine the positive impacts of our plan:

- 111 Call Abandonment Rate
- Improved patient satisfaction
- Increase in calls closed with no follow up required
- Increased proportion of next steps booked for the patient

Performance Overview	RAG Rating
The **111-call abandonment rate** for quarter 3 2024/25 was 9.4%, which is higher than the 5% target. The target has not been achieved in any month since January 2024 having been negatively affected by the transition onto the new 111 CAD system in April 2024 and a resultant high number of abstractions amongst staff for training on the new system. Prior to this the 5% target was achieved in 7 of the preceding 12 months.	
During December 2024, **111 patient survey data**, showed that 49% of people 'found the 111-service helpful', which had fallen from 88% in July 2024. 59% said 'they complied with the advice provided, down from 90% in July 2024 and 62% said 'they would consider using the service again'. However, this data was based on just 21 responses during the month (this is the highest response during the quarter), with proactive work ongoing to increase the number of people who take part in completing the survey.	
During 2024 the average daily number of visits to the website was 15,087, an 11.2% increase on the average daily hits in 2023 (n=13,398). The number of **symptom checkers started** also increased from 217,987 in 2023 to 242,659 in 2024 although the percentage of those completed dropped slightly from 69.1% in 2023 to 67.9% in 2024.	
The number of **111 calls 'stopped at source'** in quarter 3 2024/25 was 19,515, or 8.9% of all call outcomes for that period. This was an improvement on the 16,292 closed with no further follow up in quarter 1 2024/25, which equated to 8.4% of the total.	
This ambition is largely dependent on **WG's future vision** for the 111 service. WG are due to issue a quality statement which will help the Trust understand what their policy vision is for 111, but the Trust expects it to be supportive of direct booking by 111 into other parts of the health care system within Wales.	

The Board is able to scrutinise this data in more depth in the MIQPR.

HEALTH TRANSPORT	↔ Yellow

Yellow (cautionary status) overall: Internal discussions are ongoing around the vision for Ambulance Care Services and the specific deliverables that form part of the CMT programme, however there is increasing clarity on the vision for Health Transport services following a series of operationally led workshops.

Following confirmation of changes in commissioning intentions—specifically, the decision not to pursue a nationally commissioned separate Transfer & Discharge service through a new framework—the project team is now exploring options. Various modelling scenarios for dedicated transfer services were presented to the CMT Programme Board, highlighting the significant investment required and the difficulties in meeting performance targets. These scenarios provide a roadmap for potential improvements and necessary investments and will continue to be explored by key stakeholders with a focus on enhancing dedicated clinical response, collaborating with specialist transfer providers, and using MTPS to monitor demand more closely.

Outcomes: Turning the dial

In the IMTP we set out what good would look like for users of Ambulance Care services. Whilst the programme for Health Transport continues to develop and whilst commissioners and WAST work to develop a new vision for non-emergency transport and Ambulance Care services, operational improvements and some of the IMTP delivery actions are contributing to the following metrics:

- Timeliness
- Fewer on the day cancellations
- Inter-site transfers provided within the time required
- Increased patient satisfaction

Performance Overview	RAG Rating
Targets on timeliness continue to perform well within Ambulance Care, with Oncology journeys for quarter 3 2024/25 seeing 77.5% of journeys arrive on time and Renal journeys 74.3%. Both achieved the 70% target. Discharge and transfer journeys booked in advance, at 77.3% for the quarter, did not achieve its 95% target.	
The percentage of **on the day cancellations** has increased slightly over the past year, recording a figure of 13.6% in quarter 3 2024/25, compared to 13.1% over the same period last year. This trend will need to reverse over the next year to realise the planned efficiency improvements.	
In July 2024, the service introduced the **Medical Transfer Protocol Suite (MTPS),** which consists of three new Medical Priority Dispatch System (MPDS) protocols to process inter-facility transfers from HCPs. The three additional protocols will provide more granularity to the assessment and coding of transfers for step up of care, routine inter facility transfers and mental health transfers. The new protocols will improve understanding on the nature and urgency of transfer demand and the resources required to complete them in a timely manner.	
In terms of **patient satisfaction rates**, in December 2024, 96% of patients were 'happy with the transport they received' and 84% were happy when asked 'how long did you wait for your transport to take you home after your appointment'. Both were improvements on the responses received in July 2024. The survey was also based on 286 responses, which is a significant improvement on the sample size of previous surveys.	

The Board is able to scrutinise this data in more depth in the MIQPR.

CHANGE ENABLING WORKING GROUPS	
QUALITY & PERFORMANCE METRICS	**↔ Green**

On Track: A structured approach to programme evaluation is progressing, with a focus on developing a Logic-Benefits Map for the programme aligned with patient outcomes, staff

engagement, system performance, and sustainability. A further workshop has been arranged for March 2025 to review workstream-level Logic-Benefits Maps with support from the Quality, Safety, and Patient Experience team.

Procurement of an external evaluation partner is underway, with an invitation to tender imminent. Early data highlights positive impacts, including improved Consult & Close rates and the success of Rapid Clinical Screening.

The volume of data and analytics requests associated with the programme has been challenging for Insight and Data Service's (IDS) to manage alongside a significant backlog of organisational requests. The SRO for Quality and Performance Metrics has been working closely with the Assistant Director of Digital Services: Data & Analytics to develop and embed a prioritisation approach for requests arising from the programme. This will be supported by the Quality and Performance Metrics group, providing an opportunity for cross-sighting and consolidation of requests.

CHANGE MANAGEMENT	**↔ Yellow**

Yellow (cautionary status) overall: The Board was alerted that only one of the five workstream Senior Responsible Owners (SROs) attended the recent group meeting, likely due to ongoing operational pressures. A Change Lead has now been appointed to the Remote Integrated Care Service (RICS), strengthening leadership within the workstream. The RICS Winter Desk has had a positive impact, improving patient welfare checks and staff engagement while enabling Clinical Support Desk (CSD) clinicians to focus on higher-value tasks. However, a review is planned to investigate the cause of approximately 150 failed callbacks. To support this, an internal communication piece is being developed within the RICS workstream to highlight the Winter Desk's impact, address ongoing winter challenges, and provide colleagues with information, motivation, and reassurance.

Overall, the status remains **Yellow**, reflecting risks associated with change saturation, the pace of delivery, and its impact on staff across the organisation.

PARTNERSHIPS & ENGAGEMENT	**↔ Green**

On Track: Commencing in January 2025, Executive Sponsors convened a series of face-to-face meetings with key political and clinical system leads. **Engagement with key stakeholders, including Welsh Government clinical leads, GPC Wales, and the National One Out of Hours Forum, has reaffirmed strong support for the evolving clinical services model**. The integration of RICS and Health Board hubs has been well received, with constructive discussions on ensuring alignment with Health Board pathways and avoiding duplication. Further collaboration, including a proposed clinical summit, will support continued progress.

Work continues embedding patient stories to illustrate the impact of the evolving clinical model. Further stories are being sought to enhance engagement and showcase real-world benefits.

Directorate-led IMTP Delivery & Assurance Approach

6. IMTP deliverables outside the scope of the Clinical Model Transformation programme are managed through Directorate Plans or bespoke programmes noting that some actions may still require cross-directorate working.

7. Existing Directorate Business Meetings are utilised, and assurance provided to the STB and onward to FPC and Board.

8. This process is facilitated by the Integrated Strategic Planning & Development Group (ISPD), with summary updates from Directorates to the group. This will also support with the cycle of strategic planning. Updates by exception will subsequently be incorporated into quarterly AAA reports to STB, providing status updates on the IMTP deliverables and escalating any key risks/issues or achievements.

9. The current update in this paper is the mid-point quarter 4 position, following an end of Q3 report provided to FPC and the Board in January.

10. Directorate led IMTP deliverables below are set out against each of our strategic objectives.

SO1 Providing the right care or advice, in the right place, every time - Operations

IMTP Objective	IMTP Actions / Deliverables	Qtr	Progress / RAG	Delivery confidence for year end
High quality, immediate or timely on scene assessment, care and conveyance where needed	• Fully roll out CHARU	Q3	• External recruitment completed; secondment opportunities being considered for remaining gaps	• UHP at 94% nationally (1% off 95% target) • Transition to core business
Immediate 999 call answering, and efficient and effective dispatch of the right resource	• New management structure EMSC	Q3	• Complete	• Complete
	• Implement single allocator model, dispatch roster review & boundary changes	Q3	• Complete	• Complete
Excellent clinical leadership	• New remote clinical assessment service clinical leadership team	Q3	• In process of recruiting clinical navigators and locality manager.	• Will roll over to 2025/26
Rapid call answering, initial triage and onward referral	• Demand & capacity review for activity originating in 111	Q4	• Demand and capacity review, tender process completed, contract award being made	• Review to be completed with further re-roster deliverables in 2025/26 IMTP

IMTP Objective	IMTP Actions / Deliverables	Qtr	Progress / RAG	Delivery confidence for year end
A flexible, user centred Non-Emergency Patient Transport Service with the right capacity in place to meet demand	• Complete NEPTS roster review and commence benefits realisation	Q3	• Significant progress but longer timescale to implement, project established, engagement planned	• Will roll over into Q1 2025/26
	• Develop and implement an enhanced oncology joint plan with partners	Q4	• Significant work with cancer centre liaison to develop national checklist to maximise service delivery	• Will roll over into Q1 2025/26
	• Reduce cancellations through system redesign with health boards	Q4	• Text messaging options developed, two way messaging due to go live Mid Feb.	• Will be completed. Further phases to SMS messaging in 2025-28 IMTP
	• Implement a revised Liaison Service Model	Q4	• Significant progress Further engagement sessions planned in Feb/Mar	• Will be completed
	• Develop the Ambulance Care co-ordination function	Q3	• Completed	• Completed
A dedicated and timely transfer & discharge service supporting HBs with their transformation agendas	• Plan for 24/7 major trauma desk & transfer clinical hub (subject to funding)	Q4	• Business case being developed	• To roll over into 2025/26
A high quality, safe service with improved patient experience	• Quality assurance mechanism for external providers further enhanced	Q4	• Completed	• Transition to core business; annual inspections now programmed in, quarterly reporting in place.

SO1 Providing the right care or advice, in the right place, every time - Clinical

IMTP Objective	IMTP Action / Deliverable	Qtr	Progress / RAG	Delivery confidence for year end
High quality, immediate or timely on scene assessment, care and conveyance where needed.	• Implement plan to improve CHARU effectiveness	Q3	• Completed	• Completed

SO2 Enabling our people to be the best they can be - People & Culture

IMTP Objective	IMTP Actions / Deliverables	Qtr	Progress / RAG	Delivery confidence for year end
Capability	• Ongoing work: People Development plan, People Management Essentials and PADR check ins	Q4	• Ongoing	Further focus on PADRs in 25/26 plan. Continual development and implementation of people development plan, embedding into organisation
Capacity	• Delivery of Strategic Workforce Plan (Q1 milestone)	Q4	• Complete. Plan was presented at People & Culture Committee where it was endorsed	Complete but an action plan for implementing the plan is a deliverable within the 2025/26 IMTP.
	• Ongoing work: Health & Wellbeing Plan, Retention work plan, eTimesheets	Q4	• Ongoing work progressing towards Q4 deadlines, albeit there may be some delay on eTimesheets due to sickness of key staff working on delivery.	Delivery and implementation for IMTP 25/26
Culture	• Expand Culture champions and change network	Q4	• Ongoing work progressing during Q4.	Ongoing work continuous into IMTP 25/26. Development of a culture toolkit currently on hold whilst developing our WAST way.
	• Ongoing work: Allyship and Bystander training, Employee offer, Culture Champions & Change Network, impact of culture toolkit	Q4	• Completed	Transition to BAU

In the IMTP we set out what good would look like for Our People, by monitoring the following metrics:

- Sickness absence below 6%
- Turnover rates falling
- Engagement rates (measured for example by NHS Staff Survey completion)
- Regular check ins with managers
- More colleagues join WAST internal staff networks

Performance Overview	RAG Rating
Within the **Ethnicity category** 86.9% of the WAST workforce identified as 'White' this is compared to 93.8% in the 2021 census for Wales. 0.8% identified as 'Mixed or Multiple ethnic groups' compared to 1.6% pan-Wales; 0.3% identified as 'Asian' compared to 2.9% pan-Wales; 0.3% identified as 'Black' compared to 0.9% pan-Wales and 0.2% identified as 'Other Ethnic Group' compared to 0.9% pan-Wales. 11.6% are recorded as unspecified or not recorded. 7.7% of the workforce identified as having a 'disabled flag', compared with 21.1% pan-Wales. 5.9% identified with an LGB+ sexual orientation compared with 3.1% pan-Wales.	
Sickness absence, across all directorates, was 8.2% for quarter 3 2024/25, which failed to achieve the 6% target. However, sickness has seen a declining, and therefore, improving trend, over the past two years, with the sickness rate for quarter 3 2023/24 being 9.1% and in quarter 3 2022/23 it was 9.7%.	
Staff turnover rates have been steadily declining since July 2022, when they peaked at 11.6%. The rate for December 2024, at 7.9%, was the lowest figure recorded since June 2021.	
The **NHS Staff Survey completion rate** for 2024 was 35,2% (1,520 completed), up from 23.2% in 2023. This ranked 5th out of the 14 NHS Wales organisations. For 2025 our main focus is on increasing participation rates, enabled by a robust communications and engagement plan.	
PADR rates in December 2024 were at 77.2%, which continued to be below the 85% target, and was also below the 78.2% level reported in December 2023. All directorates are being actively encouraged to ensure that PADR compliance and staff engagement is viewed as a priority.	
Women's Health Network –101 members; Black, Asian and Ethnically Diverse Network – 9 members; WAST Voices – 99 members; WAST Purple Space Network – 24 members; LGBTQ – 12 members; Working Carers Network – 29 members and Culture Champions – 166.	

The Board is able to scrutinise this data in more depth in the MIQPR.

SO3 Being at the forefront of innovation & technology - Digital

IMTP Objective	IMTP Actions / Deliverables	Qtr	Progress / RAG	Delivery confidence for year end
Develop & agree digital plan	Refresh plan against five cornerstones below: 1. Everyday essentials 2. Security, Safety & Cyber 3. Digital Pioneers 4. Transformation 5. Data, Information & Insight	Q1	• Completed refresh and Board sign off.	Planning for delivery 2025-2026.
Patient Access	• Consultant connect access (everyday essentials)	Q4	• Rollover to 2025/26	Rollover to 2025/26
	• Video Triage Calls • The deployment and adoption of video triage technology for our CSD and 111 services.	Q4	• Trialling in Swansea Bay + HDda & plan for Wrexham next	Planned for 2025/26 within RICS programme
Rapid progress of technology	• Telephony upgrade for 999		• Successfully delivered w/c 11 November	Complete

IMTP Objective	IMTP Actions / Deliverables	Qtr	Progress / RAG	Delivery confidence for year end
	• MDVS project conclusion EMS and NEPTs replacement of mobile data terminals and associated hardware/software		• Completed Phase 1 complete project closure report tabled January 2025 (Q4 update)	Plan for MDVS Phase 2 Outline Business Case underway 2025/26.

The digital plan is key to turning the dial on the following metrics:

- No successful cyber breaches
- Reduced numbers of helpdesk calls and better rate of first call resolution
- Increase in the number of scaled up technology projects
- Increased confidence in using data
- Increased levels of patient and staff satisfaction with digital solutions

Performance Overview	RAG Rating
Closed report goes to every F&P.	
Monthly KPI report produced from calls logged with the service desk. **First time resolution has increased** to 56.3% in December 2024. (Data to follow)	
The Digital Directorate has published its **Digital Plan for 2024-2029**. During 2024/25 the Directorate has introduced a new Digital Innovation and Transformation arm. The new section will provide a focal point for adoption of new innovative technology and test their benefit prior to widespread adoption. The Directorate is already working with partners in areas such as drones.	
This is **a recognised area of development** and is included in the Q&PMF workplan; however, it is a 2026/27 action due to the executive focus on the CMT programme and the supporting analysis required for that.	
The service desk run a monthly customer satisfaction survey across its user base. Since April 2024 **customer satisfaction** has been above 90%. Any users who say they are dissatisfied are contacted to try and address the issue.	

Whilst some of this data is available there is further work now that the digital plan has been approved to ensuring the data is available across all metrics to show the impact of the plan. Some indicators will be available through committee and board reports and/or the MIQPR.

IMTP Objective	IMTP Actions / Deliverables	Qtr	Progress / RAG
Developing and implementing our plans for Environmental Sustainability and Adaptation*	Delivery of EFAB funded schemes through year	Q1-4	• Newtown due for completion mid March 2025 • Tredegar complete • HART premises complete • Pontardawe complete • Fire alarms and medical gas storage work complete
The right buildings in the right place, enabling our staff to provide the best and safest care across Wales	Prioritised estates capital schemes delivered through year and across IMTP years	Q1-4	• Further consideration required on planning for Swansea, Llanelli, Newport and Llandrindod Wells in 2024/25 due to AWC funding • Bangor Fleet Workshop – delivery included in 2025-28 IMTP • Llangunnor due for completion by end of March 2025

			• Ruthin remains 'urgent attention required' as alternative solutions required • Dolgellau - waiting for signature of the lease before Chairs Action can be completed to confirm contract award - delivery expected in 2025/26 • Monmouth delivery included 2025-28 IMTP • North Wales CCC relocation works are on track to be completed by end of March 2025 • Thanet House on hold and included in 2025/26 prioritisation
The right fleet in the right place, enabling our staff to provide the best and safest care across Wales	Prioritised fleet capital schemes delivered through year and across IMTP years	Q1-4	• 35x EA vehicles due for conversion and completion in year • 5x HART responder vehicles due for delivery in February 2025 with completion slipping into 2025/26 • 30 x SRVs on track for commissioning into April

SO4 Developing our services in collaboration - Partnerships & Engagement

IMTP Objective	IMTP Actions / Deliverables	Qtr	Progress / RAG	Delivery confidence for year end
Meet the requirements of the Wellbeing of Future Generations Act	• Delivery of wellbeing objectives published by end Q4	Q4	• Draft Objectives are out for engagement and on the agenda for committee endorsement	• Wellbeing objectives on track to be approved with follow up deliverables for WBFGA in 2025-28 IMTP
University Trust Status in collaboration with WG, embracing a 'democratised culture' of learning, research and innovation	• Academic Partnership priorities updated and published	Q4	• Complete. Updated UTS priorities agreed at committee and will be included in next IMTP	• Priorities are included in the IMTP 2025-28
Well-placed to influence system thinking/strategy development	• Structured engagement commenced with stakeholders & public	Q4	• Continued engagement on CMT model ongoing • RPB engagement continues with WAST on 6 out of 7 RPBs with a seat around table at GASP in Gwent	• Continued ongoing work being worked up alongside CMT development - working in collaboration with strategy and transformation teams

The Engagement Framework and CMT Engagement plan ar key to turning the dial on the following metrics:

- Improved reputation scores
- Stakeholder support for our strategic plans
- Increasing number of research projects
- Increased levels of alternative (to core commissioning) funding streams

Performance Overview	RAG Rating
The transformation programme continues to engage with highly influential stakeholders to secure support for our evolving clinical model. Over recent months this has included direct engagement with the **interim 111 & Ambulance Director, JCC and the Six Goals Programme Director**. The Engagement Delivery Plan sign off by the Trust Board in 2023 is currently being refreshed and will set out a clear and methodical approach to engage and seek support across the spectrum of political, system and wider stakeholder groups.	
We will continue to develop and deliver **world class research and innovation** that has far reaching impact. Our partnerships continue to grow with R&I collaborators, such as Warwick University with PRIME Centre Wales. Our capacity continues to grow through partnerships in areas such as SAIL and UK Out of Hospital Cardiac Arrest Outcomes Registry. WAST has contributed to innovative policy changes and groups such as the NHS R&D Framework Innovation Framework and toolkit.	
A **tracker** is being developed through ISPD to try and track external additional funding that is not brought through core JCC funding. The Trust also needs to establish a baseline for additional income through commercial revenue streams.	
The **Wellbeing of Future Generations Act (WBFGA) has applied to WAST since June 2024**. Since this time, the Trust has been working alongside a group of staff from across the organisation, as well as trade union partners, to develop some broad wellbeing objectives that reflect our commitment to deliver the wellbeing goals outlined within the Act. These are currently out to Board for approval and once achieved will then be published.	

Whilst some of this data is available there is further work to ensuring the data is available across all metrics to show the impact of the plan.

SO5 Being quality driven and clinically led – QSPE

IMTP Objective	IMTP Actions / Deliverables	Qtr	Progress / RAG	Delivery confidence for year end
Systems that meet the requirements of the Duty of Quality and Duty of Candour	• Establish a Quality Improvement Hub	Q4	• Life QI purchased and implemented. • Meetings held with Transformation team to identify opportunities to utilise software for transformation tracking of PDSA test of change data.	• Will be completed early 25/26 due to delay in funding being received / approved.
A culture of quality improvement with robust quality management systems	• WAST Quality plan • Draft plan for Approval	Q4	• Quality Task & finish group established to support draft content. • Governance Approval routes identified • Implementation plan draft	• Initial plan draft due end Q4

IMTP Objective	IMTP Actions / Deliverables	Qtr	Progress / RAG	Delivery confidence for year end
Meaningful engagement and co-production with communities	• CIVICA enhancement	Q4	• Report completed Surveys in CIVICA to Welsh Government • Launched the SMS Text Service • Continue to expand the reach 'wider patient experience capture' DPIA being progressed for Information Commissioner approval.	• Rollover 25/26 delivery due to Information Governance dependency.

We are currently refreshing both the Clinical Plan and the Quality Plan for the Trust. We will seek to turn the dial on the following metrics:

- Duty of Candour compliance
- Increased number of patient outcomes reported
- Increased evidence of meaningful public and patient engagement
- Increased opportunities for out people to progress their clinical practice and career

Performance Overview	RAG Rating
All Duty of Candour requirements are met, and learning acted on. The Trust has a Quality Strategy and is currently writing a Quality Plan. Both are in response to the statutory duty of quality. Part of the duty of quality is a duty of candour. The Trust has gone through an OCP for the PTR team and has in place a new AD and structure. The Trust **has started reporting publicly on a duty of candour metric**, specifically whether the 'in person' notification has been sent. The Trust has also been asked to publicly report on its call to door times under the duty of candour, which it now does via the MIQPR also.	
The Trust publicly reports on seven clinical indicators in the MIQPR. Four of these have a 95% target , none of which are currently being achieved; however, the clinical indicator Recovery Plan has identified this is not an issue of clinical safety, but completion of the eCPR. There have also been improvements in all areas during 2024. The ROSC rate is not yet consistently achieving the 25-30% benchmark. It is recognised that the call to door times are too long (handover lost hours being the primary cause). A key area for development is **data linking** (via NHS number) to enable the Trust to track patient outcomes. A data pipeline for WAST data to feed into the WAST cardiac database is currently being tested.	
A draft **'People's Experience Framework'** is due to be formally launched and we will use it to frame and deliver all experience work across the Trust. The framework is a maturity matrix aimed at empowering us to evaluate the Trust's current position and develop ambitious improvement plans for peoples experience through a 'value lens'.	
PCC agreed the Trust's **Strategic Workforce Plan** in August 2024. This is a significant milestone for the Trust. It sets out a road map through to 2030 for key workforce actions. Actions include expanding the apprenticeship programme, increased CPD opportunities, developing new clinical leadership structures around the clinical model transformation, a coaching and mentoring framework and increased clarity on career pathways in the Trust.	

Whilst some of this data is available there is further work to ensuring the data is available across all metrics to show the impact of the plan.

SO6 Delivering exceptional value – SP&P

IMTP Objective	IMTP Actions / Deliverables	Qtr	Progress / RAG	Delivery confidence for year end
Rapid call answering, initial triage and onward referral	• Undertake demand & capacity review	Q4	• Supplier contract live with expectation to re-roster in 2025/26	• This has been brought back on track on the basis that the work is ongoing now to enable re-roster in 2025/26

A flexible, user-centred Non-Emergency Patient Transport Service with the right capacity in place to meet demand	• Re-rostering across NEPTS	Q4	• Working parties established with implementation now slipped to 2025/26	• Roster review implementation in Q3 2025/26

SO6 Delivering exceptional value – Financial Sustainability Programme

IMTP Objective	IMTP Actions / Deliverables	Qtr	Progress / RAG	Delivery confidence for year end
Sustainable savings & efficiencies	• Service Review across the Trust completed with recommendations by Q3	Q3	• ELT session held in February 2025 with key areas of work to be delivered in 3 phases in the next IMTP 2025-28	• Final report and agreed recommendations to inform delivery plan in 2025/26
Generate income alongside our core commissioned functions	• Develop commercial strategy based on outcome of market analysis exercise in Q3	Q2	• Recruitment of Head of Commercial unsuccessful. JD being reviewed to re-advertise with commitments to continue to focus on commercial opportunities in 2025/26	• Roll over to 2025-28 IMTP

Well governed - Corporate Governance

IMTP Objective	IMTP Actions / Deliverable	Qtr	Progress / RAG	Delivery confidence for year end
A risk management framework as a key enabler of our long-term strategy and decision making	• Implementation of Strategic BAF by end of Q3	Q3	• Ongoing –will be finalised in Q4 for roll out in 2025/26	• Transition to core business
	• Suite of risk appetite statement implemented & issued	Q4	• Sessions in diaries Dec & Feb Board Development Days	• Transition to core business
	• Risk training rolled out & Level 1 training package on ESR	Q4	• Design ready to be published on LM365	• Transition to core business
Strengthen Welsh Language compliance	• Toolkit for senior leaders & board developed	Q4	• Initial draft, to be added into Welsh Language Policy – on track, February	• Will be complete

IMTP Objective	IMTP Actions / Deliverable	Qtr	Progress / RAG	Delivery confidence for year end
			BDD will include suite of documents	

RECOMMENDATION

11. That the Board:
    - **Notes** the CMT programme progress update;
    - **Notes** the confirmed Directorate-led IMTP interim Q4 position;
    - **Notes** the detailed outcomes measures set out in the paper.

Appendix 2

Assurance against the Cabinet Secretary's priorities 2024/25

BACKGROUND

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

ASSESSMENT

The following table sets out the key areas for WAST against the priorities, and the milestones to be achieved in quarter 2 (confirmed end of quarter position). Bold font indicates new progress update.

Cabinet Secretary Priority	Area for WAST	Milestones Q1	Milestones Q2	Milestones Q3	Milestones Q4	Progress
Primary and Community Care, with a focus on improving access and shifting resources into primary	111 Skill Mix	• Group established to consider and develop scope for 111 MDT skill mix	• Scoping paper to commissioners	• (Subject to commissioner support) Project initiation & Business Case Developed	• Business case submitted for introducing new roles	• Off track. The paper has not yet been presented to commissioners. • Multi professional skill mix features within 2025-28 IMTP
	111 Pathways	• Dental access improved in 4x health boards by end of Q4 • Strengthened links into primary care / Out of Hours in. Urgent Primary Care Centre access by end of Q4 • Medicines management pathways in place by end of Q4				• Modelling being undertaken for 3 remaining Health Boards to take on dental access pathways

Cabinet Secretary Priority	Area for WAST	Milestones Q1	Milestones Q2	Milestones Q3	Milestones Q4	Progress
and community care						• Currently piloting in BCU and C&V direct booking into Urgent Primary Care Centres
	999 Pathways: Falls & Frailty	• Level 1 falls - Assessment of the demand & capacity modelling undertaken • Level 2 falls - Undertake evaluation of our existing services	• Presentation of L1 options and benefits • Present evaluation and options for sustainability of L2 services going forward	• Implement new L1 model • Develop and Implement L2 Plan	• Monitor & evaluate impact on delivery • Y2/3 Milestones for expansion of services across Wales	• **Deliverables for falls have been included in 2025-28 IMTP aligned to the National Community Falls framework** • WAST engaged closely with NHS Executive on the National Community Falls Framework, and is attending a National Task Force group of falls leads across NHS Wales. • Health boards are completing baseline assessments and gap analysis; mapping what current community falls response services exist and how these can be accessed. • We have undertaken 24hr level 1 response modelling nationally (on the basis that all falls can be supported at level 1 where clinically appropriate) and we are supporting health boards on understanding demand and where scaling up is required to provide a response across all geographical areas 7/7.
	999 Pathways: Digitised pathways	• Evaluate the effectiveness of the new digital solutions to make referrals to existing pathways and usage	• Develop further opportunity for digital notifications with Welsh portal	• Implementation and roll out	• No milestone for Q4	• A new digital transformation and innovation programme has been set up to manage and prioritise digital workstreams that fall outside the clinical transformation programme – this is progressing
	999 Pathways: Connected Support Cymru (CSC)	• Recruitment of key roles to support CSC delivery (dependent on	• Engaging with key stakeholders and evaluating overall project	• Development of secondary business case to support sustainable	• Submission of business case • Y2/3 Milestones for	• **CSC is now part of the work to develop remote integrated care in the 2025-28 IMTP**

Cabinet Secretary Priority	Area for WAST	Milestones Q1	Milestones Q2	Milestones Q3	Milestones Q4	Progress
		outcome of business case) • Commenced recruitment of internal volunteers • Testing 'ambulance in a box' in Care Homes in AB & BCU, evaluate and conclude forward plan	data to determine resource requirements moving forward • Commencement of recruitment and on-boarding on external partner organisations and ongoing recruitment and onboarding of internal volunteers • Developing technology enabled care community pathways up until end of Nov; testing in Care Homes in AB & BCU and in patients homes • Evaluate and conclude forward plan	implementation • Develop business case for procurement of technology (subject to funding)	expansion of services across Wales	• No further progress on funding requirement to support ongoing CSC development. • Project continues in BCU and remains part of the WAST IMTP and Clinical model transformation programme as part of the wider remote clinical service development.
Urgent and Emergency Care, with	Goal 2: New 111 System	• Full implementation of new CAS	• Realise benefits in line with business case	• Formal benefits realisation report shared	• No milestone in Q4	• 111 metrics report being developed for JCC

Cabinet Secretary Priority	Area for WAST	Milestones Q1	Milestones Q2	Milestones Q3	Milestones Q4	Progress
a focus on delivery of the 6 goals programme		system 30th April • Decommission old system		with commissioners		
	Goal 2: 111 website & symptom checkers	• Scoping exercise to review requirements of a 111 website – and develop options appraisal accordingly	• Development of business case • Review and develop requirements to improve symptom checkers, with potential requirement for procurement.	• Finalise business case in readiness to Seek approval through organisational BC governance process • Identify approach to improvement of symptom checkers	• Secure funding and commence recruitment of website team as determined within business case process.	• **No additional funding for website team at this stage** • **The procurement process for RoboticsAI's Virtual Assistant is complete, with contracts signed and development in progress.** • A meeting with the current CPSS supplier in December where the high level Symptom Checker Specification was discusses. A high level specification was approved in the DFE Project. The current corporate risk regarding the symptom checkers has been reviewed by ADLT and will now be presented to ELT • The Business Case for the NHS 111 Wales website is at first draft which will be reviewed by the CMT Board. • To ensure clarity on technical requirements, a collaborative meeting between the Digital and Health Informatics teams facilitated the initial drafting of the technical specification for the Content Management System procurement. • Our WAST Network members (made up from the public) and Llais public contacts and members have been invited to take part in a review of the NHS 111 Wales website. This will provide vital feedback on the current website content and usability to inform planned improvements

Cabinet Secretary Priority	Area for WAST	Milestones Q1	Milestones Q2	Milestones Q3	Milestones Q4	Progress
	Goal 2: 111 re-roster	• No Q1 milestone	• Agreement with commissioners to proceed	• Complete procurement process to undertake Demand and capacity review	• Undertake demand and capacity review • Re-roster takes place in year 2	• **Contract live and work being undertaken with strong expectation that we will re-roster in 25/26** • Review of rostering practices. Agreement from commissioners to commence Review of rostering practices. Procurement process ongoing
	Goal 3: • Develop the remote clinical assessment speciality • Develop a fully remote working clinician offer (operations/training/digital) • Develop Pre-Dispatch Outcome Risk Stratification Tools linking CAD & ePCR data • Roll out of new integrated (111/clinical support desk) care model • Connected support Cymru • Extend use of video/ phone consultation • Urgent On-Scene Community Response	• Milestones set out in the programme to deliver the future clinical service model and reporting will be in main body of IMTP assurance report	• Milestones set out in the programme to deliver the future clinical service model and reporting will be in main body of IMTP assurance report	• Milestones set out in the programme to deliver the future clinical service model and reporting will be in main body of IMTP assurance report	• Milestones set out in the programme to deliver the future clinical service model and reporting will be in main body of IMTP assurance report	• These are key deliverables in the Clinical Model Transformation Programme. See assurance report in appendix 1
	SDEC Pathways	• Re-establish ICAPs with Health Boards (subject to JCC commissioning arrangements) • Complete data quality assurance of end destination in CAD to	• Implementation of SDEC criteria across WAST	• Implementation of SDEC criteria across WAST	• Implementation of SDEC criteria across WAST	• This is now under goal 4. WAST is now part of the Goal 4 delivery group and will develop its own 6 goals delivery plan reflecting actions to improve referrals into SDEC from clinicians on scene. However, actions around SDEC activity currently sit with Health Boards within their 6 goals delivery. WAST will continue to engage and respond to requests to work collaboratively to improve uptake of direct referrals

Cabinet Secretary Priority	Area for WAST	Milestones Q1	Milestones Q2	Milestones Q3	Milestones Q4	Progress
		ensure SDEC direct referrals fully captured				
	Goal 4: CHARU	• Complete CHARU recruitment by end Q2 • Improve utilisation rate to modelled benchmark by end Q2 • (work ongoing during Q1)		• Improved staff in post to establishment		• **CHARU UHP in Q4 up to 94% (1% off target) nationally** • **123.7 FTE staff in post against target of 141.4 FTE (91% SIP to establishment)**
	Goal 4: Rural variation	• Complete CHARU recruitment by end Q2 • Continue process of targeted recruitment and process of smoothing i.e. aligning SIP to establishment by end Q2 • Build rurality results from 2023 EMS Demand & Capacity Review by end Q2 • Agree Implementation Plan with commissioners by end Q2		• Continued targeted recruitment in rural areas		• **SIP to establishment in Powys is 90.19% with only 0.8FTE vacancy and 80.37% in Hywel Dda equating to 8.3 FTE vacancies** • Recruitment in rural areas remains challenging, but is monitored regularly and is a focus within WAST. • The Clinical Model Transformation Programme constitutes WASTS's implementation plan for the D&C. The D&C will need to be formally reported to JCC at some point.
	Goal 4: Sickness reduction in EMS and EMSC	• Ongoing continuation of managing attendance and implementation of the health and wellbeing plan throughout year				• **(NB figures are organisation wide) There was a slight increase in overall sickness absence rates between November 2024 and December 2024, rising from 8.06% to 8.69%. Long term absence decreased from 5.95% in November 2024 to 5.56 % in December 2024, while short-term absence increased slightly to 3.14% in December from November 2024 (2.11%).** • Work on managing attendance continues and engagement is ongoing to develop the next iteration of the Trust's Health & Wellbeing Plan
	Goals 5 & 6: Transfer and Discharge model	• Engagement on modelled options for transfer	• Development of reporting against new protocols	• Develop implementation plans dependent on	• Integration of long term developmental plans into	• **Revised plan being developed for inclusion in 2025-28 IMTP, aligned to updated commissioning intentions for**

Cabinet Secretary Priority	Area for WAST	Milestones Q1	Milestones Q2	Milestones Q3	Milestones Q4	Progress
		services with health boards commenced • Implementation of new MTPS protocols within the Computer Aided Dispatch (CAD) system designed to allocate transfer resources more effectively	within the CAD post MTPS implementation • Agree outline service model for further engagement with Health Boards. • Develop business case/principles for All Wales service. • Develop business case for 24/7 Major Trauma Desk following outcome of Gateway 5 review.	outcome of commissioning discussions.	ambulance care service vision. • Develop implementation plans for major trauma desk.	**transfers in EMS and NEPTS commissioning intentions.** • **Project to be reframed in line with commissioning intentions in 2025-28 IMTP** • Final modelling shared with JCC colleagues shows high levels of staffing requirement for a ring fenced all Wales service. • Further options to improve timely access to transfer services and discharge capacity now being considered with JCC in line with its future vision for transport and through the Health Transport workstream of the Clinical Model Transformation Programme.
Planned Care and Cancer, with a focus on reducing the longest waits	Roster review of NEPTS Ambulance Care Assistants	• Continue with NEPTS Demand & Capacity work, in particular, undertake NEPTS transport roster review by end Q3		• Complete NEPTS roster review and start to review benefits.		• **Working parties for re-roster have commenced with full implementation expected Q3 2025/26** • Contract let with third party providers. • Project manager being appointed to lead the work internally, timescales slipped into Q4.
	Enhanced hub for oncology patients	• Establish expected outcomes & principles to develop enhanced oncology service	• Develop action plan to deliver the required change	• Action plan for oncology implemented	• Enhanced hub live	• Significant work with cancer centre liaison to develop national processes to maximise service delivery, continued joint working

Cabinet Secretary Priority	Area for WAST	Milestones Q1	Milestones Q2	Milestones Q3	Milestones Q4	Progress
	Quality assurance of external providers	• No specific milestone in Q1	• Welsh Ambulance Quality Standard award implemented	• No specific milestone in Q3	• Review award and update as required	• Ongoing
Mental Health, including CAMHS, with a focus on delivery of the national programme	Develop and implement a referral pathway for 111 Press 2 teams	• Completion of 111 CAS system implementation to aid improvement in 111 press 2	• New CAS system will provide resolution to Press 2 pathway	• No specific milestone in Q3	•	• CAS implementation complete • Review with health boards effectiveness of press two and where there is opportunity to improve
	Mental Health Response Vehicles	• Collating and presenting evidence from pilot within AB, discussing outcomes and options for further pilots	• Undertake further pilot (pending agreement) • Continuing to engage with national evidence across UK	• Prepare business case dependent on outcomes	•	• See assurance report in appendix 1 – this forms part of the Clinical Transformation Programme
	Right Care Right Person	• Engaging with Police Services in Wales, NHS partners, Local Authorities and third sector providers on changes affecting response to people in crisis	• Assess impact to WAST • Possible update to 2023 EMS Demand & Capacity Review results.	• Develop Business case	•	• Modelling can be undertaken, but requires further clarity on the likely level of activity • No progress on Business Case
	Mental Health Practitioners in CSD	• Assess demand and capacity plan outlining future needs for the team and training	• Share plan with commissioners for further discussion	• Training implemented (subject to cost and funding)	•	• See assurance report in appendix 1 – this forms part of the Clinical Transformation Programme

Cabinet Secretary Priority	Area for WAST	Milestones Q1	Milestones Q2	Milestones Q3	Milestones Q4	Progress
		requirements (as part of overall demand and capacity work for the future clinical service model)				

RECOMMENDATION

That the Board:

- **Notes** the update against the quarter 4 milestones in the action plans to meet the Cabinet Secretary's priorities set out in the 2024-27 planning framework and our approved IMTP.

AGENDA ITEM No	**15**
OPEN or CLOSED	**OPEN**
No of ANNEXES ATTACHED	**3**

Financial Performance as at Month 11 – 2024/25

MEETING	Trust Board
DATE	27th March 2025
EXECUTIVE	Chris Turley (Executive Director of Finance & Corporate Resources)
AUTHORS	Edward Roberts (Interim Assistant Director of Finance) Steph Taylor (Assistant Head of Capital Planning)
CONTACT	Chris.Turley2@wales.nhs.uk

EXECUTIVE SUMMARY

This paper presents to the Board the latest Financial Performance Report of the 2024/25 financial year, the reported position as at Month 11 (February 2025). It builds on a presentation on the Month 11 position given the meeting of the Finance & Performance Committee on 18th March 2025.

The Board is asked to review, comment, note and receive assurance on the financial position and 2024/25 outlook and forecast of the Trust, noting the risks to in year delivery in doing so.

KEY ISSUES/IMPLICATIONS

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

- The Trust is reporting a small revenue surplus (£42k) for month 11 2024/25;
- In line with the balanced financial plan approved as part of the submitted 2023-26 IMTP, the Trust is currently forecasting to breakeven for the 2024/25 financial year;
- Capital expenditure plans are on track to fully deliver spend plans in year;
- In line with the financial plans that support the IMTP, gross savings of £6.317m have been achieved in month 11 against a target of £5.975m;
- Public Sector Payment Policy is on track with performance, against a target of 95%, of 97.6% for the number, and 98.7% of the value of non-NHS invoices paid within 30 days.

REPORT APPROVAL ROUTE
• FP&C – 18th March 2025 Presentation

REPORT APPENDICES
Appendices 1 – 2 *– Monitoring returns submitted to Welsh Government for month 11 – as required by WG* ***Appendix 3*** *– Savings performance*

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

WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST

TRUST BOARD

FINANCIAL PERFORMANCE AS AT MONTH 11 2024/25

INTRODUCTION

1. This report provides the Board with a summary of the revenue financial performance of the Trust as at 28th February 2025 (Month 11 2024/25), along with an update on the 2024/25 capital programme. It builds on a presentation on the Month 11 position given the meeting of the Finance & Performance Committee on 18th March 2025.

BACKGROUND

1. The key points to note in relation to the **delivery of the Statutory Financial Targets for month 11 2024/25** (1st April 2024 – 28th February 2025) are that:

   - The cumulative revenue financial position reported is a small **underspend against budget of £0.042m,** based on some key assumptions consistent with that within the IMTP financial plan and the Board approved budget for 2024/25. The underlying year-end forecast for 2024/25 is currently a balanced position;

   - In line with the financial plans that supported the submitted Annual Plan within the IMTP for this financial year, gross savings of **£6.317m** have been achieved against a target of **£5.975m**. Now included within this paper is a more detailed analysis of savings including the recurring / non-recurring nature of their delivery;

   - Public Sector Payment Policy is on track with **performance, against a target of 95%, of 97.6% for the number, and 98.7% of the value** of non-NHS invoices paid within 30 days.

2. Whilst continuing to be broadly balanced at this stage of the financial year, which is clearly encouraging, it is key to continue to note the key assumptions that were made at the outset of the financial year within the balanced financial plan and budget set. These have been fully detailed in previous in year financial performance updates, so are not repeated again here, but the reporting of this current and forecast position has continued to be set in this context.

3. As Board members will be aware, the Trust did escalate one financial risk in its reporting to Welsh Government early in the financial year (in month 2) – that in relation to EMT / technician level posts re-banding. As previously outlined over recent months, this risk had been able to be reduced in stages through the financial year. Discussions continue with commissioners around the more significant impact of future year's cost increases and resulting funding pressure previously highlighted through the submitted business case. It is pleasing to report that we have been able to continue to hold the residual in year risk in relation to this issue, which has now been reduced to zero, with any remaining costs being managed in year through controlling other variable spends. As Board members will know however, this is unlikely to be the position for 2025/26 onwards though, not least due to the fact that the costs significantly increase in future years. This is picked up in more detail in the 2025/26 financial plan as part of the 2025-28 IMTP.

REVENUE FINANCIAL PERFORMANCE – MONTH 11 2024/25

4. The table below presents an overview of the financial position for the period 1st April 2024 to 28th February 2025.

Revenue Financial Position for the period 1st April - 28th February				
	Annual Budget	Year to date		
		Budget	Actual	Variance
	£000	£000	£000	£000
Income	-308,811	-280,822	-281,090	-268
Expenditure				
Pay	223,774	204,204	202,316	-1,887
Non-pay	63,939	57,278	60,008	2,730
Total pay & non-pay expenditure	287,713	261,482	262,324	842
Depreciation & Impairments / interest payable & receivable	21,098	19,340	18,723	-617
Total	**0**	**0**	**-42**	**-42**

Income

5. Reported Income against the initial budget set to Month 11 shows an overachievement of **£0.268m**.

Pay Costs

6. Overall, the total pay variance at Month 11 is an underspend of **£1.887m**.

Non-pay Costs

7. The overall non-pay position at Month 11 is an overspend of **£2.730m**.

Savings

8. As above, the 2024/25 financial plan identifies that a minimum of **£6.421m** of planned savings (including Income generation) are required to achieve financial balance in 2024/25, this equates to c2.2% of the Trusts discretionary income. Of this, **£3.646m** is recurrent and **£2.775m** is currently deemed non recurrent.

9. Month 11 in month performance was, plan of £0.445m and £0.394m achieved, therefore an underachievement of £0.051m (recurrent underachievement of £0.010m and non recurrent underachievement of £0.041m). Cumulative performance was plan of £5.975m and £6.317m achieved, therefore an over achievement of £0.342m* (£0.424m recurrent and -£0.082m non recurrent), as per the below table.

	Annual	In Month			Cumulative			Forecast		
	Plan £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
Recurrent Schemes / Themes	3,646	236	227	-10	3,408	3,833	424	3,646	4,069	423
Non Recurrent Schemes / Themes	2,775	208	167	-41	2,567	2,485	-82	2,775	2,659	-116
Overall Total	**6,421**	**445**	**394**	**-51**	**5,975**	**6,317**	**342**	**6,421**	**6,728**	**307**

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

10. Hence, 93% of the plan has been phased in for Month 11 which is slightly higher than flatline and 98% of the 2024/25 overall plan value of £6.421m has been achieved.

11. Forecast year end position is an overachievement of £0.307m, this is made up of planned underachievement of non recurrent savings of £0.116m and a planned overachievement in year on recurrent savings of £0.423m.

12. ***Appendix 3*** provides the overall detail for Month 11 by theme. This is now further split over recurring and non-recurring schemes.

13. Main variances by scheme in Month 11 are as follows.

    - Interest receivable overachieved in M11 by £0.015m, YTD now overachieved by £0.451m. FYF is an over achievement of £0.466m based on cashflow projections.
    - Under achievement on corporate vacancies in M11 was £0.036m, YTD overachieved by £0.144m. FYF is assumed an overachievement of £0.115m due to the assumption that posts will be recruited in future months.
    - Fuel forecourt prices continue to be lower than budgeted and hence has overachieved target by £0.026m for M11, YTD overachieved by £0.389m. FYF is assumed at an overachievement of £0.410m with the assumption of fuel price rises broadly remaining at current levels but appreciate this is a

variable area due to global issues and hence out of WAST control and hence will be reviewed on a monthly basis.

- For the planned apprenticeship programmes, higher than anticipated income was received in M11 which showed an overachievement of £0.005m, YTD now reports an overachievement of £0.064m. FYF is assuming an over achievement of £0.069m.
- Workforce efficiencies in M11 was an under recovery £0.028m with YTD underachievement of £0.081m and YEF as £0.098m.
- Non pay local schemes in Corporate and Operations under recovered in M11 by £0.020m. YTD is reporting an underachievement of £0.289m with a FYF of £0.303m.
- MS office VAT rebate is now assumed as not being achieved this financial year, so this is reporting a FYF underachievement of £0.300m of which £0.290m of this is in the M11 reported position.
- Fleet repair position continues to be challenging with current reduced capital investment in vehicles for 2024/25, and hence has underachieved target by £0.003m for M11, YTD underachieved by £0.046m. FYF is assumed at an underachievement of £0.053m.

Financial Performance by Directorate

14. Whilst there is a small surplus reported at Month 11 there are some small variances between Directorates as shown in the table below, when compared to the budgets set at the outset of the financial year. Some of this is driven by staffing vacancies. These are fairly minor in nature and will be continued to be closely monitored throughout the remainder of the financial year.

Financial position by Directorate @ 28th February	Annual Budget	Year to date			
		Budget	Actual	Variance	Tolerance 5%
	£000	£000	£000	£000	%
Directorate					
Operations Directorate	212,287	193,950	192,675	-1,275	-0.7%
Chief Executive Directorate	1,927	1,809	1,946	137	7.6%
Board Secretary	667	601	603	1	0.2%
Partnerships & Engagement Directorate	522	471	471	0	0.0%
Finance and Corporate Resources Directorate	35,683	32,921	33,670	749	2.3%
Planning and Performance Directorate	2,913	2,590	2,631	41	1.6%
Quality, Safety and Patient Experience Directorate	6,591	5,934	5,992	58	1.0%
Digital Directorate	14,796	13,182	13,233	51	0.4%
People and Culture	5,686	5,105	4,869	-236	-4.6%
Medical & Clinical Services Directorate	3,860	3,445	3,517	72	2.1%
Trust Reserves	1,776	189	549	360	189.9%
Trust Income (mainly JCC)	-286,709	-260,198	-260,198	0	0.0%
Overall Trust Position	**0**	**0**	**-42**	**-42**	

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

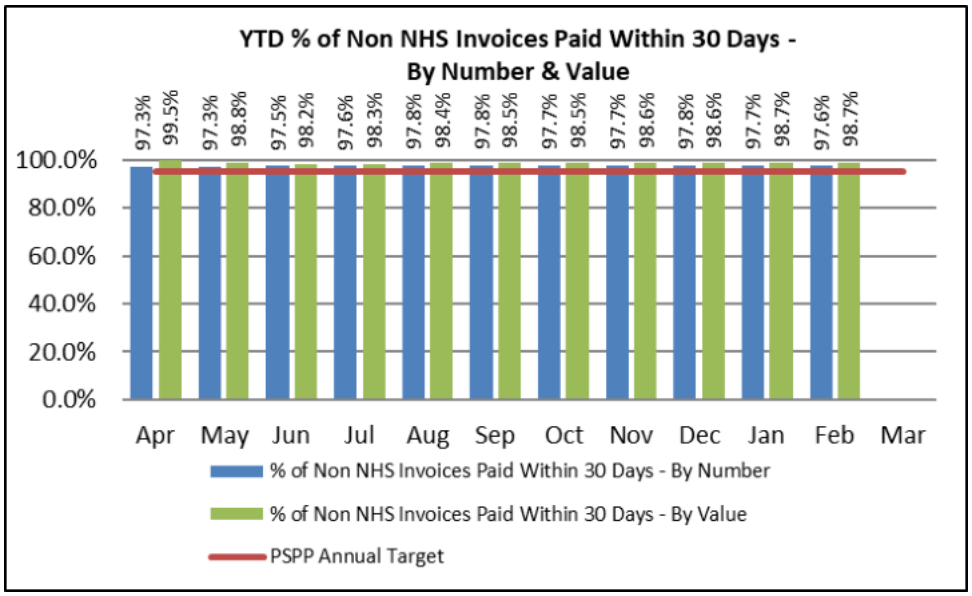
- Most directorates broadly in line with budget plan for Month 11;
- Operations (EMS Response) - Continue to develop modelling around the year end pay position considering workforce planning figures and overtime

requirements. Elements of budgets for future cost pressures held in future months;

- Finance & Corporate Resources - pressures on fleet maintenance budget linked to lengthened age of fleet and increase in losses claims;
- Reserves – Includes budget for IMTP developments which are reviewed as part of forecast exercise to identify any potential slippages. YTD variance is due to technical VAT adjustments on agency staff and balance sheet movements for pay related provisions.

PUBLIC SECTOR PAYMENT POLICY PERFORMANCE (PSPP)

16. Public Sector Payment Policy (PSPP) compliance to Month 11 was **97.6%** against the **95%** WG target set for non-NHS invoices by number and **98.7%** by value.



2024-25 CAPITAL PROGRAMME

17. At Month 11, the Trust's approved Capital Expenditure Limit (CEL) set by and agreed with WG for 2024/25 is **£20.449m**. This includes **£14.994m** of All Wales Approved schemes and **£5.455m** for Discretionary schemes.

18. The breakdown of the current confirmed All Wales Capital funding and to date expenditure is shown below:

	Actual £'000	Plan £'000
All Wales Capital Programme: Schemes:		
ESMCP - Control Room Solutions	58	164
Efab - Infrastructure	303	303
Efab - Fire	333	333
Efab - Decarbonisation	324	596
MDVS	46	46
2024-25 Ambulance Vehicle Replacement Programme	5,933	12,487
Maintenance Backlog 2024-25	0	635
Special Operational Response Teams (SORT) Enhancement Equipment	188	430
Sub Total	**7,185**	**14,994**

19. As is the case in most of the past financial years, whilst the spend to date against both the All Wales Capital Schemes and the discretionary capital plan may appear low in relation to the overall budget, this is broadly as profiled and the expectation remains, as per previous years, that the capital plan will be fully spent by the end of the financial year, subject to any adjustments to the Trust's CEL.

20. To further ensure this. during month 11, and as we head towards the financial year end, a further detailed review was undertaken to establish the ability to spend in line with existing budgets following a small number of additional in year issues emerging outside of the Trust's control, including around some planning delays, tendering and legal issues, along with savings generated from the competitive tendering processes for a small number of schemes. The outcome of this review was set against the last detailed reported update to the F&P Committee in November 2024.

21. The outcome of this exercise resulted in c£1.9m being identified as needing to be cash managed over the financial year end, with the preferred option for this being to accelerate spend against the 2025/26 Fleet BJC, this internal brokerage allows for this money to then be returned in 2025/26, to enable the Trust to complete the schemes that slipped / straddled the financial year end. This approach was approved at a meeting of the Capital Management Board on 14th February and will see 28 EA chassis ordered and receipted now by the 31st March, with the added benefit being of these now also being available for conversion early in the 2025/26.

22. This process did also identify that due to some small savings / underspends identified as part of the above, this would result in an additional c£0.2m to being available, subject to the finalisation of the year end, to be reinvested into the discretionary capital programme in 2025/26.

RISKS AND ASSUMPTIONS

23. Risks continue to be regularly reviewed, even at this stage of the financial year and in reporting through to WG it is considered that there are currently no individual high likelihood risks but, as we move into the final month of the financial year, we

will continue to review the risks to ensure that the level of likelihood is assessed along with the financial value.

24. However, there still remains one quantified risk and a number of other risks that need to be documented within this reported and forecast financial position, and which aligns to that fully described within the financial plan submitted as part of the IMTP.

25. A low-level risk is included re PIBS (Permanent Injury Benefit Scheme) of £0.850m. Matched funding for this highly volatile area is provided by WG on an annual basis.

26. As already described above, the risk in relation to costs associated with revised EMT / Technician level posts has been reduced to zero for 2024/25. However it is key that the Board note that whilst this is no longer a risk for 2024/25 it is certainly a risk for 2025/26 and beyond, and will be picked up as a key element in the financial plan within the 2025-28 IMTP.

27. Previously included were two remaining unquantified risks, these are still being worked through internally, and where applicable with commissioners, and relate to the following:

    I. Costs associated with the Manchester Arena Inquiry, and subsequent recommendations, both Capital and Revenue costs have been identified and, if these recommendations are to be taken forward, additional funding would be required in order to deliver on them. An output relating to twenty recommendations has concluded our internal governance processes, and has also now been submitted into commissioners and WG (as is a requirement of the recommendations).
    II. Cost associated with the previously submitted business case for the Connected Support Cymru project, which will only be progressed should the business case be supported and additional funding made available.

    These were highlighted at this stage as being low risk, and from a purely financial perspective they are, as costs have not been committed for these and are arguably not unavoidable – should these not be funded, costs for each of these cannot be incurred. However, the wider impact of such decisions may be argued as being of a higher than low risk, non-financially.

28. Alongside all this, the risk of non-delivery of statutory financial duties will also continue to be reviewed as part of the overall management of risks on the Trust's Corporate Risk Register.

RECOMMENDED that the Board:

a) **Notes** and gains **assurance** in relation to the Month 11 revenue financial position and performance of the Trust as at 28th February 2025;

b) **Notes** the delivery of the 2024/25 savings plan, and the context of this within the overall financial position of the Trust**;**

c) **Notes** the capital programme update for 2024/25, and

d) **Notes** the Month 11 Welsh Government monitoring returns submission included within ***Appendices 1 – 2*** (as required by WG);

Appendix 1

Appendix 2

Circulated by e mail

Appendix 3

The first table is the total savings delivery, which is then broken down into that being delivered recurringly and that which is non recurrent, in the subsequent two tables.

Welsh Ambulance Services NHS Trust

Savings Performance by Theme 24-25

Reporting Month 11

	Annual	In Month			Cumulative			Forecast		
	Plan	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Apprenticeships	200	17	22	5	183	248	64	200	269	69
Fleet Repair	80	7	4	-3	73	27	-46	80	27	-53
Fuel Efficiencies	249	22	48	26	227	616	389	249	659	410
HEIW CPD Provision	140	12	12	0	128	128	0	140	140	0
Interest Receivable	300	25	40	15	275	726	451	300	766	466
MS Office VAT Rebate	300	10	0	-10	290	0	-290	300	0	-300
Non-pay Local Schemes - Corporate	600	58	38	-20	541	324	-217	600	369	-231
Non-pay Local Schemes - Operations	515	41	41	0	474	403	-71	515	444	-71
Vacancy Management Corporate Teams	2,275	181	145	-36	2,094	2,237	144	2,275	2,390	115
Workforce Efficiencies & Transformation	1,062	15	15	0	1,046	1,022	-24	1,062	1,038	-24
Workforce Efficiencies & Transformation Variable	700	57	29	-28	643	586	-57	700	626	-74
Totals	**6,421**	**445**	**394**	**-51**	**5,975**	**6,317**	**342**	**6,421**	**6,728**	**307**

Savings Performance by Theme 24-25 - Recurrent

Reporting Month 11

	Annual	In Month			Cumulative			Forecast		
	Plan	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Apprenticeships	0	0	0	0	0	0	0	0	0	0
Fleet Repair	80	7	4	-3	73	27	-46	80	27	-53
Fuel Efficiencies	249	22	48	26	227	616	389	249	659	410
HEIW CPD Provision	140	12	12	0	128	128	0	140	140	0
Interest Receivable	300	25	40	15	275	726	451	300	766	466
MS Office VAT Rebate	0	0	0	0	0	0	0	0	0	0
Non-pay Local Schemes - Corporate	600	58	38	-20	541	324	-217	600	369	-231
Non-pay Local Schemes - Operations	515	41	41	0	474	403	-71	515	444	-71
Vacancy Management Corporate Teams	0	0	0	0	0	0	0	0	0	0
Workforce Efficiencies & Transformation	1,062	15	15	0	1,046	1,022	-24	1,062	1,038	-24
Workforce Efficiencies & Transformation Variable	700	57	29	-28	643	586	-57	700	626	-74
Totals	**3,646**	**236**	**227**	**-10**	**3,408**	**3,833**	**424**	**3,646**	**4,069**	**423**

Savings Performance by Theme 24-25 - Non Recurrent

Reporting Month 11

	Annual	In Month			Cumulative			Forecast		
	Plan	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Apprenticeships	200	17	22	5	183	248	64	200	269	69
Fleet Repair	0	0	0	0	0	0	0	0	0	0
Fuel Efficiencies	0	0	0	0	0	0	0	0	0	0
HEIW CPD Provision	0	0	0	0	0	0	0	0	0	0
Interest Receivable	0	0	0	0	0	0	0	0	0	0
MS Office VAT Rebate	300	10	0	-10	290	0	-290	300	0	-300
Non-pay Local Schemes - Corporate	0	0	0	0	0	0	0	0	0	0
Non-pay Local Schemes - Operations	0	0	0	0	0	0	0	0	0	0
Vacancy Management Corporate Teams	2,275	181	145	-36	2,094	2,237	144	2,275	2,390	115
Workforce Efficiencies & Transformation	0	0	0	0	0	0	0	0	0	0
Workforce Efficiencies & Transformation Variable	0	0	0	0	0	0	0	0	0	0
Totals	**2,775**	**208**	**167**	**-41**	**2,567**	**2,485**	**-82**	**2,775**	**2,659**	**-116**

Please note figures are rounded to the nearest whole number

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

Cadeirydd
Chair: Colin Dennis

Prif Weithredwr
Chief Executive: Jason Killens

Swyddfa Cyllid ac Adnoddau Corfforaethol

Finance and Corporate Resource Office

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

13th March 2025

Your ref:

Dear Andrea,

Re: FEBRUARY 2025 (MONTH 11 2024/25) MONITORING RETURN

Please find attached the Monitoring Returns for the Welsh Ambulance Services University NHS Trust for February 2025.

All automatic validation rules incorporated in the reporting template have been successfully passed, and the Trust can confirm that the revised template has been used.

In line with our submitted IMTP, our opening budgets and financial plan for the year reflected the level of assumed funding, expenditure plans and savings requirement included and submitted and supported by our commissioners and approved by the Trust Board in March 2024.

The Trust's performance against financial targets for Month 11 2024/25 is as follows: -

1. **Actual Year to Date 2024/25 (Tables A, B & B2)**

Income assumptions reflect those agreed within the IMTP and are used to support cost pressures identified in the Trust's detailed budget setting. The key funding assumptions at the outset of 2024/25 being that the 2023/24 funding is, where applicable, fully recurrent, and the 2024/25 funding will include: -

- The nationally made available 3.67% uplift for core cost growth, which excludes any funding to meet the 2024/25 pay award costs, (which will be subject to a future additional funding allocation).
- Impact of previously agreed developments/other adjustments including income support, in line with support by Commissioners in previous and current IMTPs, along with funding for other nationally delivered projects.

Included within the income assumptions is the full pass through of 2023/24 pay funding including the VSM uplift, which was provided in the latter months of 2023/24.

The resulting reported performance at Month 11 as per Table B, is a small underspend against budget / surplus of **£0.042m**

The reported total pay variance against plan as at Month 11 is an underspend of **£1.887m**, set against the budgets.

The non-pay position at Month 11 is a reported overspend of **£2.113m.**

Income at Month 11 shows an over achievement of **£0.268m**.

2. Movement (Table A)

The Movement table has been completed in accordance with the new guidance, incorporating the submitted Annual Plan (AOP) data.

In response to **(Action Point 10.1)** we can confirm that the movement in FYE of "month 1 planned savings" related to the previous planned over achievement of savings, which in Month 10 reduced back down to plan, this can be seen within table C2.

3. Underlying Position (Table A1)

This table has been revised following the comments in the month 1 reply letter and the impact of the non-recurrent savings are now shown in column G.

4. Risk (Table A2)

The risks reported in Table A2 continue to be fully assessed, however at present it is considered that there are no individually high likelihood risks, but as we move into the final month of the year, we will continue to review the risks to ensure that the level of likelihood is assessed along with the financial value, alongside ensuring that the Trust Board and the Finance & Performance Committee remain fully appraised of such risks and any mitigating actions.

However, there still remains one quantified risk and a number of other risks that need to be documented within this reported financial position, and which aligns to that fully described within the financial plan submitted as part of the IMTP. As always, the Trust will actively monitor these risks**.**

A low-level risk is included re PIBS (Permanent Injury Benefit Scheme) £0.850m. Matched funding for this highly volatile area is provided by WG on an annual basis, arranged between Jillian Gill and Jackie Salmon, this has been adjusted in month based on the latest correspondence.

Whilst the risk around the EMT3 Band 5 implementation has been removed from the risk table, given the impact in 24-25 has been mitigated, I feel it is prudent to still provide an update on assumed funding for 25-26 and beyond, given the magnitude of the implications of this national (UK) decision, conversations continue with the commissioner around the significant impact of future years cost pressure previously reported in detail through these monthly monitoring returns. Whilst the position is currently that there is no future years funding for these costs, conversations continue, not least because the costs significantly increase in future years, this was again flagged at the Touchpoint meeting and additional joint meetings with the commissioner and the HBs.

Previously included on the risk tables were 2 remaining unquantified risks, these are still being worked through internally, and relate to the following:

- Costs associated with the Manchester Arena Inquiry, and subsequent recommendations, both Capital and Revenue costs have been identified and if these recommendations are to be taken forward additional funding would be required to deliver on them. An output relating to twenty recommendations has concluded our internal governance processes and has also now been submitted into commissioners and WG (as is a requirement of the recommendations).
- Costs associated with the previously submitted business case for the Connected Support Cymru project, which will only be progressed should the business case be supported and additional funding made available.

As noted within the previous returns, these were highlighted at this stage as being low risk, and from a purely financial perspective they are, as costs have not been committed for these and are arguably not unavoidable – should these not be funded, costs for each of these cannot be incurred. However, the wider impact of such decisions may be argued as being of a higher than low risk, non-financially.

Full consideration and management of all these risks will clearly be high on the agenda for the Trust Board and its relevant Committees, including Finance and Quality Committees. Alongside this, the risk of non-delivery of statutory financial duties is included, alongside a more detailed review of this risk on the Trust's Corporate Risk Register.

5. Monthly Profiles (Table B)

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

As requested there have been some small movements in table B1 in relation to income from the JCC which is now expected to be accounted in month 12, in addition some small adjustments in Health board and other income, this is offset by movements in Pay, and non pay. **(Action Point 10.2)**

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

Agency costs for Month 11 totalled £0.126m. The current percentage of agency costs against the total pay figure remains very small, at 0.7%. This is to cover a small number of vacancies, in areas across the Trust which the Trust is having difficulties recruiting into. It should also be noted that digital agency staff have now started on a non-recurrent basis to assist in the delivery of agreed IMTP deliverables, hence the increase in spend in month and future months, again this is largely due to the difficulties in recruiting to such a specialist area.

7. COVID-19 (Table B3)

Table B3 has been completed (nil return).

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

For Month 11 the Trust is reporting planned savings (including Income generation) of £5.975m and actual savings of £6.317m.

As can be seen from Table C3, the Trust overachieved its savings target in month 11 and is now forecasting to overachieve the total savings target for the year by £0.307m, this is made up of planned underachievement of Non recurrent savings of £0.116m and a planned overachievement in year on recurrent savings of £0.423m.

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

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

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

At Month 11 there were 2 invoices over 11 weeks, both linked with the same query, one of which would have required being taken to arbitration on 6th March however following detailed work between ourselves and the Health board an agreement has been reached that has now resolved this issue which will result in both these invoices being cleared from the month 12 return. **(Action Point 10.4)**

As the Trust is required to achieve it's cash target and between paying the larger invoices which tend to flow in the final month of the year, which tend to become payable in late March, early April along with the movement of these monies into the National Loans Fund, this is the reason for the large movement on the line. **(Action Point 10.3)**

11. Cash flow (Table G)

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

	Apr £,000	May £,000	Jun £,000	Jul £,000	Aug £,000	Sep £,000	Oct £,000	Nov £,000	Dec £,000	Jan £,000	Feb £,000	Mar £,000	Total £,000
RECEIPTS													
other (specify in narrative)													
CRU Income	16	13	13	9	14	14	11	12	14	15	13	13	157
Other Non NHS Income	242	144	278	253	449	127	189	156	92	310	355	349	2,944
Pensions Agency	0	0	0	0	0	0	0	0	0	0	0	0	0
Vat Refund	754	0	112	200	522	454	307	349	716	498	339	349	4,600
Risk Pool Refund	0	0	975	0	55	0	40	0	131	0	0	0	1,201
Total	1,012	157	1,378	462	1,040	595	547	517	953	823	707	711	8,902

12. Public Sector Payment Compliance (Table H)

This table has been completed in accordance with the guidance. The Trust endeavours to ensure that NHS invoices along with non-NHS invoices are paid within targets.

The quarter 3 cumulative percentage of non-NHS invoices paid within 30 days by number was 97.9% against a target of 95%. This will again be updated in the March return.

13. Capital (Tables I, J and K)

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

Detailed work continues with Programme managers to establish final cash flows that reflect the profiles of approved projects now for this financial year, works are progressing well and contingency plans are in motion should schemes not deliver fully in line with plan.

14. IFRS 16 & CAME

We can confirm that the forecasted depreciation included within table B aligns with the amount included within table Q

15. 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 11 Financial Monitoring Return will be presented to the Trust Board on 27th March 2025.

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

16. 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 C Dennis, Chairman
Non-Executive Directors Executive Directors

AGENDA ITEM No	**16**
OPEN or CLOSED	**Open**
No of ANNEXES ATTACHED	**1**

SPEAKING UP SAFELY 6 MONTHLY UPDATE

MEETING	Trust Board
DATE	27 March 2025
EXECUTIVE	Angela Lewis, Director of Culture Change
AUTHOR	Dr. Catherine Goodwin
CONTACT	catherine.goodwin@wales.nhs.uk

EXECUTIVE SUMMARY

This 6 monthly update provides an overview of progress and activity in relation to the Speaking Up Safely agenda, throughout the period July – December 2024.

It summarises progress, next steps, quantitative and qualitative data for the reporting period and key focus areas for 2025-26.

KEY ISSUES/IMPLICATIONS

Progress made during this period, including:

- Creation of Speaking Up Database to enable more effective record keeping and data analysis;
- Engagement activities undertaken (Speaking Up Week, CEO Roadshows, University students, at hospitals);
- Appointment of Speaking Up Safely and Culture Change Project Support Manager to enable more proactive work on the SUS agenda;
- Commencement of internal audit with the aim of further enhancing our provision.

Summary of themes emerging from data in this reporting period (detail contained within **Appendix 1**):

- Barriers to escalation and reporting;
- Cultural and psychological safety concerns;
- Need for additional training particularly in relation to safeguarding and sexual safety.
- Positive recognition and impact of SUS.

REPORT APPROVAL ROUTE
Quarterly Speaking Up Safely Reporting Meeting 20.02.2025 Trust Board 27.03.2025

REPORT APPENDICES
Appendix 1: 6 Monthly Speaking Up Safely Report (July - December 2024)

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

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

SPEAKING UP SAFELY

6 MONTHLY REPORT:
JULY - DECEMBER 2024

PREPARED BY:
LIZZIE O'SHEA

INTRODUCTION

In June 2024 a full time Speaking Up Safely Lead Guardian joined WAST. This has allowed dedicated time for our people to raise concerns and receive responses. A database has been created to allow themes, trends and critical data to be recorded for each case that comes to SUS. However it is important to remember the ultimate aim is for everyone to feel confident raising concerns in their local teams and for managers to feel empowered to listen to feedback and act on concerns.

In October 2024 the Guardian shared information on SUS and engaged with a large number of colleagues at the CEO roadshows. The Guardian also spent time with our EMSC and NHS111 colleagues and a day outside The Grange Hospital getting to know staff and allowing for some open and transparent conversations.

November saw the Guardian continuing work with our 1st year University students, which allowed for some students to come and speak confidentially about their experiences.

In December we appointed a 'Speaking Up Safely and Culture Change Project Support Manager' who joined the team February 2025. This will allow for more proactive work. We are also in the process of being audited by NWSSP which will allow us to improve our services even further.

Research tells us that those who have a protected characteristic are more likely to have concerns in the work place and so this quarter also saw the Guardian engaging with our People networks to help break down the barriers for those who sit in a more vulnerable minority. Stronger links have been created with our Culture Champions and Network Leads, ensuring that all Culture Champions have had a training session on SUS and know how to signpost those they support. Spotlight information flyers were created for those in the network as well as for our Non- Executive Directors. The Guardian continues to join network meetings for continuous awareness and support.

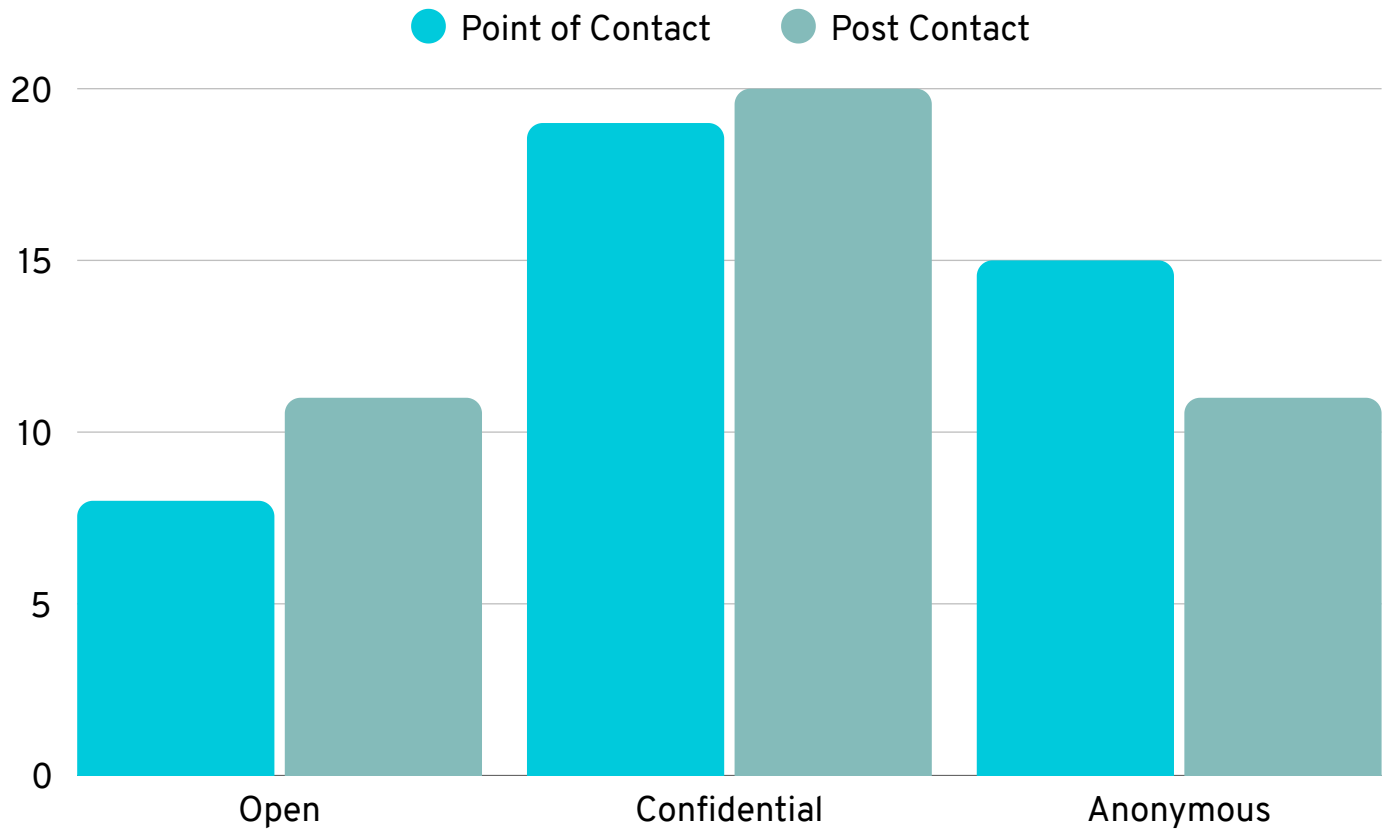
National links with other Guardians in Wales are now stronger. Monthly meetings are in place to help with alignment across Wales. It is clear from these conversations that WAST is leading the way and this is something of which we should be proud.

CONCERNS: *NUMBERS AND THEMES*

As predicted October and November 2024 saw high numbers of concerns raised due to the raised profile of the service in Speak up Month.

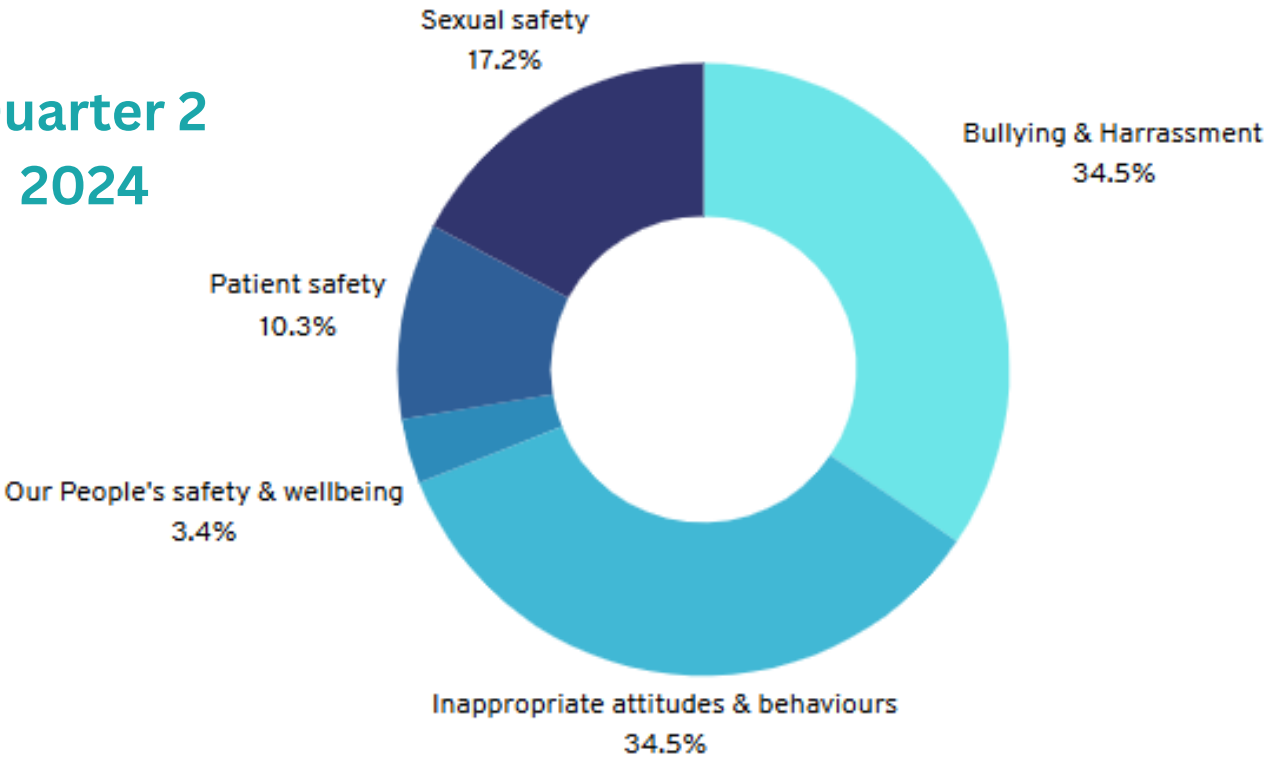
In the 6 months covered by this report, 65 concerns were raised through Speaking up Safely, with 23 in October alone. The most popular route being via the Guardian email address with 29 cases, 5 via a call, 17 via the Work in Confidence (WIC) platform and 6 through face to face conversations.

The next graph about cases in quarter 3 shows that the Guardian continues to build trust with people who raise concerns via SUS as the numbers of anonymous concerns drops from point of contact to post contact.

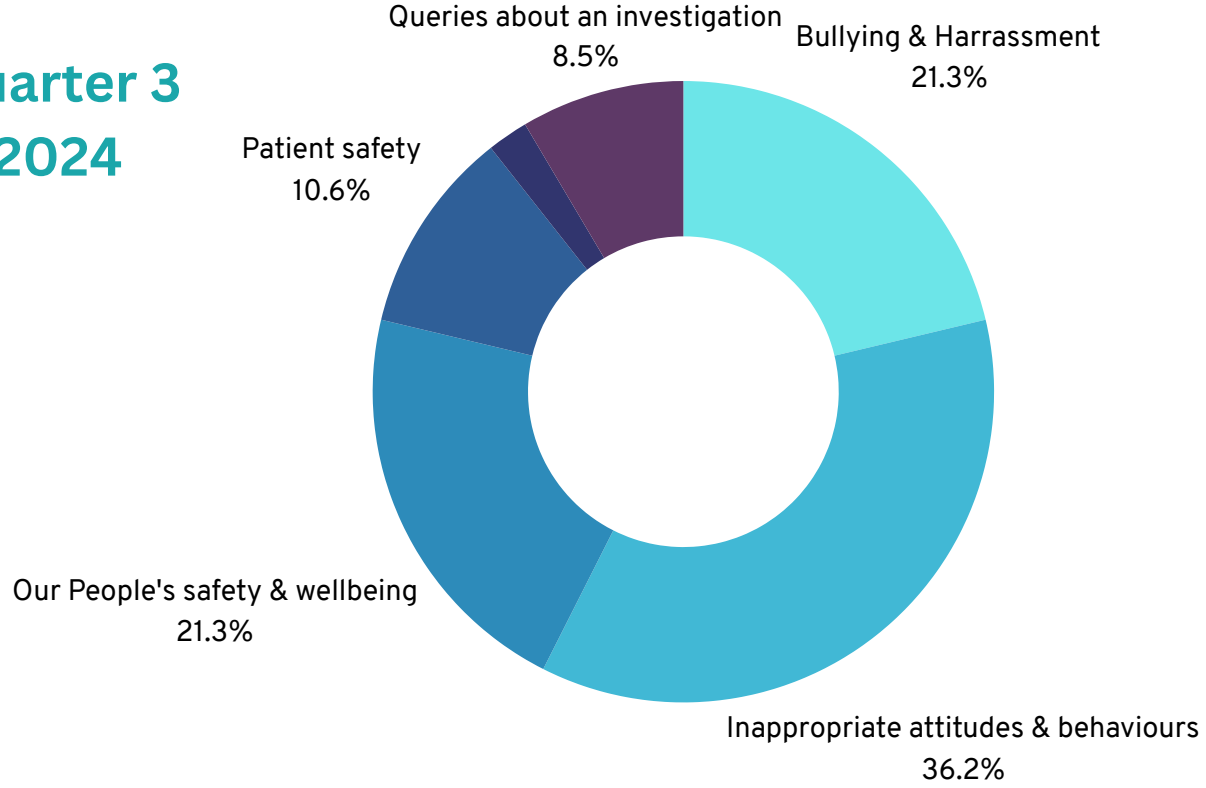


The following diagrams demonstrate the main types of concern reported to Speaking up Safely in Quarter 2 and 3. Incivility between colleagues, shown through concerns about bullying & harassment and inappropriate attitudes and behaviours is the main issue reported. Cases with an element of sexual safety have dropped across the period. There has been an increase in concerns with an element of our people's safety and wellbeing.

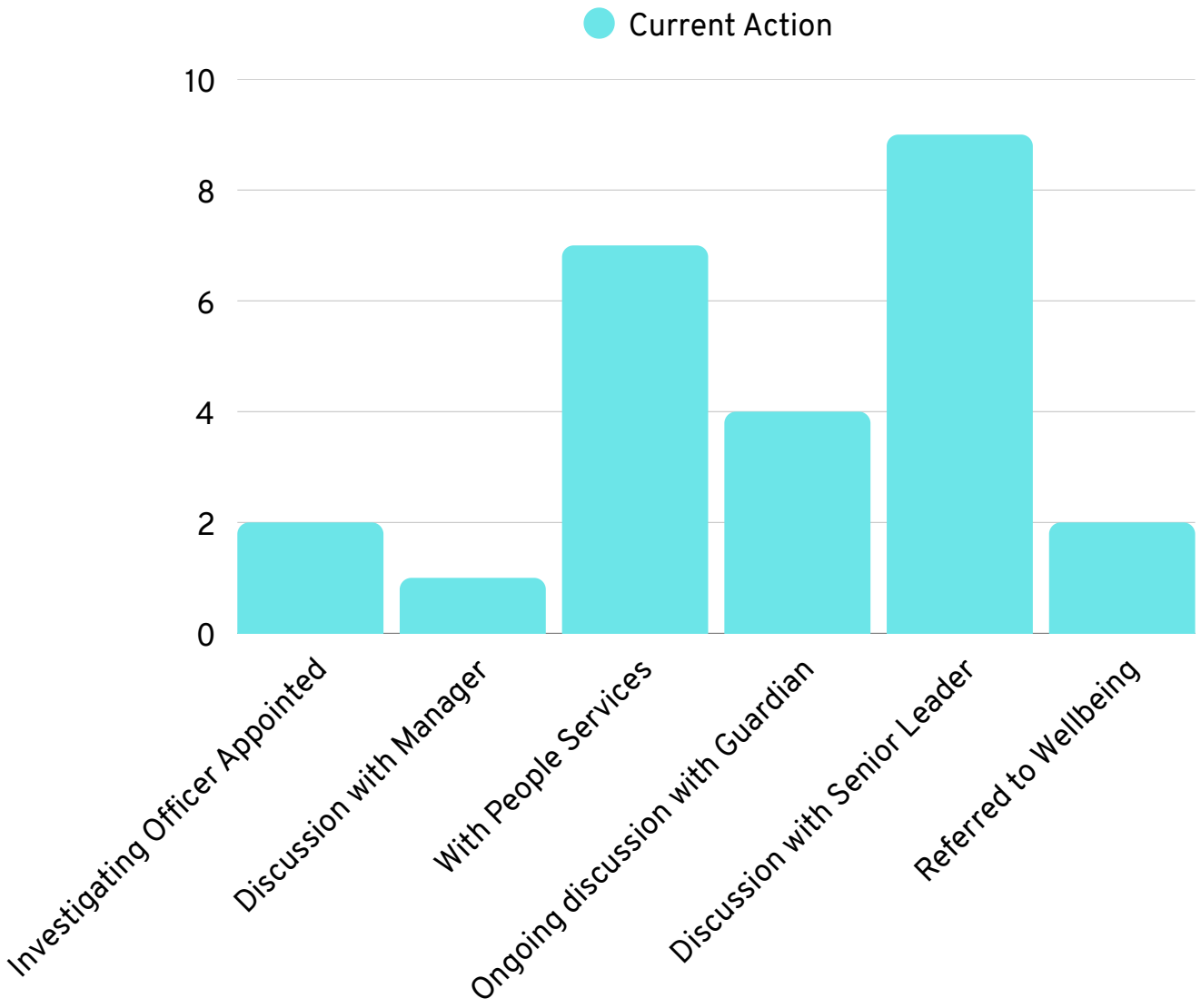
Quarter 2 2024



Quarter 3 2024



The following graph shows the status of the 25 open cases at the end of this six month reporting period.



KEY THEMES

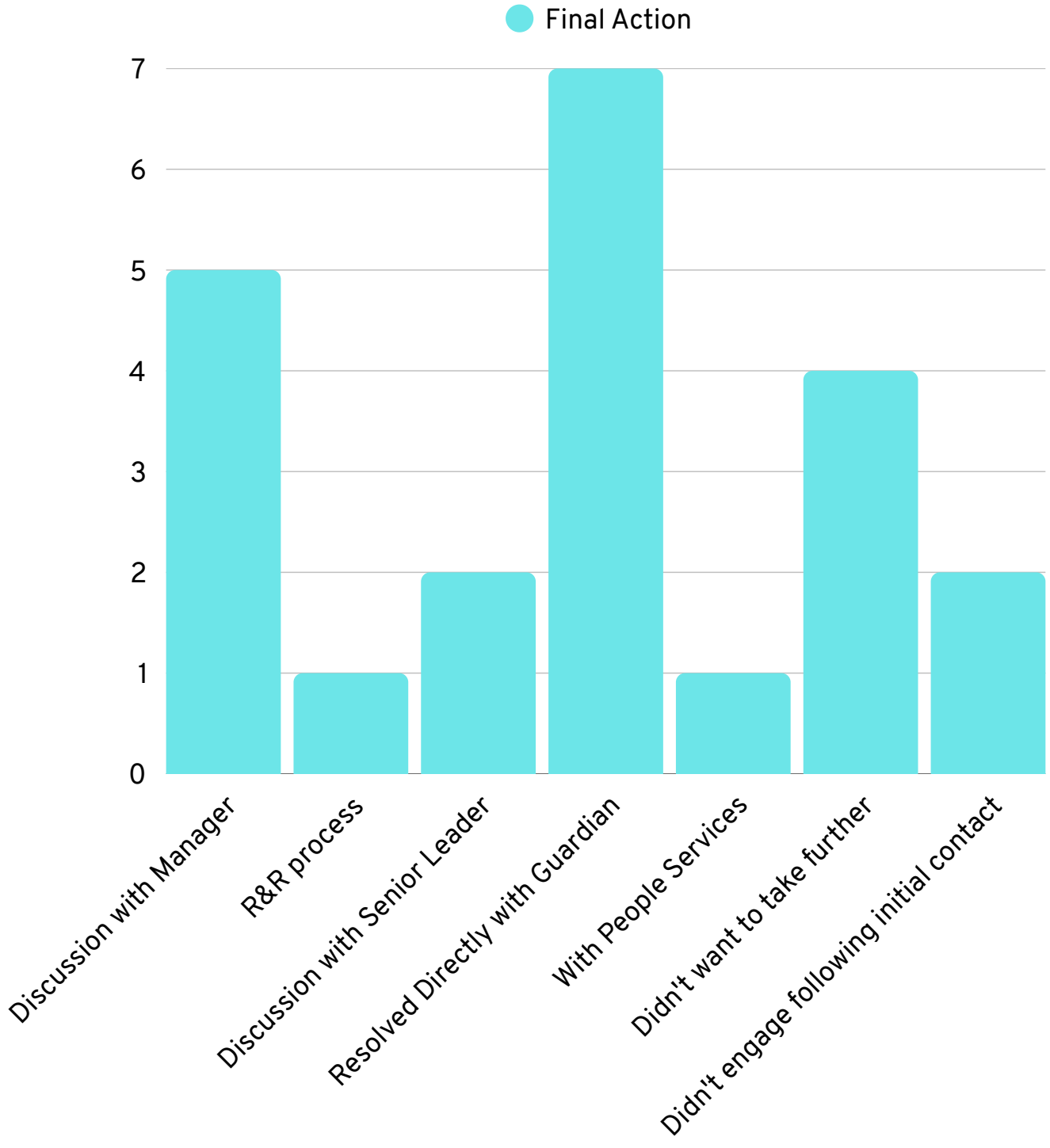
Themes for cases in this period:

- Colleagues not being clear how to escalate concerns locally so directing to the Guardian.
- Reported delays and queries regarding investigations.
- A concern that nothing will be done as a result of speaking up or negative consequences.
- Confidentiality not always fully understood.
- Male colleagues speaking up for female colleagues in sexual safety terms.
- Pockets of poor culture
- Follow up processes not fully embedded.
- People appreciate the SUS service and there is a consistent increase in contact following any promotion
- More training and education to increase confidence in safeguarding and sexual safety.

CLOSED CASES

There are 22 cases that have been closed in this six month period.

The table bellow shows that most closed cases have been resolved directly with the Guardian. Four people didn't want to take their concern further, these were all anonymous concerns raised through WIC and were raised in the spirit of providing intelligence rather than feeling able to provide specific details that would allow for a comprehensive outcome.



FEEDBACK

Once a case is closed a feedback survey is sent out to the individual who raised concerns. This survey asks for feedback on the service they received from the SUS Guardian, whether they would speak up again and how we can improve our service. In this Quarter we have received formal feedback from 2 individuals both positive and negative.

BARRIERS TO SPEAKING UP

The fear of repercussions is reported to be one of the main reasons people don't speak up. Six people who raised concerns in this reporting period have said they have suffered detriment as a direct consequence of speaking up. This includes issues related to confidentiality breaches.

Tackling detriment is a key aim for the SUS team this year. Work is in place with:

- A Lessons Learned Forum
- High level Case Reviews
- Looking into providing a Support Scheme post speaking up
- Working closely with organisations such as NatWest to understand how we can implement a detriment risk assessment

WHAT WILL HELP SPEAKING UP SAFELY SUCCEED?

- Monitor timelines when concerns go into a process
- Work on detriment
- Support Scheme
- Speaking Up Safely being talked about regularly
- Training on SUS
- Speaking Up Safely policy

AGENDA ITEM No	**17**
OPEN or CLOSED	**OPEN**
No of ANNEXES ATTACHED	**3**

2024 NHS WALES STAFF SURVEY

MEETING	Trust Board
DATE	27 March 2025
EXECUTIVE	Angela Lewis - Director of Culture Change
AUTHOR	Sarah Davies – Head of Change and People Insights
CONTACT	Sarah.davies31@wales.nhs.uk

EXECUTIVE SUMMARY

The purpose of this report is to:

- present a high level summary of the results of the recent NHS Wales Staff Survey; *and*
- summarise our approach to reporting findings to and engaging with a variety of stakeholders.

RECOMMENDED That Trust Board:

(1) NOTE the contents of the report;
(2) COMMENT ON insights shared; *and*
(3) SUPPORT the proposed approach to engaging with colleagues on results and insights.

KEY ISSUES/IMPLICATIONS

- Quantitative data now available; summary contained in **Appendix 2**;
- Awaiting All-Wales data to enable organisational benchmarking;
- Qualitative data (free text responses) now received and thematic analysis underway.

REPORT APPROVAL ROUTE

- **ELT 19.02.25**
- **ELT Workshop 26.03.25**
- **Trust Board 27.03.25**

REPORT APPENDICES
Appendix 1: SBAR – 2024 NHS Wales Staff Survey Results **Appendix 2:** High Level Results: Initial Analysis **Appendix 3:** Infographic shared with all staff

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

Appendix 1: SBAR: 2024 NHS Wales Staff Survey Results

SITUATION

2. The purpose of this report is to:

   (1) present a high level summary of the results of the recent NHS Wales Staff Survey; *and*
   (2) summarise our approach to reporting findings to and engaging with a variety of stakeholders.

BACKGROUND

3. Following closure of the Survey on 29th November 2024, access to response data was provided to WAST in February 2025.

4. A high-level overview of key findings and insights is contained within **Appendix 2**.

5. Access to free-text response data has now been granted and thematic analysis is underway.

ASSESSMENT

6. The significantly increased response rate is a positive indicator, suggesting greater colleague engagement with the value of the survey, a stronger voice across the organisation and potentially growing trust in how feedback is used.

7. Whilst WAST's engagement index score has dropped slightly, taking into account increased response rates and given the significant system pressures and the challenges colleagues are facing in their daily working lives, this could have declined much further. This suggests our focus on people, culture and enhancing colleague experience is to some extent mitigating the risk our operating context poses to engagement; there is still, however, much more to be done. This slight downward trend is reflected at an All Wales level, with the overall staff engagement index score down from 73% in 2023 to 72% in 2024.

8. Comparing top 10 positives in 2023 and 2024 data, respondents consistently feel they understand their work responsibilities. There remains a strong perception that the Trust encourages reporting of errors, near misses and incidents and respondents remain willing to go the extra mile, showing continued motivation and commitment. Enjoying working with colleagues and feeling able to ask for help remains strong, indicating a positive team culture.
9. Last year, lowest scores were associated with:

    (1) Workload;
    (2) burnout;
    (3) emotional strain;
    (4) presenteeism and wellbeing concerns;
    (5) lack of involvement and autonomy.

10. This year:
    (1) work-related stress remains a significant issue;
    (2) many respondents report feeling drained and frustrated, impacting work-life balance;
    (3) some respondents still feel unable to take time off when sick;
    (4) a proportion continue to report feeling disconnected from decisions that affect them.

11. Whilst burnout and exhaustion were already concerns last year, this year there's a clear impact on personal life (with the new addition of question 20g into the lowest scoring responses (not having enough energy for family and friends)), suggesting that work is increasingly impacting colleagues' personal lives and that the strain is deepening. Whilst we remain cognisant of the significant impact of handover delays on our people, this data also highlights the critical link between wellbeing and leadership, specifically the importance of leaders actively and frequently checking in with their teams, understanding their challenges and providing meaningful support.

12. The decline in colleagues feeling involved in decisions about changes that affect their work reinforces the need to increase change management capability and capacity throughout the organisation. When managers communicate and engage

meaningfully with their teams, it not only improves the experience of change but also enhances overall wellbeing, trust and performance. A workplace culture where people feel heard, valued and supported is one where engagement thrives and focusing on how we involve colleagues in shaping change and influencing decisions will be key to sustaining and strengthening our progress.

13. Overall, the data paints a picture of colleagues who are committed to their work and proud of their role at WAST but some are struggling with stress, exhaustion and a lack of control over their environment.

14. Positively, results align closely with our People and Culture IMTP priorities (which include delivery of our Health and Wellbeing Plan, enhancing organisational change management capability and implementation of Our WAST Way leadership development framework), reinforcing that we are focusing on the right areas.

Next Steps

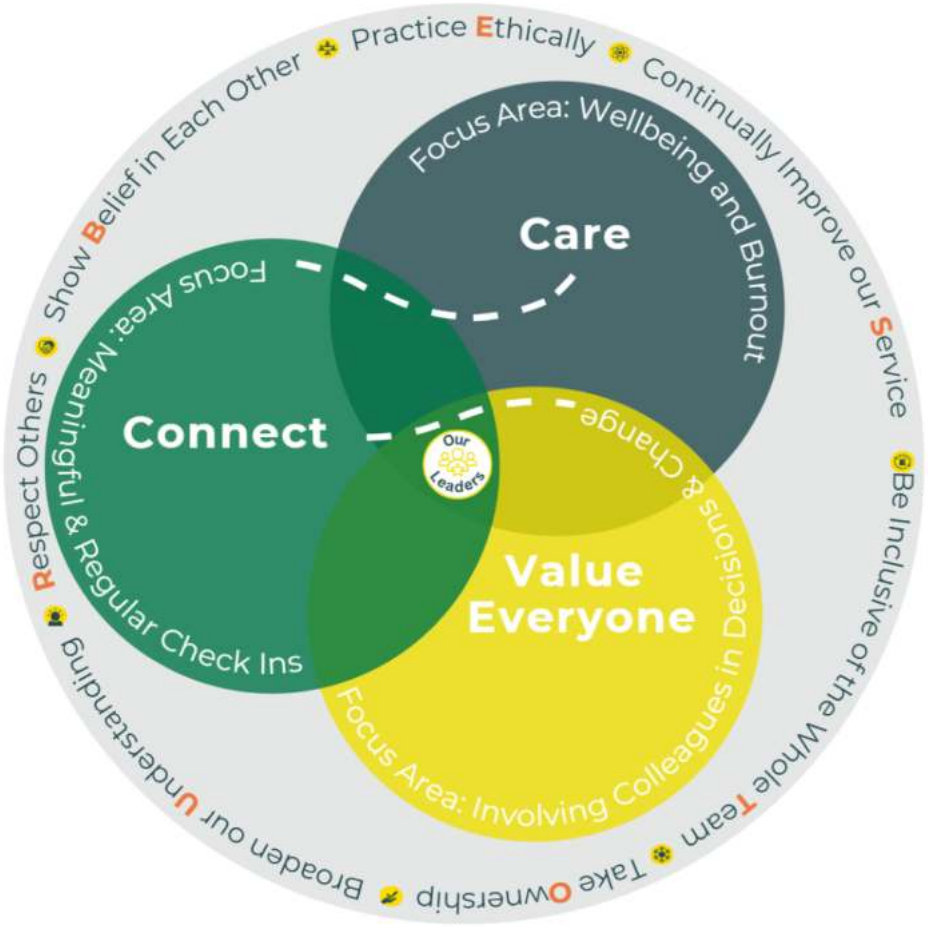
15. 3 focus areas for the organisation are proposed, namely:

- **Care: Wellbeing and Burnout -** Focus: Prioritising colleague wellbeing, recognising and addressing the impact of workload, stress and burnout, ensuring every team member feels supported in maintaining a healthy work-life balance;
- **Connect: Meaningful and Regular Check-Ins -** Focus: Building stronger connections through leaders having regular, meaningful, two-way conversations with all their team members; creating safe spaces where people feel heard, valued and able to speak up, raise challenges, share ideas and receive support;
- **Value Everyone: Involving Colleagues in Decisions and Change** - Focus: Strengthening trust and engagement by actively involving colleagues in decisions that affect their work; embedding genuine opportunities for our people to shape and influence change.

16. Whilst activity in relation to these focus areas is already reflected in our IMTP, we want to give them even greater attention and prioritisation to reinforce their importance and create a clear framework for action. This approach will help us strengthen our efforts around evaluation (ensuring we understand what's working and why) and scalability, so we can identify successful practices and extend them more consistently across the organisation.

17. These areas address the key issues our people have told us matter most; they also align with what we know drives engagement, wellbeing and performance. Recent research shared at the Ambulance Leadership Forum suggests continued stigma related to disclosing mental health challenges and despite having a range of proactive wellbeing interventions and strategies in place, something (potentially behavioural or cultural) is leading to this remaining an area that has been difficult

to address. We therefore want to strengthen the emphasis on regular, meaningful check-in conversations focused on wellbeing and goals, moving away from a single, annual PADR and creating an ongoing dialogue of support and development. Central to this approach are our leaders (as visualised below); their ability to listen, support and involve their teams is crucial. We therefore need to equip and empower them to do this confidently and resiliently, building the kind of culture where everyone feels valued and able to thrive.



18. The following table summarises our reporting plan and timescales for the 2024 Staff Survey Results:

Audience	**Details**	**Date**
ELT	High level results (organisational level data)	19.02.25
All Staff	High Level Results (focussing on the 7 questions associated with staff engagement index score) – contained within **Appendix 3**	28.02.25
PCC Chair	Briefing re: high level organisational results	20.03.25
ELT	Workshop to explore data in more detail	26.03.25
Trust Board	High level results (this item)	27.03.25
WASPT	Workshop to explore data in more detail	28.03.25
Individual Directorates	Directorate level data packs	31.03.25
PCC	Organisational level results and overview of next steps	15.05.25

19. Further data analysis will be undertaken to provide additional insight and enable informed decision-making and action planning. Work will also now commence to produce Directorate-level reports and insights, ensuring that data is meaningful and actionable at a local level.

20. We will collaborate with Directorate leads to engage them with their specific data, supporting them in working with colleagues to develop targeted actions in response to their results. To make this process more focused and manageable, our approach will be to highlight one key area for improvement per directorate, in addition to the 3 agreed focus areas for the organisation; Directorate leads will then be encouraged to connect with their teams to co-develop practical actions to address these specific issues. Whilst good work took place last year, we recognise that the scale of the feedback can feel overwhelming, particularly in light of concerns around workload, colleagues working extra hours and attending work when unwell**.** This year, we are seeking to refine the approach to feel more achievable and impactful, ensuring that efforts are concentrated where they will make the most difference.

21. To measure progress and impact, we will introduce directorate-specific pulse surveys, allowing us to track improvements in the chosen theme over time, thus providing a clearer picture of whether actions taken at a local level are driving meaningful change.

RECOMMENDED That Trust Board:

(1) NOTE the contents of the report;

(2) COMMENT ON insights shared; *and*

(3) SUPPORT the proposed approach to engaging with colleagues on results and insights.





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

2024 NHS Wales Staff Survey

High Level Results: Initial Analysis

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

Headlines

Section 1: Notes to Accompany Dataset

Section 2: Response Rate

Section 3: Staff Engagement Index

Section 4: Top 10s - 2023 vs 2024

Section 5: Spotlight - Workplace Safety

Section 6: Spotlight - Speaking Up

Section 7: Proposed Focus Areas

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

Headlines

2024		2023
1520	completed surveys	1006
35.2%	response rate	23.2%

Engagement Index



65.8%



67%

More colleagues report not having enough energy for family and friends during leisure time

2024	41%
2023	38%

Positivity scores improved across all themes

Themes with greatest increases in positivity scores:

- Patient Safety (up 4.9%)
- We Champion Flexible Working (up 4.8%)

Proposed Focus Areas

- Care
- Connect
- Value Everyone

Section 1

Notes to Accompany Dataset

Benchmarking

For the purpose of benchmarking, organisations have been grouped and a separate NHS Wales organisational average has been calculated for 'Health Board' organisations and 'Trust/Authority' organisations. The NHS Wales organisational average reported in this document and the accompanying paginated report therefore relates to Trust/Authority organisations. The organisations included in this benchmark group are DHCW, HEIW, NHS Executive, NWSSP, PHW, Velindre University NHS Trust and WAST. All-Wales data has been requested for benchmarking purposes and will be shared on receipt.

Positivity Scores

Positivity scores have been calculated for each theme and sub-theme and are based on the percentage of people that responded positively to each question included in each theme and sub-theme.

Staff Engagement Index

To calculate the Staff Engagement Index score, responses to the 7 relevant questions were weighted based on their scale position from 1 to 5 (on a scale of strongly disagree to strongly agree, or Never to Always). The index score was then calculated as the average of: (i) the weighted percentage score for questions 22a, 22b, and 22c, (ii) the weighted percentage score for questions 23a and 23d, and (iii) the weighted percentage score for questions 23b and 23c. The higher the staff engagement index score, the higher the proportion of people that responded positively to the questions.

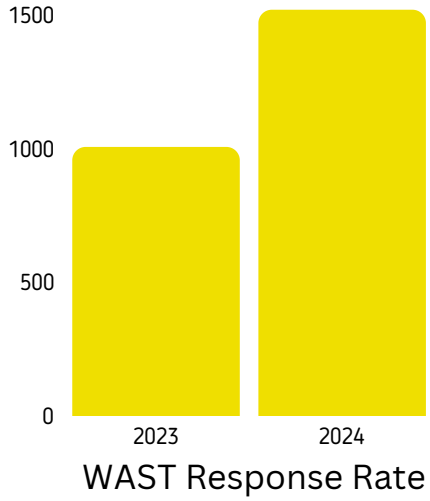
Section 2

Response Rate

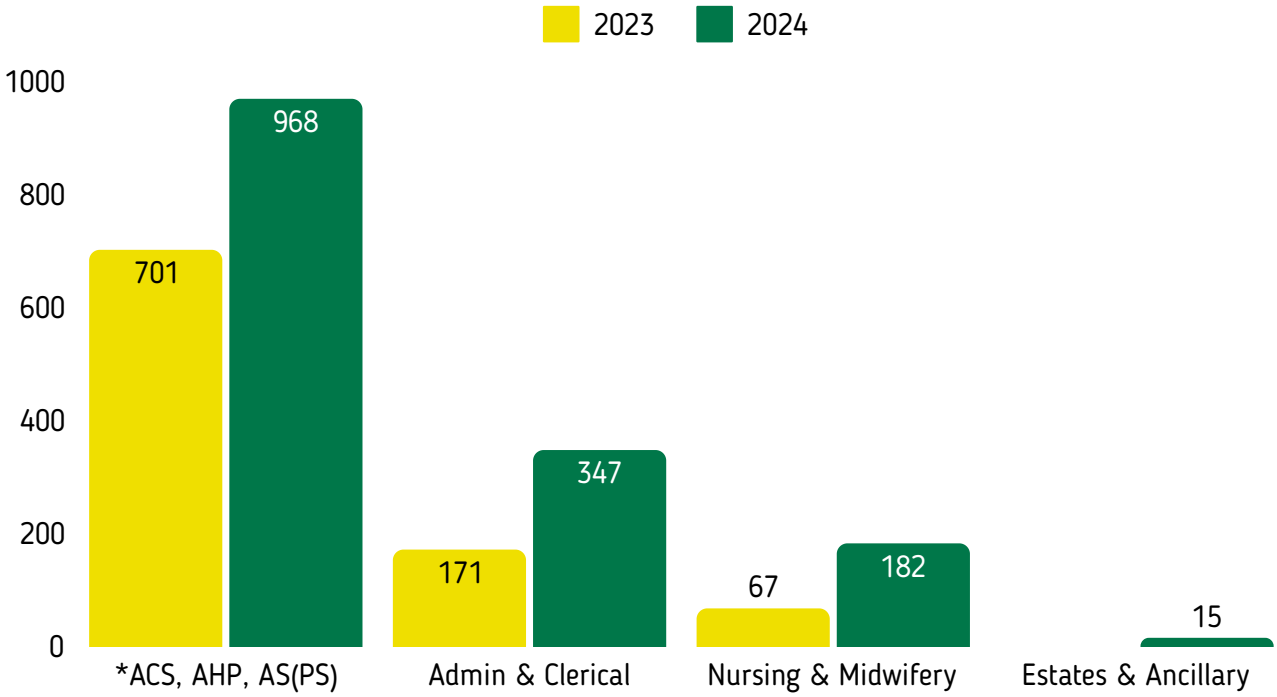
Response Rate

Overall **response rate up** from 23.2% (2023) to 35.2% (2024) (**51.7% increase**)

Greatest % increase in staff group response rate: **Nursing and Midwifery** Registered (**171.6% increase**)



WAST Response Rate



* **NB:** Staff groups falling into an operational/clinical category have been grouped to enable more effective comparison of response rates:

ACS = Additional Clinical Services
AHP = Allied Health Professionals
AS(PS) = Ambulance Service (Professional & Support)

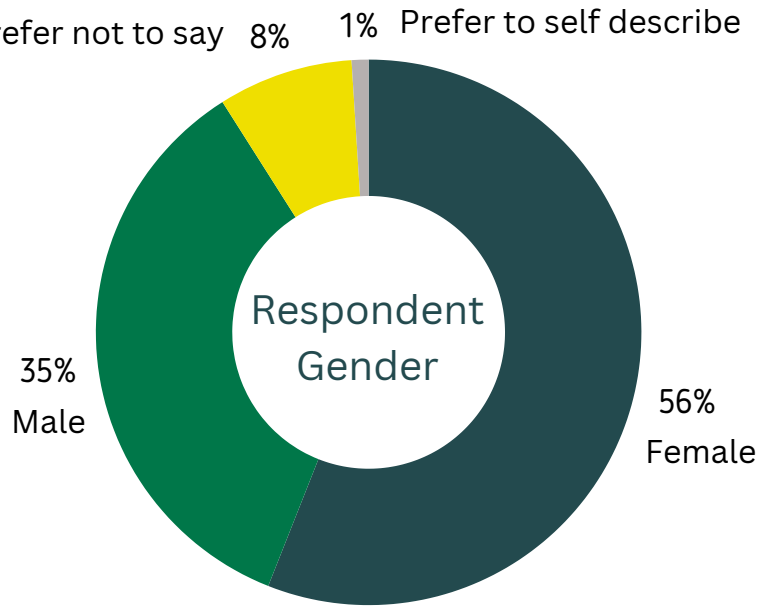
Section 2

Response Rate

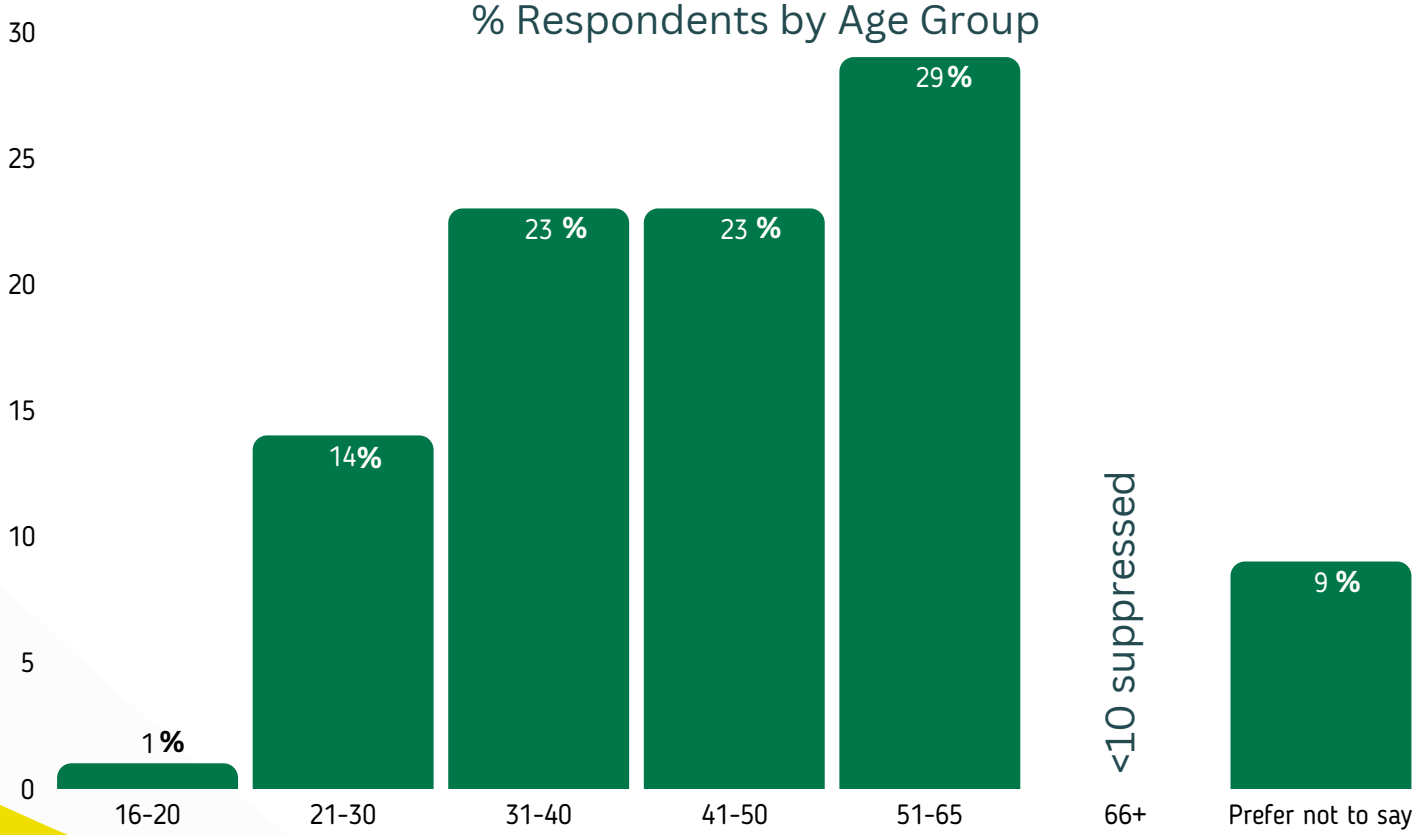
17% of respondents consider themselves **neurodivergent** or **neurodiverse**



10% prefer not to say

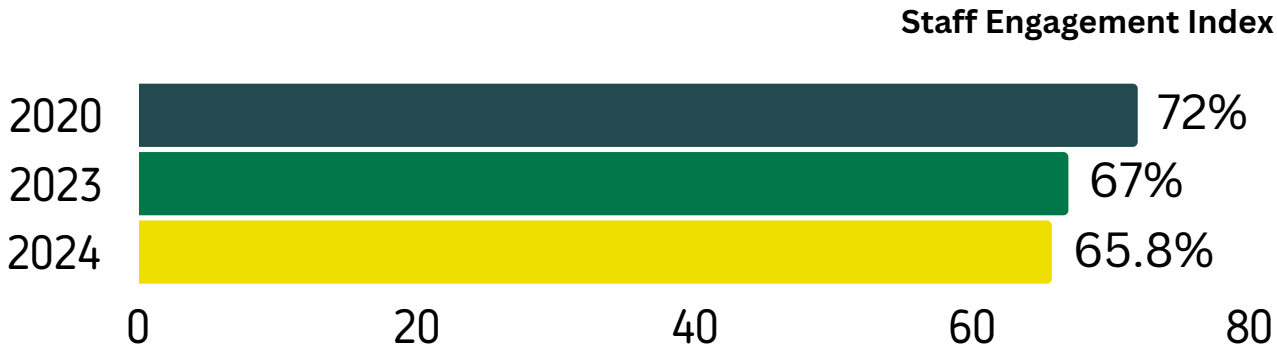


(Non-Binary < 10 responses therefore suppressed)



Section 3

Staff Engagement Index



Staff Engagement Index Score continues a **downward trend**, decreasing from 72% in 2020 to 67% in 2023 and **65.8%** in 2024. The fact that this reduction is relatively small, however, is a positive indication, especially considering colleagues' daily lived experience and ongoing system pressures. This suggests that our continued focus on people, culture and enhancing colleague experience is helping to mitigate the risks that the operating context poses to engagement. Additionally, with a significantly higher response rate this year, it is encouraging that engagement levels have remained relatively stable, as we might have otherwise expected a more substantial decline.

Headlines:

- whilst **commitment** remains strong (colleagues still willing to go the extra mile), **enthusiasm** is declining
- **Perceptions** of the organisation are improving (increased pride and willingness to recommend) but **decision-making involvement** is a growing issue and lack of **influence over change** is affecting overall engagement

Section 4

Top 10s: 2023 vs 2024

Headlines:

- Respondents consistently feel they understand their work responsibilities
- There remains a strong perception that the Trust encourages reporting of errors, near misses and incidents
- Respondents remain willing to go the extra mile, showing continued motivation and commitment
- Enjoying working with colleagues and feeling able to ask for help remains strong, indicating a positive team culture
- Work is increasingly impacting colleagues' personal lives

	2023 Top 10 Positives
79.7%	felt able to ask other members of the team for help when they need it
79.2%	felt trusted to do their job
78.4%	felt that people here take effective action to help patients/service users in distress
77.5%	understood their work responsibilities
76.8%	enjoyed working with colleagues in their team
76.0%	felt that people here are compassionate in the way they behave towards patients/service users
74.5%	felt that people here give good support to colleagues who are distressed
71.4%	reported that WAST encourages us to report errors, near misses or incidents
71.2%	were happy to go the extra mile at work when required
71.0%	felt WAST offers challenging work

	2024 Top 10 Positives
79.3%	feel that people here take effective action to help patients/service users in distress
78.8%	understand their work responsibilities
78.6%	have had a PADR in the last 12 months
78.2%	feel trusted to do their job
77.8%	feel able to ask other members of the team for help when they need it
76.9%	report that people here are compassionate in the way they behave towards patients/service users
76.4%	feel that people here give good support to colleagues who are distressed
75.9%	enjoy working with colleagues in their team
73.7%	feel that people here are compassionate towards colleagues when they face problems
73.7%	state that WAST encourages us to report errors, near misses or incidents

	2023 Top 10 Areas for Improvement
73.1%	came to work despite not feeling well enough to perform their duties in the preceding 3 months
61.5%	reported that their work frustrates them
56.2%	reported feeling worn out at the end of their working day/shift
52.4%	reported feeling burnt out because of work
52.0%	felt unwell in the preceding 12 months as a result of work-related stress
51.7%	found their work emotionally exhausting
47.2%	felt that their team did not meet often to discuss team effectiveness
45.7%	didn't feel involved in deciding on changes introduced that affect their work/area/team/department
45.7%	reported feeling exhausted at the thought of another day/shift at work
42.6%	reported unrealistic time pressures

	2024 Top 10 Areas for Improvement
70.8%	came to work despite not feeling well enough to perform their duties in the preceding 3 months
49.5%	report that their work frustrates them
49.1%	report feeling worn out at the end of their working day/shift
48.0%	felt unwell in the preceding 12 months as a result of work-related stress
46.9%	don't feel involved in deciding on changes introduced that affect their work/area/team/department
46.0%	personally experienced abuse at work from patients/service users, their relatives, or other members of the public in the preceding 12 months
44.0%	find their work emotionally exhausting
42.6%	report feeling burnt out because of work
41.4%	feel that their team does not meet often to discuss team effectiveness
40.8%	report not having enough energy for family and friends during leisure time

Section 4

Top 10s: 2023 vs 2024

Last year, lowest scores were associated with workload, burnout, emotional strain, presenteeism and wellbeing concerns and lack of involvement and autonomy. This year, work-related stress remains a significant issue and respondents report feeling drained and frustrated, impacting work-life balance. **Whilst burnout and exhaustion were already concerns last year, this year there's a clear impact on personal life (with the new addition of question 20g (not having enough energy for family and friends) into the lowest scoring responses) suggesting that work is increasingly impacting colleagues' personal lives and that the strain is deepening.** Some respondents still feel unable to take time off when sick and they also continue to report feeling disconnected from decisions that affect them.

Overall, the data paints a picture of colleagues who are committed to their work and proud of their role at WAST but some are struggling with stress, exhaustion and a lack of control over their environment.

Section 5

Spotlight: Workplace Safety

Results indicate both positive and concerning trends in workplace experiences related to harassment, abuse and violence. Positively, responses show a slight reduction in harassment and bullying from patients / public, managers / team leaders and colleagues. Similarly, there has been a slight drop in the percentage of colleagues reporting experiencing unwanted behaviour of a sexual nature from both patients and colleagues.

A reduction in physical violence from patients/public and managers/team leaders is evident and encouragingly, more colleagues are reporting incidents of abuse from patients / service users (up from 46.7% to 52.7%). A significant concern is the sharp rise in reported abuse from patients / service users, relatives or the public (increasing from 29.1% to 46%). Additionally, whilst physical violence from external sources has reduced, reports of physical violence between colleagues have doubled (0.7% to 1.4%). Whilst reporting rates for harassment and physical violence remain lower than ideal, the increase in reports of abuse suggests a growing willingness among colleagues to speak up.

Question	Year	Positive responses (%)	Negative responses (%)	2024 Position Compared with 2023
09a) In the last 12 months how many times have you personally experienced harassment or bullying at work from...? Patients / service users, their relatives, or other members of the public	2023	60.1%	37.5%	Improved
	2024	61.8%	36.8%	
09b) In the last 12 months how many times have you personally experienced harassment or bullying at work from...? Managers / Team leaders	2023	69.7%	24.7%	Improved
	2024	74.4%	22.9%	
09c) In the last 12 months how many times have you personally experienced harassment or bullying at work from...? Other colleagues	2023	70.8%	25.4%	Improved
	2024	74.0%	24.1%	
10a) In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault. From patients / service users	2023	82.4%	16.7%	Improved
	2024	83.4%	15.6%	
10b) In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault. From staff / colleagues	2023	88.1%	10.1%	Improved
	2024	89.6%	8.9%	
11a) In the last 12 months how many times have you personally experienced abuse at work from patients / service users, their relatives, or other members of the public?	2023	68.9%	29.1%	Deteriorated
	2024	52.7%	46.0%	
11b) The last time you experienced abuse at work (work from patients / service users, their relatives, or other members of the public) did you or a colleague report it?	2023	46.7%		Improved
	2024	52.7%		
12a) In the last 12 months how many times have you personally experienced physical violence at work from...? Patients / service users, their relatives, or other members of the public	2023	83.4%	15.7%	Improved
	2024	87.5%	12.0%	
12b) In the last 12 months how many times have you personally experienced physical violence at work from...? Managers / Team leaders	2023	98.3%	0.8%	Improved
	2024	99.1%	0.5%	
12c) In the last 12 months how many times have you personally experienced physical violence at work from...? Other colleagues	2023	98.5%	0.7%	Deteriorated
	2024	98.1%	1.4%	

Section 6

Spotlight: Speaking Up

Looking at questions relating specifically to speaking up, an overall improvement at organisational level is evident, with all bar one question seeing a positive shift; there is a slight negative shift associated with question 1j (I'd feel able to speak up in my team if I noticed poor or incorrect practice), the negativity score for which has increased by 0.5%.

Question	Year	Positive responses (%)	Negative responses (%)	2024 Position Compared with 2023
01j) I'd feel able to speak up in my team if I noticed poor or incorrect practice.	2023	63.8%	20.8%	Deteriorated
	2024	63.8%	21.3%	
14i) I would feel secure raising concerns about unsafe clinical practice.	2023	62.6%	16.4%	Improved
	2024	66.7%	15.5%	
14j) I would feel secure raising concerns about unethical behaviour.	2023	66.6%	18.0%	Improved
	2024	68.5%	17.4%	
14k) I am confident my organisation would address my concern.	2023	41.7%	28.2%	Improved
	2024	46.1%	27.9%	
17d) I feel safe to speak up about anything that concerns me in this organisation.	2023	47.8%	31.2%	Improved
	2024	50.1%	27.4%	
17e) If I spoke up about something that concerned me, I am confident my organisation would address my concern.	2023	34.9%	34.6%	Improved
	2024	37.4%	34.0%	

Section 7

Proposed Focus Areas

Organisationally, we propose three key focus areas:



Colleague wellbeing and burnout



Meaningful, regular check ins between managers and their teams



Involving colleagues in decisions and change

These areas are aligned with Our WAST Way and have a tangible impact on colleague experience, shaping how supported, valued and psychologically safe people feel at work.

To complement this, Directorates will be asked to focus on one additional area (determined by each Directorate dataset).





GIG CYMRU NHS WALES

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Gwasanaethau Ambiwlans Cymru

Welsh Ambulance Services
University NHS Trust

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Welsh Ambulance Services University NHS Trust

GIG Cymru Arolwg Staff Mae eich llais yn bwysig | NHS Wales Staff Survey Your voice matters

2024 NHS WALES STAFF SURVEY

HIGH LEVEL RESULTS

1520
completed surveys

35.2%
response rate

up from 1006 (23.2%) in 2023

65.8%

Staff Engagement Index Score

down from 67% in 2023

43.5%
report feeling able to make **improvements** in their area of work

47%
do not feel involved in deciding on **changes** introduced that affect their work area / team / department

64%
are **proud** to tell people they work for WAST

41.4%
always / often **look forward** to going to work

55%
are always / often **enthusiastic** about their job

71%
are always / often **happy to go the extra mile** at work when required

51.4%
would **recommend** WAST as a place to work

Archwilio Cymru
Audit Wales

Annual Audit Report 2024 – Welsh Ambulance Services University NHS Trust

Audit year: 2023-24

Date issued: January 2025

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Summary report

About this report

1 This report summarises the findings from my 2024 audit work at the Welsh Ambulance Services University NHS Trust (the Trust) undertaken to fulfil my responsibilities under the Public Audit (Wales) Act 2004. That Act requires me to:

- examine and certify the accounts submitted to me by the Trust, and to lay them before the Senedd;
- satisfy myself that expenditure and income have been applied to the purposes intended and are in accordance with authorities; and
- satisfy myself that the Trust has made proper arrangements for securing economy, efficiency, and effectiveness in its use of resources.

2 I report my overall findings under the following headings:

- Audit of accounts
- Arrangements for securing economy, efficiency, and effectiveness in the use of resources

3 This year's audit work took place at a time when NHS bodies were continuing to respond to a broad set of challenges associated with the cost-of-living crisis, the climate emergency, inflationary pressures on public finances, workforce shortages, and an ageing estate. In addition, NHS bodies are still dealing with the legacy of the COVID-19 pandemic. My work programme, therefore, was designed to best assure the people of Wales that public funds are well managed.

4 We largely continued to work and engage remotely where possible through the use of technology, but some on-site audit work resumed where it was appropriate to do so. This inevitably had an impact on how we deliver audit work but has also helped to embed positive changes in our ways of working.

5 The audited accounts submission deadline was shortened by two weeks from the previous year to 15 July 2024. The financial statements were certified on 12 July 2024, meaning the deadline was met. This reflects a great collective effort by both my staff and the Trust's officers.

6 The focus and approach of my performance audit work continues to be aligned to the post-pandemic challenges facing the NHS in Wales and is conducted in line with INTOSAI[1] auditing standards.

7 This report is a summary of the issues presented in more detailed reports to the Trust this year (see **Appendix 1**). I also include a summary of the status of work still underway, but not yet completed.

[1] INTOSAI (International Organisation of Supreme Audit Institutions) is a global umbrella organisation for the performance audit community. It is a non-governmental organisation with special consultative status with the Economic and Social Council (ECOSOC) of the United Nations.

8 **Appendix 2** presents the latest estimate of the audit fee that I will need to charge to cover the costs of undertaking my work, compared to the original fee set out in the 2024 Audit Plan.

9 **Appendix 3** sets out the audit of accounts risks set out in my 2024 Audit Plan and how they were addressed through the audit.

10 The Chief Executive and the Executive Director of Finance and Corporate Resources have agreed the factual accuracy of this report. We will present it to the Audit and Risk Assurance Committee on 6 March 2025. The Board will receive the report at a later Board meeting and every member will receive a copy. We strongly encourage the Trust to arrange its wider publication. We will make the report available to the public on the Audit Wales website after the Board have considered it.

11 I would like to thank the Trust's staff and members for their help and co-operation throughout my audit.

Key messages

Audit of accounts

12 I concluded that the Trust's accounts were properly prepared and materially accurate and issued an unqualified audit opinion on them. My work did not identify any material weaknesses in internal controls (as relevant to my audit) however, I brought some issues to the attention of officers and the Audit, Risk and Assurance Committee in my Audit of Accounts Report.

13 I identified no material financial transactions within the Trust's 2023-24 accounts that were not in accordance with authorities or not used for the purpose intended, and so I have issued an unqualified opinion on the regularity of the financial transactions within the Trust's 2023-24 accounts.

14 I placed no substantive report alongside my opinion this year as there were no issues to report.

Arrangements for securing efficiency, effectiveness, and economy in the use of resources

15 My programme of Performance Audit work has led me to draw the following conclusions:

- The Trust exceeded its overall 2023-24 savings target and continues to enhance its arrangements for identifying, delivering, and monitoring efficiencies and sustainable cost savings. However, opportunities exist for the Trust to reduce its reliance on non-recurrent savings, strengthen financial capabilities across the organisation, and refine its savings reporting to Board.

- The Trust has made some improvements to its quality governance structures, including responding to the duties of quality and candour. However, there is scope for further improvements in some areas to strengthen assurance relating to the quality and safety of its service.
- The Trust's corporate arrangements generally support good governance and the efficient, effective, and economical use of resources. Positively, the Trust is transforming its clinical services to better manage operational pressures and demand and is making good progress in enhancing key systems of assurance to strengthen Board focus on strategic risks. The Trust has strong financial performance, supported by good financial planning, which enabled it to meet its financial duties for 2023-24 and the three-year period 2021-24.

16 These findings are considered further in the following sections.

Detailed report

Audit of accounts

17 Preparing annual accounts is an essential part of demonstrating the stewardship of public money. The accounts show the organisation's financial performance and set out its net assets, net operating costs, gains and losses, and cash flows. My annual audit of those accounts provides an opinion on both their accuracy and the proper use ('regularity') of public monies.

18 My 2024 Audit Plan set out the key risks for audit of the accounts for 2023-24 and these are detailed along with how they were addressed in **Exhibit 4**, **Appendix 3**.

19 My responsibilities in auditing the accounts are described in my Statement of Responsibilities publications, which are available on the Audit Wales website.

Accuracy and preparation of the 2023-24 accounts

20 I concluded that the Trust's accounts were properly prepared and materially accurate and issued an unqualified audit opinion on them. My work did not identify any material weaknesses in internal controls (as relevant to my audit) however, I brought some issues to the attention of officers and the Audit, Risk and Assurance Committee.

21 The unaudited accounts were produced for audit in line with agreed timescales, however, a number of misstatements, both corrected and uncorrected were identified. These misstatements had no impact (individually or in aggregate) on the Trust's retained surplus position but took additional time to confirm and agree as part of the audit process.

22 I must report issues arising from my work to those charged with governance (the Audit, Risk and Assurance Committee) for consideration before I issue my audit opinion on the accounts. My Financial Audit Manager reported these issues on 10 July 2024. **Exhibit 1** summarises the key issues set out in that report.

Exhibit 1: issues reported to the Audit, Risk and Assurance Committee

Issue	Auditors' comments
Uncorrected misstatements	**Note 13 Property, plant and equipment** Our audit identified an error in the depreciation charged in-year for an Information Technology asset. This was due to an incorrect asset life being applied. This resulted in an overcharge of depreciation of £513,000 to the Statement of Comprehensive Income. Our audit also identified an understatement of £158,000 in the depreciation charged in-year for 7 assets, as useful lives had not been allocated to these assets. This resulted in no depreciation being charged to the Statement of Comprehensive Income in respect of these assets. The net effect of these misstatements is an overcharge of £355,000 of depreciation to the Statement of Comprehensive Income. However, as depreciation is fully funded by Welsh Government this results in an overclaim of £355,000 of funding from the Welsh Government. However, management has informed us that Welsh Government is not expected to seek to recover this amount from the Trust, given the value and its immateriality. Therefore, this uncorrected misstatement has no impact on the Trust's retained surplus position at year end.
Corrected misstatements	Numerous amendments were made to the accounts, the most significant being in relation to the following notes: Property, Plant and Equipment, and Intangibles (Notes 13 and 14); Capital commitments (Note 25); Losses and special payments - analysis (Note 26.3). None of these misstatements resulted in an impact on the Trust's retained surplus position.

Issue	Auditors' comments
Other significant issues	Our audit this year has identified a number of misstatements, both corrected and uncorrected. These misstatements had no impact (individually or in aggregate) on the Trust's retained surplus position but took additional time to confirm and agree as part of the audit process. We will work with the Trust to plan for the audit of its 2024-25 accounts with the aim of making the process as efficient as possible. This will be particularly important given the intention for audit deadlines to be brought further forward for the 2024-25 financial year.

23 I also undertook a review of the Whole of Government Accounts return. I concluded that the counterparty consolidation information was consistent with the Trust's financial position on 31 March 2024 and the return was prepared in accordance with the Treasury's instructions.

24 My separate independent examination of the charitable funds accounts is complete with the closing findings reported to the Charitable Funds Committee on 14 January 2025. The Auditor General certified the final accounts on 30 January, allowing the accounts to be filed by the Charity Commission's statutory deadline of 31 January.

Regularity of financial transactions

25 The Trust's financial transactions must be in accordance with the authorities that govern them. It must have the powers to receive income and incur expenditure. Our work reviews these powers and tests that there are no material elements of income or expenditure which the Trust does not have the powers to receive or incur.

26 I identified no material financial transactions within the Trust's 2023-24 accounts that were not in accordance with authorities or not used for the purpose intended, and so I have issued an unqualified opinion on the regularity of the financial transactions within the Trust's 2023-24 accounts.

27 I placed no substantive report on the accounts alongside my opinion this year as there were no issues to report.

28 I have the power to place a substantive report on the Trust's accounts alongside my opinions where I want to highlight issues. Where the Trust fails one of its financial duties – to break even over a three-year period and to have an approved three-year plan in place – or my opinion is qualified, I will issue a substantive report.

29 The Trust met both of its financial duties reporting a surplus of £85,000 at the end of the financial year. The Trust also achieved its statutory financial duty to achieve break-even over a three-year rolling period for 2021-22 to 2023-24, reporting an overall three-year surplus of £222,000. As a result, my opinions were unqualified, so I did not issue such a report for these issues.

Arrangements for securing efficiency, effectiveness, and economy in the use of resources

30 I have a statutory requirement to satisfy myself that the Trust has proper arrangements in place to secure efficiency, effectiveness, and economy in the use of resources. I have undertaken a range of performance audit work at the Trust over the last 12 months to help me discharge that responsibility. This work has involved:

- reviewing the effectiveness of the Trust's cost savings arrangements;
- assessing the extent to which the Trust has implemented my 2022 recommendations on quality governance; and
- undertaking a structured assessment of the Trust's corporate arrangements for ensuring that resources are used efficiently, effectively, and economically.

31 My conclusions based on this work are set out below.

Review of cost savings arrangements

32 My review examined whether the Trust has an effective approach to identifying, delivering, and monitoring sustainable cost savings opportunities. It considered the impact these arrangements had on the Trust's 2023-24 year-end position and highlighted where arrangements may need to be strengthened for 2024-25 and beyond.

33 My work found that the Trust exceeded its overall 2023-24 savings target and continues to enhance its arrangements for identifying, delivering, and monitoring efficiencies and sustainable cost savings. However, opportunities exist for the Trust to reduce its reliance on non-recurrent savings, strengthen financial capabilities across the organisation, and refine its savings reporting to Board.

34 The Trust has a good understanding of its cost drivers, which include pay, utilities, and service pressures. It makes appropriate use of data from various sources to identify cost-saving opportunities, such as internal reviews and benchmarking. Planning for savings is improving, with a focus on both efficiencies and income generation. The Trust uses a risk-based process to select its cost improvement schemes.

35 Whilst the Trust has a good track record of achieving its savings targets, it needs to reduce its reliance on non-recurrent savings. Furthermore, it needs to address any

gaps in the financial literacy, competencies, and expertise of staff if it is to maximise the identification and delivery of savings and efficiencies in 2024-25 and beyond.

36 The Trust has effective arrangements in place for overseeing delivery of savings, with regular reporting to the Board and Finance and Performance Committee. However, there is a need to ensure consistency in savings reports by using the same figures to avoid confusion. The Trust regularly reviews the risks associated with savings planning and delivery and proactively learns from its experiences to improve its savings processes.

Quality Governance Follow up Review

37 My work considered the Trust's progress in implementing the recommendations we made in our 2022 quality governance review as well as the assurance provided to the Board that the Trust is taking steps to respond to the requirements of the Act.

38 My work found that whilst the Trust can demonstrate some progress in implementing the recommendations arising from the 2022 Review of Quality Governance Arrangements, it still had more to do to address the recommendations in full. Specifically, my review found that:

- Delivery of the Trust's Quality Strategy for 2021-24 has continued to be slower than planned due to ongoing resourcing and capacity issues, and there is also a need to improve progress reporting on strategic delivery.
- The Trust approves the Clinical Audit Plan annually and provides regular updates on its progress to the Quality, Patient Experience and Safety (QuESt) Committee; however, the reporting of outcomes and learning from clinical audit work could be strengthened.
- Whilst the Trust has implemented the new framework for mortality reviews, the timeliness of the completion of these reviews varies and there is scope for more consistent reporting of mortality review activity, outcomes, and learning.
- Whilst PADR (Performance Appraisal and Development Review) completion rates have improved since the original review, they continue to be below the Trust's target rate.
- The Trust has a standard operating procedure for Board members conducting visits, however, the frequency and coverage of visits are variable. Furthermore, the Trust currently does not capture and report feedback and learning to the Board.
- Compliance with the new national process for jointly investigating serious incidents with partners is strong with activity regularly monitored by the QuESt committee.
- The Trust continues to face challenges in reporting patient outcomes due to differing patient systems in place across NHS organisations. However, there is more the Trust can and should do to triangulate and identify themes and learning from this information.

39 The Trust has taken steps to implement the duties of quality and candour, however, there are weaknesses in the clarity of reporting progress and there is scope to improve training compliance and monitoring. Before the Health and Social Care (Quality and Engagement) Act 2020 came into effect in April 2023, the Trust assessed its readiness against the Welsh Government baseline. The Trust also held Board sessions to raise awareness of the new Act. Staff were supported via e-learning modules to help understand and respond to the new requirements. While training is in place for the Duties of Quality and Candour, technical difficulties has made it difficult for the Trust to monitor compliance which creates a risk that there is insufficient staff understanding of the new requirements. The Trust has developed an Implementation Plan and tracks its progress in implementing the requirements under the Duties of Candour and Quality using the Welsh Government roadmap. However, there is scope for the Trust to strengthen the assurance it provides within its progress reports to the QuESt Committee.

Structured assessment

40 My 2024 structured assessment work took place at a time when NHS bodies were continuing to respond to a broader set of challenges associated with the cost-of-living crisis, the climate emergency, inflationary pressures on public finances, workforce shortages, and an ageing estate. In addition, NHS bodies are still dealing with the legacy of the COVID-19 pandemic. More than ever, therefore, NHS bodies and their Boards need to have sound corporate governance arrangements that can provide assurance to themselves, the public, and key stakeholders that the necessary action is being taken to deliver high-quality, safe and responsive services, and that public money is being spent wisely.

41 My team focussed on the Trust's corporate arrangements for ensuring that resources are used efficiently, effectively, and economically, with a specific focus on: Board transparency, effectiveness, and cohesion; corporate systems of assurance; corporate approach to planning; and corporate approach to managing financial resources. Auditors also paid attention to progress made to address previous recommendations.

42 At the time of my structured assessment work, the Trust was subject to Level One status under the Welsh Government's escalation and intervention arrangements].

Corporate approach to planning

43 My work considered whether the Trust has a sound corporate approach to planning. I paid particular attention to the organisation's arrangements for:

- producing and overseeing the development of strategies and corporate plans, including the Integrated Medium-Term Plan; and
- overseeing the delivery of corporate strategies and plans.

44 My work found that the Trust continues to have a generally sound approach to producing strategies and corporate plans, including the development of an ambitious Clinical Model Transformation Programme. However, opportunities remain to strengthen Board oversight of the development and delivery of the Trust's Integrated Medium-Term Plan.

45 The Trust continues to pursue its long-term strategic framework, "Delivering Excellence, Our Vision for 2030", which focusses on altering its traditional service model to manage demand differently. The Trust has generally good arrangements for producing strategies and corporate plans. It has made good progress recently in developing an ambitious Clinical Model Transformation Programme to transform service delivery and its IMTP for 2024-27 was approved and submitted on time. Whilst the Trust was able to produce an approvable Integrated Medium-Term Plan for 2024-27 (IMTP 2024-27), the Board should have been more involved in scrutinising the draft version prior to approving the final plan before it was submitted to Welsh Government.

46 The IMTP 2024-27 contains clear objectives and outcome-based milestones, with a strong focus on delivery. Overall delivery of the IMTP is overseen by the Strategic Transformation Board, though specific relevant actions are monitored by the Clinical Model Transformation Board and the Integrated Strategic Planning and Development Group. Quarterly progress updates are provided to the Finance and Performance Committee and the Board. There is greater focus on the impact of plan delivery in progress reports, with good scrutiny provided by members. However, the Trust needs to urgently clarify to Board the impact of the Clinical Model Transformation Programme on wider delivery of the IMTP 2024-27.

Corporate systems of assurance

47 My work considered whether the Trust has a sound corporate approach to managing risks, performance, and the quality and safety of services. I paid particular attention to the organisation's arrangements for:

- overseeing strategic and corporate risks;
- overseeing organisational performance;
- overseeing the quality and safety of services; and
- tracking recommendations.

48 My work found that the Trust continues to strengthen its corporate systems of assurance and is taking positive steps to enhance its Board Assurance Framework (BAF). However, opportunities remain to strengthen the Trust's framework for managing organisational performance and overseeing the quality and safety of services.

49 The Trust is in the third and final year of its risk management transformation programme. Part of the programme relates to enhancing the Trust's BAF to focus more explicitly on the risks to achieving the organisation's strategic objectives. The Trust continues to have reasonable performance management arrangements in place in line with its Quality and Performance Management Framework. However, the framework requires some updating, particularly in relation to key roles. The Trust continues to report performance against approved metrics via Monthly Integrated Quality and Performance Reports, with appropriate scrutiny and challenge provided by the Board. The Trust has also improved its systems for tracking and actioning audit recommendations, with regular reporting to the Audit, Risk, and Assurance Committee (ARAC).

Board transparency, effectiveness, and cohesion

50 My work considered whether the Trust's Board conducts its business appropriately, effectively, and transparently. I paid particular attention to:

- Public transparency of Board business
- Arrangements to support the conduct of Board business
- Board and committee structure, business, meetings, and flows of assurance

- Board commitment to hearing from staff, users, other stakeholders
- Board skills, experiences, cohesiveness, and commitment to improvement

51 My work found that recent changes to Board membership have been managed well and the Board has continued to conduct its business effectively. The Trust continues to demonstrate a strong commitment to public transparency and continuous improvement. The Trust remains committed to hearing from patients, staff, and other stakeholders; however, opportunities remain to enhance these arrangements further.

52 The Trust continues to hold in-person Board meetings which are open to the public to observe. The public can also submit questions to the Board, and we found that they receive comprehensive responses which are tracked via an action log. Committee Chairs determine whether meetings are held virtually only or using a hybrid approach, where members can join either in-person or online. The majority of the Trust's committees meet virtually, which is decided during agenda setting meetings. Board and committee meetings are well-chaired, with good quality information provided to support effective scrutiny and decision-making. The Trust plans to strengthen its reports further by including a greater level of analysis and trend information.

53 The Trust continues to have proper arrangements for conducting Board and committee business, including updating its Standing Orders and policies. In addition, the Trust has made significant progress in reviewing its policies.

54 The Trust uses patient and staff stories to inform Board business. However, staff stories do not currently follow the same process for patient stories, and it is not always clear how the Trust is using this intelligence to provide assurance or promote improvement. Furthermore, there is scope for the Trust to improve the process for feeding back intelligence from Board visits and patient experience reports.

55 The Trust has managed recent changes to Board membership well and put a supportive induction process in place for new members. The Board Development Programme continues to provide valuable learning and discussion opportunities. The Board and its committees continue to undertake effectiveness reviews. However, the response rates for some committees were low, particularly for the ARAC and People and Culture Committee. The ARAC is working to improve rates by completing its effectiveness review in stages throughout the year rather than as an annual exercise.

Corporate approach to managing financial resources

56 My work considered whether the Trust has a sound corporate approach to managing its financial resources. I paid particular attention to the organisation's arrangements for:

- achieving its financial objectives;
- overseeing financial planning;

- overseeing financial management; and
- overseeing financial performance.

57 My work found that the Trust continues to have strong financial performance supported by effective financial planning. However, the Trust needs to improve its arrangements for identifying and reporting recurrent saving schemes.

58 The Trust continued its good record of meeting its financial duties in 2023-24, recording a small revenue surplus of £85,000, and achieving breakeven over the rolling three-year period 2021-22 to 2023-24. The Trust is on course to meet its financial objectives for 2024-25.

59 The Trust has a clear approach to financial planning. It also has effective financial management arrangements and controls in place, with no significant concerns identified by internal audits. The Trust's financial statements for 2023-24 received a clean audit opinion.

60 The organisation's savings target for 2024-25 is £6.4 million. However, a significant portion (43%) comes from non-recurrent savings, which potentially creates a risk to organisational resilience and financial sustainability. The Trust has recently improved the clarity of its financial reports by specifying whether savings schemes are recurrent or non-recurrent. Oversight and scrutiny of financial performance by the Board and the Finance and Performance Committee is effective, with appropriate challenge and support. However, opportunities remain to strengthen the content and presentation of finance reports.

Reports issued since my last annual audit report

Exhibit 2: reports issued since my last annual audit report

The following table lists the reports issued to the Trust in 2024.

Report	Date
Financial audit reports	
Audit of Financial Statements Report	June 2024
Opinion on the Financial Statements	July 2024
Independent examination of the charitable funds' accounts	December 2024

Report	Date
Performance audit reports	
Review of Cost Savings Arrangements	August 2024
Quality Governance Follow up Review	September 2024
Structured Assessment 2024	October 2024
Other	
2024 Audit Plan	April 2024

My wider programme of national value-for-money studies in 2024 included reviews that focused on the NHS and pan-public-sector topics. These studies are typically funded through the Welsh Consolidated Fund and are presented to the Public Accounts Committee to support its scrutiny of public expenditure. Reports are available on the Audit Wales website.

Exhibit 3: performance audit work still underway

There are several performance audits that are still underway at the Trust. These are shown in the following table, with the estimated dates for completion of the work.

Report	Estimated completion date
Urgent and emergency care: Arrangements for Managing Demand	March 2024
Review of Digital Transformation	May 2024

Appendix 2

Audit fee

The 2024 Audit Plan set out the proposed audit fee of £200,483 (excluding VAT). My latest estimate of the actual fee is £210,483, which includes an increase of £10,000 in the audit of financial statements due to the numerous misstatements identified during our audit and the additional time taken to confirm and agree the correct figures.

In addition to the fee set out above, the audit work undertaken on the shared services provided to the Trust by the NHS Wales Shared Services Partnership cost £641.

Appendix 3

Audit of accounts risks

Exhibit 4: audit of accounts risks

My 2024 Audit Plan set out the risks of material misstatement and/or irregularity for the audit of the Trust's 2023-24 accounts. The table below lists these risks and sets out how they were addressed as part of the audit.

Audit risk	Proposed audit response	Work done and outcome
The risk of management override of controls is present in all entities. Due to the unpredictable way in which such override could occur, it is viewed as a significant risk [ISA 240.32-33].	My audit team will: • test the appropriateness of journal entries and other adjustments made in preparing the financial statements; • review accounting estimates for bias; and • evaluate the rationale for any significant transactions outside the normal course of business.	Audit work over journal entries and accounting estimates found no evidence of management override of controls and provided assurance that the accounts were free from material error.
There is an inherent risk that you will fail to meet your first financial duty to break even over a rolling three-year period. However, your reported position at month 11 shows a year-to-date surplus of £108,000 and a forecast of break-even which is consistent with the Minister's	My audit team will: • test the appropriateness of journal entries and other adjustments made in preparing the financial statements; • review accounting estimates for bias; • perform detailed testing on a sample of key transactions before and after year	The work was carried out as proposed. Our audit work provided assurance that the accounts were free from material error and that the year-end surplus position for 2023-24 was appropriate.

Audit risk	Proposed audit response	Work done and outcome
published control total. This, combined with the outturns for 2021-22 and 2022-23, would result in a rolling three-year surplus of £137,000. While the financial position of the Trust is robust, the existence of such a financial duty increases the risk that management judgements and estimates could be biased in response.	end to ensure they are accounted for in the correct accounting period; and • perform detailed testing on a sample of key year end balances to ensure they are appropriate and complete.	
Our 2022-23 audit identified £110,000 of transactions that had been recorded in the 2022-23 accounts, despite reflecting transactions arising from 2023-24. There is therefore an inherent risk that we could uncover similar transactions in our 2023-24 audit, which could be material in value and require amendment	My audit team will perform detailed testing on a sample of key transactions before and after year end to ensure they are accounted for in the correct accounting period.	The work was carried out as proposed. My team did not identify any issues.
From 1 December 2023, the Losses and Special Payments Register (LaSPaR) used to calculate the losses and many of the provisions balances in the accounts has been decommissioned.	My audit team will: • test the completeness and accuracy of data transfer from the LaSPaR system to the excel based spreadsheets;	The work was carried out as proposed. Our work in this area identified some misstatements which we reported to those charged with governance in the Audit Report. These were corrected by Management.

Audit risk	Proposed audit response	Work done and outcome
For the remainder of 2023-24, a model Excel spreadsheet has been used to record losses and special payments and calculate year-end balances. There is a risk that transactions and balances related to losses and special payments are misstated due to: • the data transfer between LaSPaR and the Excel model not being complete and accurate; and/or • the Excel model miscalculating balances, due to formula errors and/or incorrect data entry. Furthermore, the subjective nature of estimating provisions for clinical negligence and personal injury claims (and the need for expert external input) gives rise to increased audit risk.	• review the year-end Excel spreadsheet to ensure that there are no significant errors or issues; • confirm Excel entries back to supporting evidence (e.g. Quantum reports) on a sample basis; and • confirm the competence and objectivity of expert opinion informing the value of such estimates.	
The revised accounting standard for leases (IFRS 16) was adopted by the Financial reporting Manual (FreM) from 2022-23 onwards. IFRS 16 significantly changes	My audit team will: • consider the completeness of the lease portfolios identified by the Trust needing to be	The work was carried out as proposed. One issue was reported to those charged with governance in the Audit Report which was corrected by Management.

Audit risk	Proposed audit response	Work done and outcome
how most leased assets are accounted for and there are also significant additional disclosure requirements arising. As 2023-24 is the second year of adoption, there is a risk that the accounting and disclosure requirements will be incomplete as it will take time for IFRS 16 requirements to be fully embedded.	included in IFRS 16 calculations; • review a sample of calculated asset and liability values and ensure that these have been accounted for and disclosed in accordance with the Manual for Accounts and FReM; and • ensure that all material disclosures have been made appropriately.	
There is significant investment in capital projects and a risk that capital classified as Assets Under Construction is materially mis-stated: • Capital expenditure up to month 11 was reported at £10m, with a forecast of £23m at year end. • There is an element of judgement needed when determining the amount of costs to be capitalised on each project and the valuation of these assets at the end of the year.	My audit team will: • understand the reasons for the peak in capital expenditure predicted in month 12 and assess impact on audit approach; • perform detailed testing on a sample of additions and capital accruals; • for vehicles under construction by third parties, review the contractual terms and assess whether the criteria for recognising the assets have been met; and • review and challenge whether any assets under	The work was carried out as proposed. Our work in this area identified some misstatements which we reported to those charged with governance in the Audit Report. These were corrected by Management.

Audit risk	Proposed audit response	Work done and outcome
	construction require impairment.	
Senior Officer Remuneration is an area of complexity and significant interest in the accounts each year. As an area of specific interest for the audit, we apply a lower materiality level in our review of this area.	My audit team will review these disclosures in detail to ensure that they are reasonable and in line with legislative requirements.	The work was carried out as proposed. Audit work confirmed that the disclosures in this area of the accounts were materially complete and accurate.
Related Party Disclosures is an area with a lower materiality level in our review of this area as there are risks of incorrect or incomplete disclosures being made.	My audit team will review these disclosures in detail to ensure that they are reasonable, complete and in line with the FReM	The work was carried out as proposed. No issues were identified from the work completed



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We welcome correspondence and telephone calls in Welsh and English.
Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.

AGENDA ITEM No	**19**
OPEN or CLOSED	**Open**
No of ANNEXES ATTACHED	**1**

EDUCATION COMMISSIONING 2026-2027

MEETING	Trust Board
DATE	27.03.2025
EXECUTIVE	Carl Kneeshaw, Director of People
AUTHOR	Jo Kelso, Head of Workforce Education & Development
CONTACT DETAILS	Jo.kelso@wales.nhs.uk

EXECUTIVE SUMMARY

Annual activity related to Education Commissioning currently in progress. This exercise incorporates pre-registration commissioning for commencement of studies in FY 2026/2027 and all other commissioning for commencement of studies in FY 2025/26. Submission of the draft Welsh Ambulance Services University NHS Trust (WAST) education commissioning numbers to Health Education and Improvement Wales (HEIW) met the deadline of 31.01.2025. Final, Board Approved education commissioning numbers to HEIW needs to be submitted by 31.03.2025.

Close cross Trust working ensures inclusion of all clinical roles currently within or planned to be within our service lines.

A planned skill-mix discussion arranged by Strategy, Planning & Performance took place on 18.12.2025 which assisted with refinement of initial numbers, specifically related to preregistration Paramedic Science, indicated in this paper.

The draft plan was agreed by ELT and approved by the Chief Executive Officer on 29.01.25. In future years the plan will go via People and Culture Committee, this year the draft plan was shared with the Chair of People and Culture Committee. The final plan requires Trust Board sign off.

KEY ISSUES/IMPLICATIONS

RECOMMENDED: That Trust Board:

(1) NOTE and APPROVE the content of the report
(2) RECOMMEND a letter is sent to HEIW.Planning&Performance@wales.nhs.uk Confirming Trust Board sign off of the final numbers, as requested (Annex 1).

REPORT APPROVAL ROUTE		
WHERE	**WHEN**	**WHY**
People & Culture Business Meeting	03.12.2024	For information and noting
ELT	29.01.2025	CEO sign off of draft numbers
Shared with People & Culture Committee Chair	13.02.2025	For information and noting

SITUATION

1. HEIW require each NHS Wales organisation to provide an annual Education Commissioning return. This enables HEIW to take into account WAST future workforce requirements. It will also assist preparation and planning requirements for Higher Education Institutes commissioned to deliver such related training and Welsh Government in allocating funding.

BACKGROUND

2. This Educational Commissioning exercise is aimed at clinical and related roles within the NHS.

3. Professions/roles within scope

    - Pre-registrant Paramedic Science
    - Enhanced practice – Paramedicine; Nursing; Midwifery; Clinical related Education & other Allied Health Professions
    - Advanced practice – Paramedicine; Nursing; Midwifery; Clinical related Education & other Allied Health Professions
    - Consultant roles

ASSESSMENT

4. Annual activity related to Education Commissioning for commencement of studies in FY 2026-2027 is currently in progress. Submission of the draft WAST education commissioning numbers to HEIW took place on 29.01.2025. Final, Board Approved education commissioning numbers need to be submitted to HEIW by 31.03.2025.

5. Pre-registration – Commencement of studies FY 2026/2027

Paramedicine – a **combined reduction** by 15 on the 139 commissioned for 2025/26 (i.e. total commissioned for 2026/27 is 124) **and a rebalancing of Full time/Part time modes of study.** This approach will enable the Trust to increase the number of EAPs the Trust develops for 60 Part-time places via Swansea University. The residual balance of 64 Full Time places will be split between the 2 universities with HEIW contracts (i.e. Swansea University and Wrexham University) to deliver Full Time BSc Paramedic Science. These Full Time places will be to meet projected geographical demand for 2029/30.

- Paramedicine - Full Time – 64
- Paramedicine - Part Time – 60 drawn from Level 4 qualified EMTs, Pan-Wales
- Adult Nursing – Full Time – 20 – compensatory number based on expected recruitment into WAST from qualified workforce across NHS Wales, as follows:

  South West / Central Region (Swansea Bay University, Powys Teaching and Hywel Dda University Health Boards) – 6

  South East (Cardiff and Vale, Aneurin Bevan, Cwm Taf Morgannwg Health Boards) – 6

  North (Betsi Cadwallader University Health Board) – 8

6. Enhanced Practice - Commencement of studies FY 2025/2026
   - Paramedicine – 25 bridging modules
   - Nursing/Midwifery/other AHPs – 5 bridging modules
   - Integrated Care - 20 Remote Clinical Decision-Making modules

7. Advanced Practice - Commencement of studies FY 2025/2026
   - Paramedicine – 25 MSc for Trainee APP roles (both FT & PT); 15 Prescribing modules
   - Nursing/Midwifery/other AHPs – 5 MSc
   - Clinical Education - Learning & Development Managers – 2 MSc
   - Integrated Care Remote Clinical Care/other AHPS – 10 MSc

8. Consultant - Commencement of studies FY 2025/2026
   - Paramedicine - 1
   - Nursing/Midwifery/other AHPs - 2

RECOMMENDED: That Trust Board:

(3) NOTE and APPROVE the content of the report

(4) RECOMMEND a letter is sent to HEIW.Planning&Performance@wales.nhs.uk Confirming Trust Board sign off of the final numbers, as requested (Annex 1).

GIG CYMRU NHS WALES
Addysg a Gwella Iechyd Cymru (AaGIC)
Health Education and Improvement Wales (HEIW)

Addysg a Gwella Iechyd Cymru (AaGIC)
Health Education and Improvement Wales (HEIW)
Tŷ Dysgu, Cefn Coed,
Nantgarw CF15 7QQ
Ffôn | Tel: 03300 585 005
Ebost | Email: heiw@wales.nhs.uk
Gwefan | Web: aagic.gig.cymru / heiw.nhs.wales

Our Ref: AH/lb

Date: 10 October 2024

Sent by email
NHS Wales Chief Executives

Dear Colleague

Annual Education Commissioning Return - Education Commissioning Process for 2026-27

We have had a number of discussions about the education commissioning process over recent months, particularly in the context of Physician Associates. As we prepare for the next iteration of this annual process for all healthcare professions, we are requesting the completion of the annual education commissioning return to inform the development of the 2026-27 HEIW Education and Training Plan.

The commissioning return is your opportunity as an organisation to ensure that HEIW takes into account your future workforce requirements as outlined in your local workforce plans. The commissioning returns form the foundation of this planning process and influence how the investment in education and training is deployed. Whilst this process is not a perfect science it helps all of us balance training capacity, future workforce requirements, employment opportunities, and the financial context.

This year with development support from the All-Wales Workforce Planning Network we are launching the new digital template. The SharePoint site (permission controlled) below not only contains the template but provides a range of intelligence to support you with your education commissioning requirements, these include:

- Historical training place trends
- New supply and demand modelling (limited professions)
- Sense making resources and data dashboards via the Workforce Observatory

Education Commissioning and Training SharePoint Site

Given the direct link to investment in education and training we would be grateful if this return could be approved by yourself as Chief Executive prior to submission to ensure that it reflects all professional portfolios as well as your strategic plans.

Cadeirydd | Chairman: Dr Chris Jones
Prif Weithredwr | Chief Executive: Alex Howells
Pencadlys HEIW | HEIW Headquarters, Tŷ Dysgu, Cefn Coed, Nantgarw CF15 7QQ
Ffôn | Tel: 03300 585 005

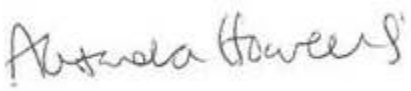
Similar to last year we kindly request that your organisation submits:

- Draft education commissioning numbers by **31 January 2025 via the SharePoint Site**
- Final board approved education commissioning numbers by **31 March 2025 via the SharePoint Site**

This approach will help with more robust modelling to support the recommendation setting and facilitate scenario planning as part of the process.

If you have any questions or need any support, please contact:
HEIW.Planning&Performance@wales.nhs.uk

Yours sincerely



Alexandra Howells
Chief Executive

CC.

Directors of Workforce and Organisational Development
Executive Directors of Nursing
Executive Medical Directors
Executive Directors of Finance
Executive Directors of Therapies & Health Science
Directors of Planning
Chief Operating Officers
Assistant Directors of Planning
Workforce Planning Network
Eye Care Wales Committee Clinical Subgroup
Directors of Pharmacy Group
Welsh Government Policy Leads

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

AGENDA ITEM No	**20**
OPEN or CLOSED	**Open**
No of ANNEXES ATTACHED	**1**

GOVERNANCE REPORT

MEETING	Trust Board
DATE	27 March 2025
EXECUTIVE	Trish Mills, Director of Corporate Governance/Board Secretary
AUTHOR	Trish Mills, Director of Corporate Governance/Board Secretary Alex Payne, Corporate Governance Manager
CONTACT	Trish.mills@wales.nhs.uk

EXECUTIVE SUMMARY

1. This report sets out where applicable the **Chair's Action's** taken since the last Board meeting and corresponding ratifications required**, use of the Trust Seal**, **decisions made in private session and any other governance matters**. The Trust Seal has not been applied in the period since the last board meeting.

Chair's Action

2. There has been one decision made by Chair's Action since the last meeting of the Board on the 30 January 2025. This decision was sought via Chair's Action to seek authorisation for the *retrospective approval of digital expenditure* for the procurement of iPads for frontline staff and the transition of the Trust's rostering system to a cloud-based system. The board will be asked to ratify this decision in private session, but it has been included here for transparency. The non-compliance with Standing Orders was raised to the board at the time and reported formally to the Audit, Risk and Assurance Committee on 6 March 2025 (see their AAA report to this meeting).

Decisions in Private Session

3. There has been one decision made in private to report – which is the approval of the *Vehicle Procurement Strategy 2025-30*, received at the closed Trust Board meeting on the 30 January 2025. The item was taken in private session due to commercial sensitivity. At this meeting the Board approved the strategy for onward submission to Welsh Government for consideration.

Other Governance Matters

Amendments to Standing Orders and Scheme of Reservation & Delegation

4. The Trust's Standing Orders (SOs) must be kept under review to ensure they remain current and that their practical application in the Trust is clear and communicated.

5. Additionally, Welsh Government reviews the SOs and Standing Financial Instructions on a regular basis, communicating any changes thereto. Changes to the SOs and minor amendments to the Scheme of Reservation and Delegation to Officers were received by the Audit, Risk and Assurance Committee at its meeting on the 06 March and endorsed by them (see their AAA report to this meeting) and are presented for approval by the board.

6. RECOMMENDATIONS: The Board is asked to:

6.1 Approve the changes to the Standing Orders and Scheme of Reservation and Delegation, as detailed in the supporting paper in Annex 1.

6.2 Note the decision made in private and the chair's action taken in February 2025 (which will be approved in private session).

KEY ISSUES/IMPLICATIONS
Not applicable.

REPORT APPROVAL ROUTE
Not applicable.

REPORT APPENDICES
Annex 1: 2025 Changes to Standing Orders and Scheme of Reservation and Delegation Paper

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

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

AGENDA ITEM No	**20.1**
OPEN or CLOSED	**Open**
No of ANNEXES ATTACHED	**01**

AMENDMENTS TO STANDING ORDERS 2025

MEETING	Trust Board
DATE	27 March 2025
EXECUTIVE	Trish Mills, Director of Corporate Governance/Board Secretary
AUTHOR	Trish Mills, Director of Corporate Governance/Board Secretary Alex Payne, Corporate Governance Manager
CONTACT	Trish.mills@wales.nhs.uk

EXECUTIVE SUMMARY

1. The Trust's Standing Orders (SOs) must be kept under review to ensure they remain current and that their practical application in the Trust is clear and communicated. Additionally, Welsh Government reviews the SOs and Standing Financial Instructions on a regular basis, communicating any changes thereto. Changes to the SOs and minor amendments to the Scheme of Reservation and Delegation to Officers were received by the Audit, Risk and Assurance Committee at its meeting on the 06 March and endorsed by them (see their AAA report to this meeting) and are presented for approval by the board.

2. This paper sets out amendments to the Standing Orders Main Document and the Scheme of Reservation and Delegations of Powers (SoRD) for endorsement. These changes include the amendments required by Welsh Government following its annual review. There are no changes proposed to the Standing Financial Instructions at this stage.

3. Periodically reviewing the SoRD is essential to clarify its practical implementation and address any anomalies or inefficiencies. The changes presented include those required by Welsh Government following its annual review, and amendments to the SoRD to ensure that the responsible officers and delegations are cited correctly within Tables A (Delegated Matters). The SoRD file with amendments has been included as Annex 1. The changes to the Standing Orders Main Document have been detailed within the paper.

Changes to the Standing Orders: Main Document

4. The changes to made to the Standing Orders Main Document have been provided by Welsh Government as part of its annual review. They relate to the publication of papers ahead of a board meeting – in provisions 7.4.3 and 7.4.7.

5. The change requires that papers must be published at least *five clear days* before a formal board meeting, as opposed to seven calendar days. Additionally, the unclear reference to the publication of 'the public part of the agenda' has been removed.

6. Additionally, an adjustment has been made to the cross-referencing within provision 3.3.5 where the paragraph refers to Standing Order 3.4.6, where it should have read 3.3.6. Also, references to the Audit Committee have been changed to reflect the change to the committee's name in 2024 to the Audit, Risk and Assurance Committee.

Changes to the Standing Orders: Scheme of Reservation and Delegation

7. The SoRD is set out in two parts. The first part is the Schedule of Matters Reserved to the Board which is prescribed by Welsh Government; the second part is the Scheme of Delegation to Executive Directors, Directors and Officers. The changes for approval can be viewed in **Annex 1.**

8. This second part contains Table A – delegated matters, and Table B – delegated financial limits. As with the Standing Orders Main Document, the references to the Audit Committee have been changed to reflect the change to the committee's name in 2024 to the Audit, Risk and Assurance Committee.

9. Within the Delegation of Powers to Committees and Others and Table A, the references to the Deputy Director of Finance have been amended to 'the relevant Assistant Director of Finance' as the former position no longer reflects the structure within the Finance and Corporate Resources Directors. Secondly, the responsible officer for Violence and Aggression has been amended to the Executive Director of Quality and Nursing, as opposed to the Director of People and Culture.

10. Finally, the references to the Director of People and Culture have been updated to state either the Director of People or the Director of Culture Change, in line with the current leadership arrangements in the People and Culture Directorate. These amendments are throughout Table A of the SoRD.

11. **RECOMMENDATION:**

The Trust Board is asked to APPROVE the amendments to the Standing Orders Main Document and the Scheme of Reservation and Delegation to take immediate effect.

KEY ISSUES/IMPLICATIONS
n/a
REPORT APPROVAL ROUTE
n/a

REPORT APPENDICES
Annex 1: WAST Standing Orders - Schedule 1 Scheme of Reservation and Delegation of Powers v.9 for ARAC 06032025

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

Schedule 1

SCHEME OF RESERVATION AND DELEGATION OF POWERS

This Schedule forms part of, and shall have effect as if incorporated in the NHS Trust Standing Orders

Introduction

As set out in Standing Order 2, the Board - subject to any directions that may be made by the Welsh Ministers - shall make appropriate arrangements for certain functions to be carried out on its behalf so that the day to day business of the Trust may be carried out effectively, and in a manner that secures the achievement of the organisation's aims and objectives. The Board may delegate functions to:

(i) A Committee, e.g., Quality and Safety Committee;

(ii) A sub-Committee e.g., a locality based Quality and Safety Committee taking forward matters within a defined area. Any such delegation would, subject to the Board's authority, usually be via a main Committee of the Board; and

(iii) Officers of the Trust (who may, subject to the Board's authority, delegate further to other officers and, where appropriate, other third parties, e.g. shared/support services, through a formal scheme of delegation)

and in doing so, must set out clearly the terms and conditions upon which any delegation is being made. These terms and conditions must include a requirement that the Board is notified of any matters that may affect the operation and/or reputation of the Trust. The Board's determination of those matters that it will retain, and those that will be delegated to others are set out in the following:

- Schedule of matters reserved to the Board;
- Scheme of delegation to Committees and others; and
- Scheme of delegation to officers.

all of which form part of the Trust's Standing Orders.

DECIDING WHAT TO RETAIN AND WHAT TO DELEGATE: GUIDING PRINCIPLES

The Board will take full account of the following principles when determining those matters that it reserves, and those which it will delegate to others to carry out on its behalf:

- ***Everything is retained by the Board unless it is specifically delegated in accordance with the requirements set out in SOs or SFIs***

- ***The Board must retain that which it is required to retain (whether by statute or as determined by the Welsh Ministers) as well as that which it considers is essential to enable it to fulfil its role in setting the organisation's direction, equipping the organisation to deliver and ensuring achievement of its aims and objectives through effective performance management***

- ***Any decision made by the Board to delegate functions must be based upon an assessment of the capacity and capability of those to whom it is delegating responsibility***

- ***The Board must ensure that those to whom it has delegated powers (whether a Committee, partnership or individuals) remain equipped to deliver on those responsibilities through an ongoing programme of personal, professional and organisational development***

- ***The Board must take appropriate action to assure itself that all matters delegated are effectively carried out***

- ***The framework of delegation will be kept under active review and, where appropriate, will be revised to take account of organisational developments, review findings or other changes***

- ***Except where explicitly set out, the Board retains the right to decide upon any matter for which it has statutory responsibility, even if that matter has been delegated to others***

- ***The Board may delegate authority to act, but retains overall responsibility and accountability***

- ***When delegating powers, the Board will determine whether (and***

the extent to which) those to whom it is delegating will, in turn, have powers to further delegate those functions to others.

HANDLING ARRANGEMENTS FOR THE RESERVATION AND DELEGATION OF POWERS: WHO DOES WHAT

The Board

The Board will formally agree, review and, where appropriate revise schedules of reservation and delegation of powers in accordance with the guiding principles set out earlier.

The Chief Executive

The Chief Executive will propose a Scheme of Delegation to Officers, setting out the functions they will perform personally and which functions will be delegated to other officers. The Board must formally agree this scheme.

In preparing the scheme of delegation to officers, the Chief Executive will take account of:

- The guiding principles set out earlier (including any specific statutory responsibilities designated to individual roles)
- Their personal responsibility and accountability to the Chief Executive, NHS Wales in relation to their role as designated Accountable Officer
- Associated arrangements for the delegation of financial authority to equip officers to deliver on their delegated responsibilities (and set out in SFIs).

The Chief Executive may re-assume any of the powers they have delegated to others at any time.

The Board Secretary

The Board Secretary will support the Board in its handling of reservations and delegations by ensuring that:

- A proposed schedule of matters reserved for decision by the Board is presented to the Board for its formal agreement;
- Effective arrangements are in place for the delegation of Trust functions within the organisation and to others, as appropriate; and

- Arrangements for reservation and delegation are kept under review and presented to the Board for revision, as appropriate.

The Audit, Risk and Assurance Committee

The Audit, Risk and Assurance Committee will provide assurance to the Board of the effectiveness of its arrangements for handling reservations and delegations.

Individuals to who powers have been delegated

Individuals will be personally responsible for:

- Equipping themselves to deliver on any matter delegated to them, through the conduct of appropriate training and development activity; and
- Exercising any powers delegated to them in a manner that accords with the Trust's values and standards of behaviour.

Where an individual does not feel that they are equipped to deliver on a matter delegated to them, they must notify the Board Secretary of their concern as soon as possible in so that an appropriate and timely decision may be made on the matter.

In the absence of an officer to whom powers have been delegated, those powers will be exercised by the individual to whom that officer reports, unless the Board has set out alternative arrangements.

If the Chief Executive is absent their nominated Deputy may exercise those powers delegated to the Chief Executive on their behalf. However, the guiding principles governing delegations will still apply, and so the Board may determine that it will reassume certain powers delegated to the Chief Executive or reallocate powers, e.g., to a Committee or another officer.

SCOPE OF THESE ARRANGEMENTS FOR THE RESERVATION AND DELEGATION OF POWERS

The Scheme of Delegation to officers referred to here shows only the "top level" of delegation within the Trust. The Scheme is to be used in conjunction with the system of control and other established procedures within the Trust.

SCHEDULE OF MATTERS RESERVED TO THE BOARD[1]

NO.	BOARD /COMMITTEE	AREA	DECISIONS RESERVED
1	Board	General	The Board may determine any matter for which it has statutory or delegated authority, in accordance with SOs.
2	Board	General	The Board must determine any matter that will be reserved to the whole Board.
3	Board	General	Approve the Trust's Governance Framework
4	Board	Operating Arrangements	Approve, vary and amend: ▪ SOs; ▪ SFIs; ▪ Schedule of matters reserved to the Trust; ▪ Scheme of delegation to Committees and others; and ▪ Scheme of delegation to officers. In accordance with any directions set by the Welsh Ministers.
5	Board	Operating Arrangements	Ratify any urgent decisions taken by the Chair and the Chief Executive in accordance with Standing Order requirements.

[1] Any decision to reserve a matter, and the manner in which that retained responsibility is carried out will be in accordance with any regulatory and/or Welsh Government requirements.

NO.	BOARD /COMMITTEE	AREA	DECISIONS RESERVED
6	Audit, Risk and Assurance Committee	Operating Arrangements	Formal consideration of report of Board Secretary on any non-compliance with Standing Orders, making proposals to the Board on any action to be taken.
7	Board	Operating Arrangements	Receive report and proposals regarding any non-compliance with Standing Orders, and where required ratify in public session any action required in response to failure to comply with SOs.
8	Board	Operating Arrangements	Authorise use of the Trust's official seal.
9	Board	Operating Arrangements	Approve the Trust's Values and Standards of Behaviour framework.
10	Chair on behalf of Board/Joint Committee, Vice-Chair on behalf of Joint Committee Board if Chair is declaring interest	Organisation Structure and Staffing	Require, receive, and determine action in response to the declaration of Board members' interests, in accordance with advice received, e.g. From Audit, Risk and Assurance Committee or Board Secretary
11	Board	Strategy Planning	Determine the Trust's strategic aims, objectives, and priorities
12	Board	Strategy Planning	Approve the Trust's key strategies and programmes related to: ▪ The development and delivery of patient and population centred health and care/clinical services ▪ Improving quality and patient safety outcomes ▪ Workforce and Organisational Development ▪ Infrastructure, including IM &T, Estates and Capital (including major capital investment and disposal plans) ▪

NO.	BOARD /COMMITTEE	AREA	DECISIONS RESERVED
13	Board	Strategy Planning	Approve the Trust's Integrated Medium Term Plan, including the balanced Medium Term Financial Plan
14	Board	Strategy Planning	Approve the Trust's budget and financial framework (including overall distribution and unbudgeted expenditure)
15	Board	Operating Arrangements	Approve the Trust's framework and strategy for performance management.
16	Board	Strategy and Planning	Approve the Trust's framework and strategy for risk management and assurance.
17	Board	Operating Arrangements	Ratify policies for dealing with raising concerns, complaints, and incidents in accordance with the Putting Things Right and health and safety requirements.
18	Board	Operating Arrangements	Agree the arrangements for ensuring the adoption of standards of governance and performance (including the quality and safety of healthcare, and the patient experience) to be met by the Trust, including standards/ requirements determined by Welsh Government, regulators, professional bodies/others, e.g. National Institute of Health and Care Excellence (NICE).
19	Board	Strategy and Planning	Approve the Trust's patient, public, staff, partnership and stakeholder engagement and co-production strategies.
20	Board	Operating Arrangements	Approve the introduction or discontinuance of any significant activity or operation. Any activity or operation shall be regarded as significant if the Board determines it so based upon its contribution/impact on the achievement of the Trust's aims, objectives and priorities.
21	Remuneration Committee. (For Chief Executive, Committee to consist	Organisation Structure and Staffing	Appointment of the Chief Executive and Executive Directors (officer members of the Board)

NO.	BOARD /COMMITTEE	AREA	DECISIONS RESERVED
	of Chair and non-Officer Members. For all others officer members as above and to include Chief Executive)		
22	Remuneration Committee	Organisation Structure and Staffing	Approve the appointment, appraisal, discipline and dismissal of any other Board level appointments and other senior employees, in accordance with Ministerial instructions e.g. the Board Secretary.
23	Remuneration Committee	Organisation Structure and Staffing	Termination of appointment and suspension of officer members in accordance with the provisions of Regulations
24	Remuneration Committee	Organisation Structure and Staffing	Consider appraisal of officer members of the Board
25	Remuneration Committee	Organisation Structure and Staffing	Consider and approve redundancy and Early Release Applications, noting that where the settlement is £50,000 or above subsequent agreement of Welsh Government is required.
26	Board	Organisation Structure and Staffing	Approve, [arrange the] review, and revise the Trust's top level organisation structure and corporate policies
27	Board	Organisation Structure and Staffing	Appoint, [arrange the] review, revise and dismiss Trust Committees directly accountable to the Board
28	Board	Organisation Structure	Appoint, equip, review and (where appropriate) dismiss the Chair and members of any

NO.	BOARD /COMMITTEE	AREA	DECISIONS RESERVED
		and Staffing	Committee or Group set up by the Board
29	Board	Organisation Structure and Staffing	Appoint, equip, review and (where appropriate) dismiss individuals appointed to represent the Board on outside bodies and groups
30	Board	Organisation Structure and Staffing	Approve the standing orders and terms of reference and reporting arrangements of all Committees and groups established by the Board
31	Audit, Risk and Assurance -Committee	Operating Arrangements	Approve arrangements relating to the discharge of the Trust's responsibility as a bailee for patients' property
32	Board Except where Chapter 6 specifies appropriate to delegate to a committee, Chief Executive or Officers	Operating Arrangements	Approve individual compensation payments in line with the provisions of Annex 4 to Chapter 6 of the Welsh Government Manual for Accounts
33	Board Except where Chapter 6 specifies appropriate to delegate to a committee, Chief Executive or Officers	Operating Arrangements	Approve individual cases for the write off of losses or making of special payments above the limits of delegation to the Chief Executive and officers

NO.	BOARD /COMMITTEE	AREA	DECISIONS RESERVED
34	Board	Operating Arrangements	Approve proposals for action on litigation on behalf of the Trust
35	Board	Organisation Structure and Staffing	Approve the arrangements relating to the discharge of the Trust's responsibilities as a corporate trustee of funds held on trust in accordance with the provision of Paragraph 20 of the Standing Financial Instructions.
36	Board	Strategy and Planning	Approve individual contracts (other than NHS contracts) above the limit delegated to the Chief Executive set out in the Standing Financial Instructions[2]
37	Board	Performance and Assurance	Approve the Trust's audit and assurance arrangements
38	Board	Performance and Assurance	Receive reports from the Trust's Executive on progress and performance in the delivery of the Trust's strategic aims, objectives and priorities and approve action required, including improvement plans, as appropriate.
39	Board	Performance and Assurance	Receive reports from the Trusts Committees, groups and other internal sources on the Trust's performance and approve action required, including improvement plans, as appropriate
40	Board	Performance and Assurance	Receive reports on the Trust's performance produced by external regulators and inspectors (including, e.g., Audit Wales etc.) that raise significant issue or concerns impacting on the Trust's ability to achieve its aims and objectives and approve action required, including improvement plans, taking account of the advice of Trust Committees (as appropriate)
41	Board	Performance and Assurance	Receive the annual opinion of the Trust's Chief Internal Auditor and approve action required, including improvement plans
42	Board	Performance and Assurance	Receive the annual management report from the Auditor General for Wales and approve action required, including improvement plans

2 In this respect individual contracts refers to individual awards

NO.	BOARD /COMMITTEE	AREA	DECISIONS RESERVED
43	Board	Performance and Assurance	Receive assurance regarding the Trust's performance against the Health and Care Standards for Wales and the arrangements for approving required action, including improvement plans.
44	Board	Reporting	Approve the Trust's Reporting Arrangements, including reports on activity and performance to citizens, partners and stakeholders and nationally to the Welsh Government where required.
45	Board	Reporting	Receive, approve and ensure the publication of Trust reports, including its Annual Report and annual financial accounts in accordance with directions and guidance issued.

ADDITIONAL AREAS OF RESPONSIBILITY DELEGATED TO CHAIR, VICE CHAIR AND INDEPENDENT MEMBERS			
1.	Chair		In accordance with statutory and Welsh Government requirements
2.	Vice Chair		In accordance with statutory and Welsh Government requirements
3.	Champion/ Nominated Lead		In accordance with statutory and Welsh Government requirements

DELEGATION OF POWERS TO COMMITTEES AND OTHERS[3]

Standing Order 2 provides that the Board may delegate powers to Committees and others. In doing so, the Board has formally determined:

- The composition, terms of reference and reporting requirements in respect of any such Committees; and
- The governance arrangements, terms and conditions and reporting requirements in respect of any delegation to others

in accordance with any regulatory requirements and any directions set by the Welsh Ministers.

The Board has delegated a range of its powers to the following Committees and others:

- Audit, Risk and Assurance Committee
- Quality Patient Experience and Safety Committee
- Remuneration Committee
- Finance and Performance Committee
- People and Culture Committee
- Charity Committee
- Academic Partnerships Committee

The scope of the powers delegated, together with the requirements set by the Board in relation to the exercise of those powers are as set out in i) Committee terms of reference, and ii) Formal arrangements for the delegation of powers to others. Collectively, these documents form the Trust's Scheme of Delegation to Committees. The Committee terms of reference appear in Schedule 3 to these Standing Orders.

[3] As defined in Standing Orders.

In the event the Chief Executive Officer is absent they will appoint a Deputy Chief Executive Officer to take on full responsibility of the Chief Executive Officer. If the Deputy Chief Executive is the Director of Finance and Corporate Resources then the Director of Finance and Corporate Resources responsibilities is delegated to the ~~Deputy~~ relevant Assistant Director of Finance.

SCHEME OF DELEGATION TO EXECUTIVE DIRECTORS, DIRECTORS AND OFFICERS

The Trust SOs and SFIs specify certain key responsibilities of the Chief Executive, the Director of Finance and Corporate Resources and other officers. The Chief Executive's Job Description, together with their Accountable Officer Memorandum sets out their specific responsibilities, and the individual job descriptions determined for Executive Director level posts also define in detail the specific responsibilities assigned to those post holders.

These documents, together with the schedule of additional delegations below and the associated financial delegations set out in the SFIs form the basis of the Trust's Scheme of Delegation to Officers.

Table A – Delegated Matters

Note for Table A, where a delegation is made to more than one post holder:

- '/' signifies that either post holder may act individually, or they may act jointly.
- 'and' signifies they must act jointly

Delegated Matter	Responsible Officer/Committee	Delegated To
1. Audit arrangements		
1.1. Ensure that there is an adequate provision of internal and external audit services	Audit, Risk and Assurance Committee	Director of Corporate Governance/Board Secretary
1.2. Implement recommendations	Chief Executive	Relevant Director
1.3. Ensure the financial accounts of the Trust are audited annually	Chief Executive	Executive Director of Finance and Corporate Resources

Delegated Matter	Responsible Officer/Committee	Delegated To
2. Authorisation of new drugs	Chief Executive	Executive Director of Paramedicine and Associate Medical Director
3. Bank/OPG Accounts/Cash (Excluding Charitable Funds (Funds Held on Trust Accounts)) Refer to SFIs for banking arrangements	Chief Executive	Executive Director of Finance & Corporate Resources
4. Capital investment (Refer to SFIs)		
4.1. Programme		
(a) Preparation of Capital Investment for submission to Board	Chief Executive	Executive Director of Finance & Corporate Resources and Director of Strategy, Planning & Performance
(b) Financial monitoring and reporting on all capital scheme expenditure including variations to contract	Chief Executive	Executive Director of Finance & Corporate Resources
(c) Variation to capital programme (up to delegated limits)	Chief Executive	Executive Director of Finance & Corporate Resources and Director of Strategy, Planning & Performance
4.2. Leases – granting and termination of leases subject to the limits set out in Table B	Chief Executive	Executive Director of Finance & Corporate Resources
5. Clinical		
5.1. Clinical governance arrangements	Chief Executive	Executive Director of Quality & Nursing and Executive Director of Paramedicine
5.2. Clinical leadership	Chief Executive	Executive Director of Quality & Nursing and Executive Director of Paramedicine
5.3. Programmes of clinical education	Chief Executive	Director of People ~~and Culture~~ with Executive Director of Quality & Nursing and Executive Director of Paramedicine
5.4. Clinical staffing rotas	Chief Executive	Executive Director of Operations

Delegated Matter	Responsible Officer/Committee	Delegated To
5.5. Clinical trials and research projects (authorisation of) In accordance with JRCALC guidelines	Chief Executive	Executive Director of Paramedicine unless specified as Associate Medical Director
5.6. Responsible officer for medical revalidation	Chief Executive	Associate Medical Director
5.7. Clinical Audit To ensure there is a programme in place	Chief Executive	Executive Director of Paramedicine
6. Clinical Practice and Registration		
6.1. Compliance with statutory and regulatory arrangements relating to professional practice and/or breaches of clinical standards		
(a) Nursing	Chief Executive	Executive Director of Quality and Nursing
(b) Medical	Chief Executive	Associate Medical Director
(c) Paramedicine and affiliated roles	Chief Executive	Executive Director of Paramedicine
(d) Community First Responders	Chief Executive	Executive Director of Paramedicine
7. Complaints/concerns (patients and relatives) – Putting Things Right/the NHS (Concerns, Complaints and Redress Arrangements (Wales)) Regs 2011	Chief Executive	Executive Director of Quality & Nursing
8. Confidential information		
8.1. Monitoring of the Trust's compliance with the Caldicott report on protecting patient confidentiality in the NHS	Chief Executive	Executive Director of Quality and Nursing
8.2. Freedom of Information Act compliance code	Chief Executive	Director of Corporate Governance/Board Secretary
9. Data Protection Act and General Data Protection Regulations		
9.1. Monitoring of Trust's compliance	Chief Executive	Director of Digital Services

Delegated Matter	Responsible Officer/Committee	Delegated To
9.2. Senior Information Risk Owner (SIRO)	Chief Executive	Director of Digital Services
10. Declarations of interest		
10.1. Maintaining a register	Chief Executive	Director of Corporate Governance/Board Secretary
11. Disposal and condemnations		
11.1. Items obsolete, redundant, irreparable or cannot be repaired cost effectively	Chief Executive	Executive Director of Finance & Corporate Resources
11.2. Develop arrangements for the sale of assets	Chief Executive	Executive Director of Finance & Corporate Resources
11.3. Disposal of protected property (as defined in the terms of authorisation)	Chief Executive	Executive Director of Finance & Corporate Resources
12. Environmental Regulations		
12.1. Monitoring of compliance and ensuring compliance with environmental regulations, for example those relating to clean air and waste disposal	Chief Executive	Executive Director of Finance and Corporate Resources
13. External Borrowing		
13.1. Advise Trust Board of the requirements to repay / draw down Public Dividend Capital	Executive Director of Finance & Corporate Resources	~~Deputy Director of Finance and Corporate Resources~~ (the relevant) Assistant Director of Finance
13.2. Approve a list of employees authorised to make short term borrowings on behalf of the Trust	Trust Board	Chief Executive and Executive Director of Finance & Corporate Resources
13.3. Application for draw down of Public Dividend Capital, overdrafts, and other forms of external borrowing	Chief Executive	Executive Director of Finance & Corporate Resources
14. Financial Planning/Budgetary Responsibility		

Delegated Matter	Responsible Officer/Committee	Delegated To
14.1. Develop and submit to Trust Board a financial plan in accordance with priorities and objectives as set out in the IMTP	Chief Executive	Executive Director of Finance & Corporate Resources
14.2. Budgetary responsibility	Chief Executive	Executive Director of Finance & Corporate Resources
14.3. Prior to the start of the financial year, prepare and submit to Trust Board for approval balanced budgets that delivers the financial plan as contained within the IMTP	Chief Executive	Executive Director of Finance & Corporate Resources
14.4. Monitoring and report to Trust Board on performance against the financial plan	Chief Executive	Executive Director of Finance & Corporate Resources
14.5. Devise and maintain systems of budgetary control	Chief Executive	Executive Director of Finance & Corporate Resources
14.6. Monitor performance against budget	Chief Executive	Executive Director of Finance & Corporate Resources
14.7. Delegate budgets to budget holders	Chief Executive	Executive Director of Finance & Corporate Resources
14.8. Ensure adequate training is delivered to budget holders to facilitate their management of allocated budget	Chief Executive	Executive Director of Finance & Corporate Resources
14.9. Submit in accordance with the independent regulators' requirements for financial monitoring returns	Chief Executive	Executive Director of Finance & Corporate Resources
14.10. Identify and implement cost improvements and income generating activities in line with the business plan	Chief Executive	All budget holders
14.11. Preparation of		
(a) Annual accounts	Executive Director of Finance & Corporate Resources	(the relevant) Assistant Director of Finance~~Deputy Director of Finance and Corporate Resources~~
(b) Annual report	Chief Executive	Director of Corporate Governance/Board Secretary

Delegated Matter	Responsible Officer/Committee	Delegated To
14.12. Budget Responsibilities. Ensure that:		
(a) No overspend or reduction of income that cannot be met from virement is incurred without prior consent of Board	Chief Executive and Executive Director of Finance & Corporate Resources	(the relevant) Assistant Director of Finance~~Deputy Director of Finance and Corporate Resources~~
(b) Approved budget is not used for any other than specified purpose subject to rules of virement	Chief Executive and Executive Director of Finance & Corporate Resources	(the relevant) Assistant Director of Finance~~Deputy Director of Finance and Corporate Resources~~
(c) No permanent employees are appointed without the approval of the Chief Executive other than those provided for within available resources and workforce establishment	Chief Executive and Executive Director of Finance & Corporate Resources	(the relevant) Assistant Director of Finance~~Deputy Director of Finance and Corporate Resources~~
14.13. Authorisation of Virement The Chief Executive, Executive Director of Finance & Corporate Resources and delegated budget holders must not exceed the budgetary total or virement limits set by the Board.	Chief Executive	Executive Director of Finance & Corporate Resources
Any budgeted funds not required for their designated purpose(s) revert to the immediate control of the Chief Executive, subject to any authorised use of virement		
15. Financial Procedures and Systems Development and maintenance of systems and procedures	Chief Executive	Executive Director of Finance & Corporate Resources
16. Fire Precautions Ensure that the Fire Precautions and prevention policies and procedures are adequate, and that fire safety and integrity of the estate is intact.	Chief Executive	Executive Director of Finance & Corporate Resources

Delegated Matter	Responsible Officer/Committee	Delegated To
17. Fixed Assets		
17.1. Maintenance of asset register including asset identification and monitoring	Chief Executive	Executive Director of Finance & Corporate Resources
17.2. Ensuring arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with NHS Infrastructure Investment Guidance	Chief Executive	Executive Director of Finance & Corporate Resources
17.3. Calculate and pay capital charges in accordance with the requirements of the Independent Regulator	Chief Executive	Executive Director of Finance & Corporate Resources
17.4. Responsibility for security of Trust's assets including notifying discrepancies to the Executive Director of Finance and Corporate Services, and reporting losses in accordance with Trust's procedures	Chief Executive	All Staff
18. Fraud (see also 26 and 36) Monitor and ensure compliance with Welsh Government Directions on fraud and corruption including the appointment of the Local Counter Fraud Specialist.	Chief Executive	Executive Director of Finance & Corporate Resources
19. Funds Held on Trust Charitable Funds Charitable Funds held are managed and scrutinised appropriately	Charitable Funds Committee	Executive Director of Finance & Corporate Resources
20. Gifts and Hospitality		
20.1. Maintaining the gifts and hospitality register	Chief Executive	Director of Corporate Governance/Board Secretary
20.2. Process for declaring gifts and hospitality	Chief Executive	Director of Corporate Governance/Board Secretary
21. Health and Safety Monitor and ensure statutory compliance with all legislation and Health and Safety requirements including control of Substances Hazardous to	Chief Executive	Executive Director of Quality & Nursing

Delegated Matter	Responsible Officer/Committee	Delegated To
Health Regulations		
22. Infectious Diseases and Notifiable Outbreaks	Chief Executive	Executive Director of Quality & Nursing
23. Integrated Medium Term Plan (IMTP)		
23.1. Develop and present to Trust Board for approval an IMTP that sets out the Trust Strategies and objectives and meets Welsh Government requirement	Chief Executive	Executive Director of Strategy, Planning & Performance
24. IT Systems		
24.1. Ensuring integrity of system e.g. security, privacy, accuracy, completeness, and storage	Chief Executive	Director of Digital Services
24.2. Maintain & replacement of i) business critical systems ii) All other systems	Chief Executive	Director of Digital Services
24.3. Disaster recovery systems	Chief Executive	Director of Digital Services
24.4. Developing Business Critical Systems in accordance with the Trust's IM&T Strategy	Chief Executive	Director of Digital Services
24.5. Developing new systems to ensure they are developed in a controlled manner and thoroughly tested	Chief Executive	Director of Digital Services
24.6. Seeking third party assurances regarding Business Critical Systems operated externally	Chief Executive	Director of Digital Services
25. Losses, Write Offs and Compensation		
25.1. Prepare procedures for recording accounting and reporting to Audit, Risk and Assurance Committee for losses and special payments, including clinical negligence and personal injury claims	Chief Executive	Executive Director of Finance & Corporate Resources

Delegated Matter	Responsible Officer/Committee	Delegated To
25.2. Ex-gratia payments	Chief Executive	Executive Director of Finance & Corporate Resources and relevant Director
26. Patients' Property (in conjunction with financial advice) Ensuring patients and guardians are informed about patients' monies and property procedures	Chief Executive	Executive Director of Operations
27. Patient Services Agreements Negotiation, agreement, and monitoring of external non-clinical patient transport contracts	Chief Executive	Executive Director of Finance & Corporate Resources/Executive Director of Operations
28. Procuring Goods and Services		
28.1. Maintenance of a list of managers authorised to place requisitions/orders and accept goods in accordance with Table B	Chief Executive	Executive Director of Finance & Corporate Resources
28.2. Obtain the best value for money when requisitioning goods/services	Chief Executive	Executive Director of Finance & Corporate Resources
28.3. Prompt payment to suppliers (pspp)	Chief Executive	Executive Director of Finance & Corporate Resources
28.4. Financial limits for ordering/requisitioning goods and services Refer to Table B for delegated limits	Chief Executive	Executive Director of Finance & Corporate Resources
29. Quotation, Tendering and Contract Procedures		
29.1. Services:		
(a) Best value for money is demonstrated for all services provided under contract or in-house	Chief Executive	Executive Director of Finance & Corporate Resources
(b) Nominate officers to oversee and manage the contract on behalf of the Trust	Chief Executive	Heads of Department

Delegated Matter	Responsible Officer/Committee	Delegated To
29.2. Competitive Tenders:		
(a) Authorisation to go to tender[4]	Chief Executive	Relevant Director
(b) Maintain a register to show each set of competitive tender invitations despatched	Chief Executive	Executive Director of Finance & Corporate Resources
(c) Receipt and custody of tenders prior to opening	Chief Executive	Executive Director of Finance & Corporate Resources
(d) Opening tenders	Chief Executive	Relevant Director
(e) Decide if late tenders should be considered	Chief Executive	Executive Director of Finance & Corporate Resources/Board Secretary
(f) Ensure that appropriate checks are carried out as to the technical and financial capability of the firms invited to tender or quote	Chief Executive	Executive Director of Finance & Corporate Resources
29.3. Quotations[4] Authorisation to seek quotations	Chief Executive	Relevant Director
29.4. Waiving the requirement to request[5]		
(a) Tenders – subject to Standing Financial Instructions (reporting to Audit, Risk and Assurance Committee)	Chief Executive	Executive Director of Finance & Corporate Resources
(b) Quotes – subject to Standing Financial Instructions	Chief Executive	Executive Director of Finance & Corporate Resources

4 Individual awards of contract post tender and quotation are authorised in line with the delegations in Table B
5 See SFI 11.13.2 which provides the Executive Director of Finance and Corporate Resources approves applications for single tender waiver (STWs) up to £25,000, and the Chief Executive and Executive Director of Finance and Corporate Resources approve applications exceeding £25,000. It also provides that Procurement Services must be consulted prior to any such application being submitted for approval

Delegated Matter	Responsible Officer/Committee	Delegated To
30. Reporting of Non-Urgent Incidents to the Police	Chief Executive	Relevant Director
31. Risk Management		
31.1. Ensuring the Trust has a Risk Management Strategy and a programme of risk management	Chief Executive	Director of Corporate Governance/Board Secretary
31.2. Developing systems for the management and reporting of risks and incidents	Chief Executive	Director of Corporate Governance/Board Secretary (risk) and Executive Director of Quality & Nursing (incidents)
32. Seal The keeping of a register of seal and safekeeping of the seal	Chief Executive	Director of Corporate Governance/Board Secretary
33. Signing of Documents		
33.1. Legal Proceedings/Advice		
(a) Engage Trust's solicitors/legal advisor	Chief Executive	Relevant Director
(b) Documents connected with legal proceedings[6]	Chief Executive	Relevant Director
33.2. Documents which are required to be executed as a Deed[7]	Chief Executive	Relevant Director and Director of Corporate Governance/Board Secretary
33.3. Other Agreements/Contracts not required to be executed as a Deed	Chief Executive	Relevant Director
33.4. Agreements/Contracts where award approved by Board	Chief Executive	N/A
33.5. Lease Agreements[8]	Chief Executive	Director of Finance and Corporate Resources and Director of Corporate

6 May include but not be limited to consent orders, defences, and settlement agreements)
7 Refer to Governance Practice Note 001 for use of Trust Seal
8 Copies of all leases are to be kept once signed by the Estates Manager for property related leases and by the Board Secretary for all other leases/contracts

Delegated Matter	Responsible Officer/Committee	Delegated To
		Governance/Board Secretary
34. Security Management Provide an oversight and assurance within the context of security management within NHS Wales; working in conjunction with the following leads on specific functional areas of security management:		
34.1. Finance, fraud etc.	Chief Executive	Director of Finance & Corporate Resources
34.2. Estates, premises security etc.	Chief Executive	Director of Finance and Corporate Resources
34.3. ICT	Chief Executive	Director of Digital Services
34.4. Information/data security/records management	Chief Executive	Director of Digital Services
34.5. Violence and aggression	Chief Executive	~~Director of People and Culture~~Executive Director of Quality and Nursing
34.6. Patient Confidentiality	Chief Executive	Caldicott Guardian (Executive Director of Quality and Nursing)
35. Setting of Fees and Charges (Income)		
35.1. Income generation	Chief Executive	Executive Director of Finance & Corporate Resources
35.2. Non-patient care income (e.g., research)	Chief Executive	Executive Director of Finance & Corporate Resources
36. Stores and Receipt of Goods		
36.1. Responsibility for systems of control over stores and receipt of goods, issues and returns	Chief Executive	Relevant Director
36.2. Stocktaking arrangements	Executive Director of Finance & Corporate Resources	(the relevant) Assistant Director of Finance~~Deputy Director of Finance and Corporate Resources~~
36.3. Responsibility for controls of pharmaceutical supplies	Executive Director of	Heads of Department as appropriate

Delegated Matter	Responsible Officer/Committee	Delegated To
	Paramedicine	
37. Workforce and Pay		
37.1. Nomination of officers to enter into staff contracts of employment	Chief Executive	Director of People ~~and Culture9~~
37.2. Develop Workforce policies and strategies for approval by the Board including but not limited to training and industrial relations	Chief Executive	Director of People and Director of Culture Change
37.3. Renewal of Fixed Term Contract	Chief Executive	Director of People ~~and Culture~~
37.4. The granting of additional increments to staff upon initial appointment within the parameters of existing agreements	Chief Executive	Director of People ~~and Culture~~
37.5. Establishments		
(a) Additional staff to the agreed establishment with specifically allocated finance	Chief Executive	Executive Director of Finance & Corporate Resources/ Director of People ~~and Culture~~
(b) Additional staff to the agreed establishment without specifically allocated finance	Chief Executive	Executive Director of Finance & Corporate Resources/ Director of People ~~and Culture~~
(c) Self-financing changes to the establishment	Chief Executive	Relevant Director
(d) Self-financing changes to an establishment which involves movement between pay and other types of expenditure	Chief Executive	Executive Director of Finance & Corporate Resources
37.6. Pay Preparation of proposals for the Trust Board for the setting of remuneration and conditions of service for those staff not covered by Agenda for Change	Chief Executive	Director of People ~~and Culture~~
37.7. Annual Leave		

~~9 This delegation will be to the Director of People when that role is filled (estimated October 2024)~~

Delegated Matter	Responsible Officer/Committee	Delegated To
(a) Approval of annual leave	Chief Executive	Relevant Directors
(b) Annual leave - approval of carry forward up to maximum of 5 days (and pro rata for part time staff)	Chief Executive	Relevant Directors
(c) Annual leave – approval of carry forward over 5 days (and pro rata for part time staff) (to occur in exceptional circumstances only)	Chief Executive	Director of People ~~and Culture~~/ Executive Director of Finance & Corporate Resources
37.8. Special Leave To be applied in accordance with Trust Policy. Departure from policy will be as follows:		
(a) Compassionate leave	Chief Executive	Director of People ~~and Culture~~
(b) Special leave arrangements for domestic/personal/family reasons: • Paternity leave • Carers leave • Adoption leave	Chief Executive	Director of People ~~and Culture~~
(c) Special leave – this includes: • Jury service • Armed services • School governor To be applied in accordance with Trust Policy	Chief Executive	Director of People ~~and Culture~~
(d) Leave without pay	Chief Executive	Director of People ~~and Culture~~
(e) Time off in lieu	~~Executive~~ Director of People ~~and Culture~~	Line/Departmental Manager
(f) Maternity leave – paid and unpaid	~~Executive~~ Director of	Automatic approval within approved guidance

Delegated Matter	Responsible Officer/Committee	Delegated To
	People ~~and Culture~~	
37.9. Sick Leave		
(a) Extension of sick leave on pay due to: • Delays in process • Exceptional circumstances	Chief Executive	Director of People ~~and Culture~~
(b) Return to work part-time on full pay to assist recovery	Chief Executive	Heads of Department/Heads of Service in conjunction with People Services Business Partners
37.10. Study Leave	Chief Executive	Director of People ~~and Culture~~
37.11. Removal expenses, excess rent and house purchases in accordance with Table B	Chief Executive	Director of People ~~and Culture~~
37.12. Authorised – car users leased car	Chief Executive	Executive Director of Finance & Corporate Resources
37.13. Approval of secondary employment (also subject to a declaration of interest)	Chief Executive	Director of People ~~and Culture~~
37.14. Putting proposal to Remuneration Committee in respect of Redundancy/ Severance/ VERS/ Settlement Payments within Trust limits and, where necessary, subject to WG approval	Chief Executive	Director of People ~~and Culture~~/ Executive Director of Finance & Corporate Resources
37.15. Disciplinary procedures (excluding Executive Directors)	Chief Executive	To be applied in accordance with the Trust's disciplinary procedure
37.16. Booking of bank staff		
(a) Nursing	Chief Executive	Executive Director of Quality & Nursing
(b) Clinical (excluding nursing)	Chief Executive	Executive Director of Operations/ Executive Director of Paramedicine
(c) Other	Chief Executive	Relevant Director
37.17. Booking of agency and locum staff		

Delegated Matter	Responsible Officer/Committee	Delegated To
(a) Nursing	Chief Executive	Executive Director of Operations
(b) Medical	Chief Executive	Executive Director of Paramedicine
(c) Paramedicine and affiliated roles	Chief Executive	Executive Director of Operations
(d) Other	Chief Executive	Relevant Director

Table B – Delegated Financial Limits

NB Thresholds are inclusive of VAT irrespective of recovery arrangements with the exception of procurement thresholds which are provided net of VAT.

NB Limits are based on the lifetime value of the individual contract award, not an annual or financial year value

Category	Welsh Govt Delegated Limit - Approval Required[10]	Trust Board	Chief Executive	Exec Director Finance & Corporate Resources	Director of People and Culture	Exec Director Quality and Nursing	Exec Directors / Directors	Heads of service/ Heads of Dept	Budget Holders	Notes[11]
1. LOSSES										
1.1. Losses of Cash due to**:**										
(a) Theft, fraud, arson, sabotage, neglect of duty or gross carelessness	50,000	Over 50,000[12]	50,000	10,000						See Annex 1 to Chapter 6 of Welsh Govt Manual for Accounts (WGMFA)
(b) Overpayment of salaries, wages, fees & allowances	50,000	Over 50,000[8]	50,000	10,000						See Annex 1 to Chapter 6 of WGMFA
(c) Other causes, including un-vouched or completely vouched payments, overpayments other	50,000	Over 50,000[8]	50,000	10,000						See Annex 1 to Chapter 6 of WGMFA

10 NHS Wales health bodies do not have unlimited powers to make special payments or to write-off losses. They must obtain the written approval of the Welsh Government HSCEY Finance Director before writing-off a loss or making, or undertaking to make, any special payment that exceeds their delegated limit. The limits are listed in this column.

11 These notes are intended to guide the reader. They must be read in conjunction with the SO/SoRD/SFIs and those related to losses and special payments with respect to the Welsh Government Manual of Accounts, as well as any relevant Governance Practice Notes.

12 Does not negate the need for WG Approval which is also required

Category	Welsh Govt Delegated Limit - Approval Required[10]	Trust Board	Chief Executive	Exec Director Finance & Corporate Resources	Director of People and Culture	Exec Director Quality and Nursing	Exec Directors / Directors	Heads of service/ Heads of Dept	Budget Holders	Notes[11]
than those included under 1b; physical losses of cash and cash equivalents e.g. postage stamps due to fire (other than arson), accident and similar cause										
1.2. Fruitless Payments, including abandoned capital schemes	250,000	Over 250,000[8]	250,000				100,000	50,000	10,000	A "fruitless payment" is a payment for which liability ought not to have been incurred, or where the demand for the goods and service in question could have been cancelled in time to avoid liability. See further info at annex 1 to Chapter 6 of WGMFA
1.3. Bad Debts and Claims Abandoned										See Annex 1 to Chapter 6 of WGMFA
(a) Private patients	50,000	Over 50,000[8]	50,000	10,000						
(b) Overseas visitors	50,000	Over 50,000[8]	50,000	10,000						
(c) Causes other than (a) and (b) above	50,000	Over 50,000[8]	50,000	10,000						
1.4. Damage to buildings, their fittings, furniture and equipment and loss of equipment and property in stores and in use due to:										
(a) Culpable causes, e.g., theft, arson or sabotage whether proved or suspected, neglect of duty or gross carelessness	50,000	Over 50,000[8]	50,000	10,000						
(b) Other causes	50,000	Over	50,000	10,000						May include losses by fire (other than

Category	Welsh Govt Delegated Limit - Approval Required[10]	Trust Board	Chief Executive	Exec Director Finance & Corporate Resources	Director of People and Culture	Exec Director Quality and Nursing	Exec Directors / Directors	Heads of service/ Heads of Dept	Budget Holders	Notes[11]
		50,000[8]								arson); losses by weather damage or by accident beyond the control of any responsible person; losses due to deterioration. See Annex 1 to Chapter 6 of WGMFA for further info
2. SPECIAL PAYMENTS										
2.1. Compensation payments under legal obligation	N/A	Board to be made aware of payment over 25K	Over 100,000	100,000	25,000	25,000				Payments fall into this category only if a clear liability exists as a result of a Court Order or a legally binding arbitration award. This category can include compensation for injuries to persons, damage to property and unfair dismissal. Payments into court, and out of court settlements, are not payments made under legal obligation.
2.2. Extra contractual payments to contractors	50,000	Over 50,000[8]	50,000	10,000						An extra contractual payment is one which, although not legally due under the original contract or subsequent amendments, appears to be an obligation which the Courts may uphold. Such an obligation will usually be attributable to action or inaction by a health body in relation to the contract. See Annex 2 to Chapter 6 of WGMFA for further info
2.3. Ex gratia payment										Ex gratia payments are payments which a health body is not obliged to make or for which there is no statutory cover or legal liability. An example is a payment to compensate for financial loss resulting from an act or failure of the

Category	Welsh Govt Delegated Limit - Approval Required[10]	Trust Board	Chief Executive	Exec Director Finance & Corporate Resources	Director of People and Culture	Exec Director Quality and Nursing	Exec Directors / Directors	Heads of service/ Heads of Dept	Budget Holders	Notes[11]
										body or its servants which does not give rise to a legal liability or the payment of compensation claims or damages. See Annex 2 to Chapter 6 of WGMFA for further info
(a) To patients and staff for loss of personal effects	50,000	Over 50,000[8]	50,000	10,000	10,000					
(b) For clinical negligence (negotiated settlements following legal advice) where the guidance relating to such payment has been applied	1,000,000	Over 500,000[8]	500,000			100,000		50,000	10,000	Delegations are inclusive of plaintiff's costs. Many clinical negligence and personal injury cases are settled out of Court and are, therefore, classified as ex gratia payments. Provided the relevant guidance has been followed and appropriate legal advice has been obtained, in cases involving negligence the delegated limits are much higher than those which apply to other ex gratia payments
(c) For personal injury claims where legal advice obtained, and relevant guidance has been applied	1,000,000	Over 500,000[8]	500,000			100,000		50,000	10,000	Delegations are inclusive of plaintiff's costs. Many clinical negligence and personal injury cases are settled out of Court and are, therefore, classified as ex gratia payments. Provided the relevant guidance has been followed and appropriate legal advice has been obtained, in cases involving negligence the delegated limits are much higher than those which apply to other ex gratia payments

Category	Welsh Govt Delegated Limit - Approval Required[10]	Trust Board	Chief Executive	Exec Director Finance & Corporate Resources	Director of People and Culture	Exec Director Quality and Nursing	Exec Directors / Directors	Heads of service/ Heads of Dept	Budget Holders	Notes[11]
(d) Other clinical negligence and personal injury claims including Putting Things Right arrangements	50,000	Over 50,000[8]	50,000			10,000				
(e) Other[13] Except cases for maladministration where there was no financial loss by claimant	50,000	RemCom Over 50,000[8]	50,000		10,000					Other ex-gratia payments include: Voluntary Early Release Scheme payments which must be approved by RemCom regardless of value (SoR 25). Special severance payments when staff leave public service employment should be exceptional. They are usually novel contentious and potentially repercussive, and **ALL must be referred to WG for approval, even if they are within delegated limits** which must be approved by RemCom regardless of value (SoR 25) Settlements on termination of employment. Most payments to staff on termination of their employment will be contractual, but ex gratia payments will sometimes arise (for example to settle a claim against the health body for breach of contract). Only payments made in excess of that which is paid under contractual obligation should be recorded as ex-gratia in the losses and special payments register. *These payments may be made by Chief Executive (up to £50K) and Executive

13 ALL special severance payments (novel, contentious and potentially repercussive) of whatever value must be referred to WG for approval, even if they are within delegated limits

Category	Welsh Govt Delegated Limit - Approval Required[10]	Trust Board	Chief Executive	Exec Director Finance & Corporate Resources	Director of People and Culture	Exec Director Quality and Nursing	Exec Directors / Directors	Heads of service/ Heads of Dept	Budget Holders	Notes[11]
										Director of People (up to £10K) and reported to the next RemCom. They are also included in the report to AC on losses and special payments.
(f) Maladministration where there was no financial loss by claimant	N/A	Over 50,000	50,000	10,000						In most cases of maladministration there is unlikely to be any legal obligation to pay compensation, and any payment would, as a result, be ex gratia. Such payments may arise: • as a result of a recommendation by the Public Services Ombudsman Wales (PSOW). • in cases, not involving the PSOW, where NHS Wales health bodies consider that the effect of official failure may justify a payment
(g) Patient referrals outside UK and EEA guidelines	N/A	Over 50,000	50,000	10,000						
2.4. Extra statutory and extra regulatory Payments	N/A	Over 50,000	50,000	10,000						These are payments considered to be within the broad intention of a statute or statutory regulation, but which go beyond a strict interpretation of its terms. In some cases, WG will advise to classify the payments as extra statutory. In all other cases WG must be informed and will advise whether the payments may be treated as extra statutory See Annex 2 of WGMOA for more info.

Category	Welsh Govt Delegated Limit - Approval Required[10]	Trust Board	Chief Executive	Exec Director Finance & Corporate Resources	Director of People and Culture	Exec Director Quality and Nursing	Exec Directors / Directors	Heads of service/ Heads of Dept	Budget Holders	Notes[11]
3. REQUISITIONING GOODS AND SERVICES AND APPROVING PAYMENT **NB: To ensure processes are efficient, timely and appropriately delegated, the Chief Executive with the endorsement of the Director of Finance and Corporate Resources will approve requisitions above £500K (or £200K for management consultants at 3.6 below) arising out of an award approved by the Board in accordance with the Scheme of Matters Reserved to the Board and after satisfying themselves that the requisition is aligned to the approval provided by the Board.**										
3.1. Agency staff and private providers	N/A	See note above	500,000	200,000	200,000	200,000	200,000	50,000 (100,000 for Assistant Director of Operations, Ambulance Care for private providers only)	10,000	Any agency staff, including medical locums. No other managers can authorise use of agency staff.
3.2. Building and engineering works (non-capital)	N/A	See note above	500,000	100,000	100,000	100,000	100,000	50,000	10,000	
3.3. Call off orders (annual value)	N/A	See note above	500,000	100,000	100,000	100,000	100,000	50,000	10,000	High cost medical consumables, provisions, routine supplies, excluding locums or agency staff
3.4. Capital expenditure (subject to annual programme being approved by Trust Board)	N/A	See note above	500,000	100,000	100,000	100,000	100,000	50,000	10,000	The Board to approve cases outside discretionary allowances. Capital programme agreed annually by Board.
3.5. Information Technology	N/A	See note above	500,000	100,000	100,000	100,000	100,000	50,000	10,000	Major IT systems, software purchase, PC and printer purchase, networking, computer consumables. Includes software or hardware maintenance contracts

Category	Welsh Govt Delegated Limit - Approval Required[10]	Trust Board	Chief Executive	Exec Director Finance & Corporate Resources	Director of People and Culture	Exec Director Quality and Nursing	Exec Directors / Directors	Heads of service/ Heads of Dept	Budget Holders	Notes[11]
3.6. Management consultants (including professional services)	N/A	See note above	200,000	10,000	10,000	10,000	10,000			
3.7. Periodic payments (invoice value)	N/A	See note above	500,000 *750,000 for utilities/ fuel	100,000 *750,000 for utilities/ fuel	100,000	100,000	100,000	50,000	10,000	*In relation to Gas, Electricity, Council tax, Telephone, Water and Fleet Fuel invoices, due to the high level of expenditure on a recurring basis, payments up to a value not exceeding £750,000 can be authorised by the Director of Finance or the Chief Executive. For the provision of clarity, payments of PIBS (Personal Injury Benefit Scheme) invoices do not require authorisation on the basis that these quarterly payments are a reimbursement of pension payments made that have already been authorised.
3.8. Removal expenses	N/A	N/A			8,000					Allowance of £6,000 per relevant staff member
3.9. Services (including maintenance contracts) over lifetime of contract	N/A	See note above	500,000	100,000	100,000	100,000	100,000	50,000	10,000	Routine maintenance contracts, clinical services (e.g. MRI), legal services, audit, clinical waste etc.
3.10. All other requisitions	N/A	See note above	500,000	100,000	100,000	100,000	100,000	50,000	10,000	
4. QUOTATIONS AND TENDERS										
4.1. Authorisation of awards of tenders and competitive quotations	N/A	Over 500,000	500,000	100,000	100,000	100,000	100,000	50,000	10,000	Providing all the conditions and circumstances set out in these Standing Financial Instructions have been fully

Category	Welsh Govt Delegated Limit - Approval Required[10]	Trust Board	Chief Executive	Exec Director Finance & Corporate Resources	Director of People and Culture	Exec Director Quality and Nursing	Exec Directors / Directors	Heads of service/ Heads of Dept	Budget Holders	Notes[11]
										complied with, formal authorisation and awarding of a contract may be decided by these staff to the value of the contract. Detail provided here on quotations and tenders for ease of reference, but staff must refer to SFIs for further detail: Quotations- a minimum of 3 written quotations for goods/services must be sought where the anticipated value is likely to be above £5,000. Competitive Tenders- a minimum of 3 written competitive tenders for goods/services must be sought where the anticipated value is likely to be above £25,000. Tenders for Supplies and Services above the limit set EU Procurement matters for works above set limits must be sought in compliance with EC Directives (Updated Jan 2008) (OJEU Regulations) as appropriate. All Tenders and Quotations must be sought, registered, and opened via the SSP. These levels of authorisation may be varied or changed and need to be read in conjunction with the Trust Board's Scheme of Delegation Formal authorisation must be put in writing. In the case of authorisation by the Trust Board this shall be recorded in their minutes. Where there is urgency board approval may be by way of

Category	Welsh Govt Delegated Limit - Approval Required[10]	Trust Board	Chief Executive	Exec Director Finance & Corporate Resources	Director of People and Culture	Exec Director Quality and Nursing	Exec Directors / Directors	Heads of service/ Heads of Dept	Budget Holders	Notes[11]
										Chair's Action in line with the SOs. Exceptions and Instances where formal tendering need not be applied will require authorisation in the form of a request to waive SFIs (pre numbered document from SSP) and authorisation in advance from the Director of Finance or ~~Deputy Director~~the relevant Assistant Director of Finance (or in their absence the Board Secretary)
5. VIREMENT	N/A	Over 100,000	100,000	25,000						Trust must still meet financial targets and the total Trust budget must remain underspent
6. LEASE AGREEMENTS	**	Over 500,000	500,000	100,000 (with Board Secretary)						**See Schedule 1 to SFIs Copies of all leases are to be kept once signed by the Estates Manager for property related leases and by the Board Secretary for all other leases/contracts
7. BUSINESS CASES SEEKING EXTERNAL FUNDING	N/A	Over 500,000	500,000	100,000	100,000	100,000	100,000	50,000	10,000	Any individual awards of contract that flow from approval of a business case must be approved in line with this Scheme of Reservation and Delegation

Category	Welsh Govt Delegated Limit - Approval Required	Board of Trustees/Trust Board	Charity Committee	Bids Panel	Bursary Panel					Notes
8. CHARITABLE FUNDS	N/A	N/A	Over 5,000	5,000	N/A					

Unless otherwise stated, sub-delegations to others are permitted. It is for individual Directors to ensure that a system of sub-delegations are in place for their respective directorates.

This scheme only relates to matters delegated by the Board to the Chief Executive and their Executive Directors, together with certain other specific matters referred to in SFIs. Each Executive Director is responsible for delegation within their department. They shall produce a scheme of delegation for matters within their department, which shall also set out how departmental budget and procedures for approval of expenditure are delegated.

QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE
HIGHLIGHT REPORT TO BOARD

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

Trust Board Meeting Date	27 March 2025
Committee Meeting Date	4 February 2025
Chair	Bethan Evans

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

1. **Handover delays continue to present patient safety risks and extended waits in the community** with a deteriorating red performance being outside of what is acceptable to deliver a safe emergency service. Approximately 10,000 patients per month are cancelling their ambulance requests due to long response times, likely leading to harm and them potentially make their own way to emergency departments. The Trust's focus is to implement a change in how it responds to patient demand through the **Clinical Transformation Programme (CMT).** The committee reviewed the Quality Impact Assessment for the CMT in closed session and received an update on the programme.

2. A theme which ran through a number of items at this meeting included the **importance of data** as intelligence to drive continuous improvements for patient safety**,** as well as digital to support technology advancements/innovation. The need to prioritise digital projects, including the integration of Datix and other systems, to ensure alignment with organisational needs and available resources was emphasised. This is currently underway as part of the development of the IMTP 2025-2028.

3. The **Datix 'Once for Wales' Concerns Management System** contains incident reporting data for patient, staff, and contractor safety concerns, as well as other bespoke modules. Challenges have been identified and a recovery and improvement plan was reviewed which address the key issues and risks which include:

   - Reliance on wider system stakeholders for intelligence on incidents with moderate or higher levels of harm.
   - Data linkage through the National Data Repository owned by Digital Health and Care Wales
   - Reduction of unnecessary data fields and improve data flow for actionable insights.
   - Clear governance and accountability arrangements, and connection with other platforms.
   - Resource constraints impacting system management and data cleansing.
   - Capacity to support the Recovery and Improvement Plan.
   - Current configuration and maintenance lacks structure and requires review.

- Volume and quality of reports causing duplication and variance in outcome data.

The plan was noted, with concerns raised as to deliverability timescales and the resource to implement the plan. The committee will receive updates by way of exception reporting where there are significant risks posed to matters in the remit of this committee.

ADVISE

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

4. Members expressed thanks to service user **Gemma, for sharing their experience as a profoundly deaf British Sign Language (BSL) user in accessing healthcare**. Gemma experienced significant communication barriers, leading to distressing situations in her interactions with the Trust and other public services. Gemma noted that there can often be miscommunications and language barriers, as BSL has its own grammar and sentence structures and is different from English. Also, Gemma advised that BSL users do not necessarily understand or speak English. Gemma indicated that there is often limited access to suitable sign language interpreters for BSL, especially in urgent or emergency situations.

   The committee heard that there is a need for increased education and awareness among healthcare staff regarding the deaf community's needs, and that the existing systems for accessing 111 or 999 to not adequately support the deaf community's needs. Members acknowledged the recurring nature of such patient stories and noted the clear deficiencies in the systems. They discussed what measures could be taken to better support deaf users. In addition to improving the education and awareness of colleagues in the Trust of the needs of the deaf community, the use of technologies to support this activity and improve the user experience were discussed. The relevant legal context and accessibility requirements / information standards were noted. Members acknowledged the commitment of the Trust to improving the user experience for the deaf community and sought support from the Chair of the People and Culture Committee to ensure a continued focus on this area.

5. The Committee received **an update following the patient story from Sian Davies-Kumar** at the last meeting and noted that the Palliative Care Paramedic model 3-year initial trial phase has now ended. The committee heard that the Trust is considering what the model should look like going forward.

6. The Committee received the **Operational Update for Q3 2024/25,** and of note**:**

   - The December critical incident was called due to high call volumes and extended handover delays at emergency departments. The proactive media engagement was noted as helpful in managing the situation. The debrief of that incident will look at the issues of ambulance release requests. Non-Executive Directors who visited staff during this time commended their resilience and commitment despite ongoing pressures.

   - Initial results from the changes made to the mental health service with the addition of a response vehicle, introduced in November, show encouraging rates of enhancing the ability of WAST to manage patients within their setting and not deploy an emergency ambulance or transfer them to

an emergency department. Work is ongoing to ensure the most efficient and effective model is developed for remote and vehicle based response; to note when not attending a face to face incident, the mental health practitioner is contributing to remote assessment.

- There has been an increase in red activity related to breathing problems with analysis revealing more activity on the 06E01 MPDS code originating from 111 rather than 999, which was flagged as unusual given the nature of this code. Further clinical validation processes were implemented for patients in the 0-4 age group, leading to a reduction in red activity from 111 to 999. Work continues to consider trigger words between CPSS and MPDS, and on the hand-off process from a 111 call handler to 999 call handler. The clinical validation process will be considered for potential standardisation.

7. The **2025/26 Clinical Audit Plan** was approved.

8. The following **policies were approved**:

- Safeguarding children and adults at risk of harm policy
- Violence against women, domestic abuse and sexual violence policy

9. Members received a presentation on **cancelled calls potential impact analysis** and were assured that the CMT and ongoing improvements in data analysis and reporting could help address challenges in providing timely ambulance responses affected by high demand and ongoing hospital handover delays.

10. Members' **reflections** on the meeting included:

- The time allocations for items throughout the meeting were challenging, however the difficulty of managing such a comprehensive agenda was acknowledged. The Chair was commended for effectively conducting the meeting. Related to this point, there was consideration of how the meeting arrangements could be adjusted to allow for a more comfortable flow, including where it could be helpful to have pre-meeting discussions on more technical matters.

- Rhiannon Beaumont-Wood, Non-Executive Director on the Trust Board, was welcomed to her first meeting of the committee. Additionally, there were a number of observers ranging from internal WAST staff, Health Improvement Wales, Internal Audit, and NHS Wales Joint Commissioning Committee (JCC) colleagues for the risk discussions.

- The committee acknowledged the work of Kevin Webb, Head of Clinical Intelligence and Assurance, a valued member of the WAST Team who is retiring in the coming weeks. Kevin Webb has been instrumental in the Trust's clinical audit work and a note of thanks was recorded for all of his contributions.

ASSURE

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

11. An update was given against the Trust's approach to assessment against the **Health and Care Quality**

Standards (2023) with the self-assessment template being received. A maturity matrix approach to assess compliance with the Standards has been taken, and members were assured of the progress with the development of this framework and look forward to future progress updates.

12. A revised **Putting Things Right (PTR) Report** for Q3 2024-25 has been restructured to be more succinct and focused, with a clear presentation of data and visualisations like heat maps. Feedback on the new format was positive, with members appreciating the clarity and ease of finding information. The board will note:

    - Delays and high demand continue to shape the PTR and legal services agenda, impacting both emergency and non-emergency transport.
    - Improvements in complaints management were noted, with better response times and more face-to-face meetings with patients and families.
    - The report includes thematic learning from complaints, emphasizing areas like attitude and behaviour, and the importance of showing empathy.
    - There has been a significant rise in the number of cases being considered at the Serious Case Incident Forum.
    - Additional metrics and changes are planned for future reports, including more detailed themes and legal services data.

13. The **Monthly Integrated Performance Report (MIQPR)** was received, with members noting that the board received and discussed the MIQPR at its meeting the previous week (30 January). Handover delays remain significant as noted in the alert section above. The Cabinet Secretary's target to eliminate handover delays over an hour by the end of the year was noted and the Trust continues to work with Health Bords to support this goal and reduce patient harm.

14. The MIQPR shows a small increase in the number of **safeguarding** children reports and a slight decrease in the number of adult safeguarding reports. Additionally, there was a deterioration in the time taken to complete referral. The safeguarding team is currently managing internal issues related to safeguarding staff and the wider community, which impacts their capacity to handle external safeguarding reports.

15. The **Audit Wales Quality Governance Follow Up Review report** was received and presented by Audit Wales. Progress in implementing recommendations from the 2022 quality governance review was acknowledged, noting that some recommendations were not fully complete. The responses to both the re-opened 2022 and 2024 recommendations were reviewed, with the specificity on evidence to close the actions welcomed.

    Overall, the discussions highlighted the Trust's commitment to continuous improvement, the importance of realistic timelines for management actions, and the need for better data sharing and collaboration with system partners to enhance quality governance. The report is attached at **Annex 1** and will have been reviewed at the Audit, Risk and Assurance Committee ahead of the board meeting in March.

16. Committee received a presentation on the **clinical indicator related to stroke** noting an improvement in performance, with compliance increasing from 65-70% to almost 90%. Members discussed potential

reasons for the decline in the number of stroke patients being recorded noting that patients self-presenting at emergency departments may be a factor. An investigation is needed to understand the reason for the decline; however, members were assured that the Clinical Audit and Assurance Group (CAAG) monitor the indicators noting the importance of local leadership and clinical supervision in maintaining and further improving performance against them.

17. The **Clinical Audit Plan and Action Tracker update for Q3 2024/25** was received with no escalations.

18. The **Infection Prevention and Control Annual Report** for 2023/24 was received, emphasising improved compliance with hand hygiene, PPE use, and environmental cleaning, though there is room for improvement. The report highlights strengthened governance, policy reviews, and updates, as well as workforce development efforts. The changes in the team and challenges around recruitment were noted with further work required to formalise people into posts, enhance policy compliance, accountability, and performance reporting. Some persistent challenges remain, particularly in areas that are typically difficult for the ambulance sector, such as healthcare-acquired infections. Despite this, members commended the team in the role out of Respiratory Protection Equipment (RPE) across Wales as an important development to giving us the best protection for our people and our patients. The Executive Director of Quality and Nursing will develop IPC metrics for regular oversight for this committee's consideration.

19. The internal audit on **Patient Experience and Community Involvement** was received. This was a reasonable assurance audit, reflecting the progress made in patient experience and community involvement. The report highlighted both the strengths of the current patient experience initiatives and areas where further improvements are needed.

20. An update was received on the **Audit tracker** with 18% (23% last quarter) of committee related internal audit actions (due in quarter) closed in quarter. The committee was assured however that appropriate plans were in place to address those actions overdue.

21. The Committee's **annual effectiveness review** was held, with a revised approach taken across all committees. A discussion was facilitated to consider what changes and improvements could be made to the Committee's operations. The draft Annual Report was reviewed, however the final Report for submission to the Audit, Risk and Assurance Committee, and the revised Terms of Reference for 2025/26, will be circulated for approval by Chair's Action after the meeting.

22. Members received the Committee **Cycle of Business Monitoring Report** and progress against the **Committee's priorities** for 2024/25.

RISKS

Risks Discussed: The Trust's two highest scoring **risks 223:** the Trust's inability to reach patients in the community causing patient harm and death and **risk 224:** significant handover 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 unchanged at a score of 25.

Colleagues from the JCC were in attendance highlighting the work being undertaking in collaboration to

consider a new approach to mitigations of these risks from a whole system perspective, noting that ambulance capacity and performance is the highest scoring risk on the JCC's new risk register. The aim is to consider both risks using a manage and monitor approach alongside work to transfer these risks to the Trust's new Strategic Board Assurance Framework. The Trust remains committed to improving the quality of care and reducing harm; however, projecting improvement trajectories on these risks is difficult due to the extreme pressures and context in which it operates.

Committee received assurance that the risks continue to be dynamically reviewed and within the relevant governance forums noting discussions on the mitigating actions, controls and assurances and mitigating actions are reviewed regularly.

New Risks Identified: Whilst there were no new risks for committee, members noted the risk highlighted as part of the RL Datix system report which captures the challenge in ensuring that the system is structured and accessible for staff to report incidents accurately in addition to resources to address the broader impacting factors. Mitigations include training packages, development of procedures and governance processes and the integration of the Incidents and Concerns module on Datix with other systems to improve data reporting and analysis.

The papers for this meeting can be found by following this link to the Committee page on our website.

COMMITTEE AGENDA FOR MEETING		
Operations Directorate Quarterly Report for Q3 2024/25	Committee effectiveness review	Patient story
Clinical Transformation Programme	Audit Wales Quality Governance Follow Up Review 2024	Duty of quality implementation update
Health and care quality standards self-assessment	Datix Recovery and Improvement Plan	PTR report
Monthly Integrated Quality and Performance Report	Focus on clinical indicator – stroke	Risk management and board assurance framework
Cancelled calls potential impact analysis	Clinical audit	Infection prevention and control service annual report
PECI internal audit	Audit tracker	Policies for approval
Committee cycle of business monitoring report and committee priorities 2024/25		

COMMITTEE ATTENDANCE				
NAME	**07 MAY 2024**	**13 AUGUST 2024**	**05 NOVEMBER 2024**	**04 FEBRUARY 2025**
Bethan Evans (Chair)				
Kevin Davies				
Ceri Jackson	Chair			
Liam Williams				
Andy Swinburn		From 1100[1]		
Lee Brooks	Jonathan Edwards	Pete Brown (open)		
Rachel Marsh	Hugh Bennett	From 1120[2]	Hugh Bennett until 2pm	
Jonny Sammut				

[1] Duncan Robertson in attendance from 0930
[2] Alex Crawford in attendance from 0930

Trish Mills	Julie Boalch			
Mark Marsden				
Hugh Parry				
Henry Garrard				

	Attended
	Deputy attended
	Apologies received
	No longer member

Archwilio Cymru
Audit Wales

Quality Governance Follow up Review – **Welsh Ambulance Services University NHS Trust**

Audit year: 2023-4

Date issued: September 2024

Document reference: 4055A2024

This document has been prepared for the internal use of the Welsh Ambulance Services University NHS Trust as part of work performed in accordance with statutory functions.

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

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Summary report

Introduction

1 Quality should be at the 'heart' of all aspects of healthcare and 'putting quality and safety' above all else is one of the core values underpinning the NHS in Wales.

2 The drive to improve quality has been reinforced in successive health and social care strategies and policies over the last two decades. In June 2020, the Health and Social Care (Quality and Engagement) (Wales) Act 2020 (the Act) became law. The Act has strengthened the duty to secure system-wide quality improvements, as well as placing a duty of candour on NHS bodies, requiring them to be open and honest when things go wrong to enable learning. The Act indicates that quality includes, but is not limited to, the effectiveness and safety of health services and the experience of service users.

3 During 2021-22, the Auditor General reviewed quality governance arrangements across all Health Boards and Trusts in Wales. That work focused on:

- operational and corporate approaches to quality governance;
- organisational culture and behaviours;
- strategy, structures, and processes; and
- information flows and reporting.

4 Our 2022 review of quality governance at the Welsh Ambulance Services NHS Trust (the Trust) found that whilst many facets of its quality governance arrangements were working well, improvements were required to ensure the Trust is fully informed on issues relating to the quality and safety of its services. We also found the Trust also needed to strengthen serious incident reporting across organisational boundaries. We made eight recommendations for the Trust to address, which are shown in **Appendix 1**.

5 Since undertaking our 2022 review, the specific requirements underpinning the Duties for Candour and Quality (introduced under the Act) have been agreed, and all health bodies should have made good progress to implement arrangements to meet those requirements.

6 This quality governance follow-up review therefore will not only assess the Trust's progress in implementing the recommendations we made in our 2022 quality governance review but will also consider the assurance provided to the Board that the Trust is taking steps to respond to the requirements of the Act.

7 The methods we used to deliver our work are summarised in **Appendix 2**.

Key findings

8 Overall, we found **the Trust has made some improvements to its quality governance structures, including responding to the duties of quality and candour. However, there is scope for further improvements in some areas to strengthen assurance relating to the quality and safety of its services.**

Implementation of previous audit recommendations

9 We found **whilst the Trust can demonstrate some progress in implementing previous audit recommendations, there remains more to do to fully address the recommendations.**

10 Our review of progress against our 2022 quality governance review recommendations found that three of the past eight recommendations have been completed. The completed recommendations relate to the Trust's information on and monitoring of clinical audits, developing better arrangements for board member visits and implementing recommendations relating to the joint investigation framework. We superseded our recommendation on monitoring the delivery of the Quality Strategy 2021-24.

11 For four recommendations, we found that, whilst action has been taken to address them, there is more to do to consider them complete. These included reaching the Trust's target for Personal Appraisal and Development Reviews (PADRs), progressing its plans to address the mortality review backlog, increasing its triangulation of quality performance information across metrics, and continuing to work with partners to join-up information to support identifying outcomes and information. We will continue to monitor progress to implement these four remaining recommendations alongside the new recommendations arising in this review.

Responding to the requirements of the Duty of Candour and Duty of Quality

12 We found **the Trust has taken steps to implement the duties of quality and candour, however, there are weaknesses in the clarity of reporting progress and there is scope to improve training uptake and monitoring.**

13 Prior to the implementation of the Health and Social Care (Quality and Engagement) Act 2020 came into effect in April 2023 the Trust assessed its readiness against the Welsh Government baseline.

14 The Trust held Board sessions to raise awareness of the new Act. Staff were supported via e-learning modules to help understand and respond to the new requirements. However, there remain challenges. While training is in place for the duties of quality and candour, low compliance rates and difficulties understanding

how many staff had completed some training creates a risk that there is insufficient staff understanding.

15 The Trust told us it tracks progress to implement requirements under the duties of Candour and Quality using the Welsh Government roadmap and has developed an implementation plan. However, there is scope to strengthen assurance through greater clarity within progress reports to the Quality, Patient Experience and Safety (QuESt) committee. Finally, due to a backlog of policies overdue for review the Trust has yet to review and update key policies as appropriate to reflect the requirements of the duties of quality and candour.

Recommendations

16 The status of our 2022 audit recommendations is summarised in **Exhibit 1**. **Appendix 1** contains our assessment of progress for each of our 2022 recommendations.

Exhibit 1: status of our 2022 recommendations

Completed	In progress	No action	Superseded	Total
3	4	0	1	8

17 **Exhibit 2** details the new recommendations arising from this review. The Trust's response to our 2024 recommendations is summarised in **Appendix 3,** which also contains updated management actions against the 2022 recommendations that we considered to be incomplete (i.e. in progress) at the time of our review.

Exhibit 2: 2024 recommendations

Recommendations
Quality Strategy R1 As the Trust develops a new Quality Plan in 2024, it should ensure that delivery is achievable within the resources available. The plan should clearly detail the funding required, the risks of under-delivery (due to capacity and resource constraints) and be underpinned with an implementation plan.
Quality Strategy monitoring R2 There is scope to strengthen quality strategy implementation plan delivery reporting. To enhance clarity, the Trust should, in its progress reports:

Recommendations

2.1 Provide timescales for the expected delivery of each action;
2.2 Differentiate between the progress of individual actions and strategic outputs; and
2.3 Ensure that progress reports are reported regularly and are included in the QuESt cycle of business.

Clinical Audit Plan

R3 There are opportunities to further enhance reports on the Trust's Clinical Audit function, by:

3.1 More clearly highlighting any changes made to the approved Clinical Audit Plan; and
3.2 Capturing key findings, outcomes and learning from completed audits.

Duty of Candour and Quality training

R4 The Trust should take steps to increase uptake rates for duty of quality and duty of candour training to ensure staff have a good understanding of their responsibilities under the requirements.

Policy review

R5 The Trust should that its Putting Things Right and Adverse Incident policies are updated to reflect the requirements of the Duty of Candour and Duty of Quality as soon as is reasonably possible.

Detailed report

Implementation of 2022 audit recommendations

18 We considered the Trust's progress in implementing each of our 2022 audit recommendations.

Quality Strategy delivery recommendation

2022 Recommendation 1

We found that delivery of the Trust's renewed Quality Strategy (2021-2024) has been severely hampered by resource pressures caused by the pandemic and a lack of funding to support four senior quality lead posts which are central to delivery.

The Trust should update its implementation plan outlining how it will deliver its quality ambitions.

19 We considered whether the Trust had taken additional steps to outline how it will deliver its Quality Strategy. We expected to see the following:

- A resourced supporting Quality Implementation Plan with suitable monitoring arrangements.

20 We found **delivery of the Quality Strategy 2021-24 has continued to be slower than planned due to ongoing resourcing and capacity issues, and there is scope to improve progress reporting**.

21 The Trust monitors delivery of its Quality Strategy 2021-24 via an implementation plan. This implementation plan was updated in May 2023 and February 2024 and delivery reported to the Quality, Experience and Safety Committee (QuESt) as part of an implementation plan progress report. The Board is kept up to date of progress by QuESt's 'Alert, Assure, Advise' reports which highlight key issues discussed during each meeting and are discussed at Board meetings.

22 However, progress in delivering the Quality Strategy 2021-24 has been slower than intended, with the May 2023 progress report showing that only half of the actions were complete or on-track. The report to QuESt in February 2024 showed improved progress, in that nearly two-thirds of the listed actions for delivering the quality implementation plan were either complete or on track at the time of reporting. Outstanding actions as of February 2024, included actions such as developing training on the Trust's new quality management system and undertaking an evaluation of roles and responsibilities for quality across the organisation.

23 The Trust told us there are several reasons for why delivery has been off-track for some actions including pressures caused by ongoing waves of the COVID-19, winter peaks in demand and workforce industrial action. However, the most significant issue has been a continued lack of capacity. In 2022, we commented on issues in securing funding for the four senior quality lead posts set out in the

Quality Strategy 2021-24. Since that time, the Trust has undergone an internal restructure to provide two of these posts which have now been filled as well as a senior quality governance lead and invested into its Putting Things Right team. However, the inability to fund and recruit to these posts at the outset of the Strategy lifecycle has impacted the Trust's ability to deliver all of the actions of its Quality Strategy at the pace it intended.

24 As the Trust looks to develop a new Quality Plan in 2024[1], it should take steps to ensure that its ambitions are achievable and resourced. The Trust should be clear at the outset what the cost implications are for delivering its quality ambitions, as well as the risks associated with under-delivery (such as capacity and resource constraints). **We have superseded our 2022 Recommendation 1 with 2024 Recommendation 1 to reflect ongoing quality resource challenges and because a new Quality Plan is being developed.**

25 There is significant scope to improve the clarity of reporting progress to deliver the implementation plan. The progress reports presented in May 2023 and February 2024 did not detail the expected timescales for achieving actions listed within the implementation plan. Consequently, it was difficult for committee members to understand how off-track actions were at the point of reporting and the associated risks. It was also unclear as to whether the reports measure the completion of specific actions or delivery of strategic outputs, as, in some instances multiple actions were grouped together and in others, multiple strategic outputs were grouped together. Progress reporting to QuESt has been irregular to date with only two updates [in May 2023 and February 2024] at the time of writing, however, during our fieldwork, the Trust informed us that it is intending to introduce quarterly updates from August 2024 **(2024 Recommendation 2**).

Clinical Audit Plan recommendations

2022 Recommendation 2

We found that the clinical audit plan is not approved in a timely manner and the QuESt Committee does not have adequate oversight of progress and delivery.

The Trust should ensure that:

2.1 The QuESt Committee scrutinises and approves a clinical audit plan ahead of each financial year.

2.2 The QuESt Committee receives quarterly updates on delivery of the approved clinical audit plan, assurance reports including learning and improvement actions resulting from this work.

[1] The Quality Strategy 2021-24 will be replaced with a Quality Plan.

26 We considered whether the Trust has an annually approved clinical audit plan with routine reporting on delivery progress and resulting improvement actions. We expected to see the following:

- Annually approved clinical audit plans, with regular progress reports received by QuESt, and
- Evidence of learning from clinical audit and associated improvement actions.

27 We found **the Trust approves the Clinical Audit Plan annually and there are regular updates on progress of the Plan to QuESt, although there remains scope to improve reporting of outcomes and learning**.

28 The Clinical Audit Plan is informed by a variety of sources, including discussions at internal clinical groups, submissions from clinical managers and clinical directorates and identified as required due to clinical service changes. The Trust's Clinical Audit function was reviewed in March and April 2024 by Internal Audit who provided a reasonable assurance opinion. Amongst the key matters raised in the report was a need to strengthen the alignment between the Clinical Audit Plan and the Trust's Clinical Strategy, the operational risk register, and strategic priorities as set out in the Integrated Medium-Term Plan. The Trust has identified actions to address Internal Audit's recommendations and plans to implement them during 2024-25.

29 QuESt approved the Clinical Audit Plan in both 2023-24 and 2024-25. **We consider 2022 Recommendation 2.1 to be completed**.

30 However, whilst the Trust emphasises in the Clinical Audit Plan that it may adjust the audit programme when it is appropriate to do so (for instance, to appropriately prioritise a new clinical audit), delivery progress reports have not consistently highlighted changes to the Plan and QuESt is not asked to approve any changes **(2024 Recommendation 3**).

31 QuESt has received quarterly delivery progress updates against the Clinical Audit Plan since May 2023. **We consider 2022 Recommendation 2.2 to be completed**.

32 Whilst more recent clinical audit progress reports have provided a better summary of progress, there remains scope for reports on clinical audit to provide stronger assurance to the QuESt on its activity. The accompanying clinical audit tracker provides members with an update on recommendations arising from clinical audits, however, our review found that papers could more clearly identify the key issues raised as they only capture recommendations, and progress reports do not currently highlight any findings from clinical audits. The Internal Audit review found that actions to address recommendations are monitored via relevant internal groups. However, it remains difficult for QuESt members to be assured about the outcomes of clinical audit activity, and whether learning from clinical audits is becoming embedded to improve the Trust's performance without the inclusion of further narrative within progress reports **(2024 Recommendation 3**).

Mortality review recommendations

2022 Recommendation 3

The QuESt Committee does not receive adequate assurances on mortality reviews. The Trust should ensure the QuESt Committee receives quarterly update reports to include:

3.1 The number of reviews undertaken, and the numbers of reviews required but not yet complete.

3.2 Any significant concerns, lessons learned and what changes have been made as a result.

3.3 Updates on actions to address the mortality review backlog.

3.4 Updates on progress implementing the all-Wales Learning from Mortality Reviews Framework

2022 Recommendation 4

The Trust has a significant backlog of mortality reviews.

The Trust should develop an action plan to reduce the backlog, reporting progress at each QuESt meeting.

33 We considered whether QuESt receives adequate assurance on mortality reviews[2], including progress to address the significant 2022 backlog, and implement lessons learnt from reviews. We expected to see the following:

- The all-Wales learning from mortality reviews framework implemented[3];
- Evidence of learning from mortality reviews;
- A reduction in the mortality review backlog; and
- Regular mortality review updates received by QuESt.

34 We found **the Trust has implemented the new national framework for mortality reviews, however it has not yet progressed as planned as there is fluctuating performance relating to delivering timely mortality reviews and there is scope for more consistent reporting of mortality review activity, outcomes and learning**.

35 The Trust has made improvements to the information presented to QuESt on mortality reviews since our last review. However, while QuESt receives regular information on mortality reviews, the information is not consistently reported, which makes it difficult to understand progress and ongoing challenges. Our review of

[2] Mortality reviews are conducted when a patient dies whilst in the Trust's care, including whilst waiting for an ambulance to arrive.

[3] The All-Wales Learning from Mortality Review Model Framework was originally introduced in August 2021 and then revised in September 2022.

papers found that the Trust has reported its backlog figure to four of the past six meetings, and only in August 2023 did QuESt receive data on how many referrals had been received compared to how many were awaiting review. **We consider 2022 Recommendation 3.1 to be in progress**.

36 Challenges in undertaking timely mortality reviews at the time of our 2022 review had led to a backlog which stood at 800 in August 2022. Data reported to QuESt since 2022 suggests that performance has fluctuated significantly; The reported backlog in August 2023 was 298, which increased to 800 in February 2024 and then reduced to 600 in May 2024. This position will be exacerbated by the deteriorating performance within the broader urgent and emergency care system, and further pressure is likely to arise from the new statutory role of the Medical Examiner introduced in September 2024. Whilst the backlog is lower than it was at the time of our 2022 review, it remains high. We have not seen evidence of an action plan with a clear trajectory to reduce the backlog and sustainably keep it at a more manageable level. However, QuESt does receive assurance that all referrals are screened on receipt by a member of the patient safety team and escalated as required. **We consider 2022 Recommendations 3.3 and 4 to be in progress.**

37 Key themes arising from mortality reviews have been reported through various reports to QuESt in three of the six meetings held between November 2022 and May 2024. The May 2023 report indicated that identified learning from mortality reviews was being provided to paramedics. The August and October 2023 reports highlighted key themes largely relating to delays in the community, call categorisation and end of life care. However, there was no reference to lessons learned and resulting actions. **We consider 2022 Recommendation 3.2 to be in progress.**

38 In September 2022, the Trust's Clinical Quality Governance Group (CQGG) approved the all-Wales Learning from Mortality Reviews Framework. The Framework provides a co-ordinated and systematic all-Wales approach to the mortality review process to enable local and national implementation of learning. To implement the Framework, in October 2023 the Trust established a Learning from Deaths Forum which reports to the CQGG. **We consider 2022 Recommendation 3.4 to be complete.**

Appraisal and Development Review recommendation

2022 Recommendation 5

The Trust has low Personal Appraisal and Development Reviews (PADR) compliance rates, for example in June 2022 the Trust's compliance was 59% against the 85% target.

As part of embedding its new behaviours, the Trust should ensure that PADR rates are improved and set out the actions it will take to achieve this.

39 We considered whether the Trust has improved completion rates for its Personal Appraisal and Development Reviews (PADR), which were achieving 59% against the 85% target at the time of our review in 2022. We expected to see the following:

- Improved PADR compliance; and
- Robust plans in place to achieve further improvements and the required 85% target.

40 We found **whilst PADR completion rates have improved since our original review, they continue to be below the Trust's target rate**.

41 PADR rates have improved since our original review, with reported monthly rates remaining above 70% since August 2022, and at an average of 74% for the year 2023-24. However, performance continues to remain below the Trust's target of 85%.

42 There is regular monitoring of PADR compliance. The Trust's People and Culture Committee continues to monitor PADR compliance via the workforce scorecard at each meeting. However, there are ongoing challenges which make reaching the 85% target difficult. Lower compliance continues to be primarily within operational Emergency Medical Services, where staff are required to be booked out of operational duties to attend the PADR meeting with their manager. This is recognised as an ongoing logistical barrier to improving PADR performance, particularly given the service pressures currently facing the Trust. The Trust has plans to further improve performance by gaining insights into how it can increase rates in areas with lower compliance. However, The Trust informed us that it was also considering re-evaluating its target within this context. **We therefore consider 2022 Recommendation 5 to be in progress.**

Board member walkabout recommendation

2022 Recommendation 6

Prior to the pandemic, Board members regularly participated in ambulance ride-outs and station visits, but these were ad-hoc in nature and feedback was not collated in a structured way.

Now that visits can restart, the Trust should develop a standard operating procedure which clarifies the process, frequency of the visits and ensures coverage across the Trust's operations and geographical areas. It should also include a standard template to capture feedback and learning.

43 We considered whether the Trust has developed a clear process for visits by Board members across the organisation's business and to consistently capture learning by hearing directly from patients and staff. We expected to see the following:

- A clear standard operating procedure in place, with a standard template to capture feedback and learning; and

- A schedule of Board walkabouts covering all areas of service delivery.

44 We found **the Trust has a standard operating procedure for Board members conducting visits, however the frequency and coverage of visits, whilst increasing are variable and it currently does not consistently capture and report feedback and learning to the Board**.

45 The Trust has a clear process to support Board members to undertake visits. In 2022, the Trust established a Standard Operating Procedure for Board Visits which includes prompts and a template for capturing feedback and suggested actions.

46 Our observations of Board and committee meetings show that Board members highly value opportunities to hear from staff and patients directly, such as via staff and patient stories. However, although the Standard Operating Procedure for Board Visits includes a form for capturing feedback, the Trust does not currently require Board members to complete it, with it tending to be used only to raise a formal concern. The Trust said this is to avoid the process becoming too bureaucratic. Instead, Board members often provide direct informal feedback or seek further information to the relevant directors via email or during Board development meetings. However, this provides only limited feedback and the Trust would likely benefit from providing further opportunities for reporting back on learning from visits, such as via Non-Executive Director meetings or regular sessions at board development. This would strengthen the Board's ability to triangulate the intelligence gathered with other information, to highlight any areas of concern or risk or to celebrate and share good practice.

47 The Trust's Chair refers to recent visits he's undertaken via the Chair's report to each Board meeting. More recently this report also includes a list of visits undertaken by the Vice-Chair. As part of its Standard Operating Procedure for visits, the Trust also has a process for recording the location and timing of Board visits which provides an interactive heat map. The heat map shows visits in real-time and overseen via bi-annual updates to the Executive Leadership Team and the Board. The 2023-24 heat map shows significant variation in the geographical and service area coverage as well as the number of visits made by each Board member. Generally, rural areas received fewer visits, with higher numbers of visits in urban areas, and particularly in Cardiff and Swansea. In addition, the frequency of visits to administrative service areas were higher than to ambulance stations and 111 centres. Except for the Chair, Non-Executive Directors conducted fewer visits than other Board members, due in part to the limited time contractually available for Non-Executive Directors to undertake their roles. We are aware that there has been an increase in the number of visits since April 2024, as well as increased coverage of areas in central Wales.

48 While the Trust does not currently have a forward schedule for board visits, at the time of our fieldwork it was considering how to increase the number and geographical coverage of future visits. The Trust told us it was considering resuming its pre-2023 practice of geographically rotating its Board meetings around Wales to provide greater opportunities for Board members to meet and

engage with Trust staff across Wales. **We therefore consider 2022 Recommendation 6 to be complete.**

Joint Escalation Framework recommendation

2022 Recommendation 7

The Joint Investigations Framework in place with health bodies is no longer effective. The Emergency Services Ambulance Committee is coordinating action to strengthen those arrangements.

The Trust must ensure that the recommendations made by the Delivery Unit are effectively responded to in a timely fashion and progress reported regularly to the Board and QuESt.

49 We considered whether the Trust has strengthened the process for addressing serious incidents where other organisations are involved in the care of the patient. We expected to see the following:

- An effective Joint Investigations Framework in place for serious patient incidents: and.
- Recommendations made by the Delivery Unit addressed, with evidence of progress being reported to Board and the QuESt committee.

50 We found **the process for jointly investigating serious incidents with partners has been revised since our previous review, which continues to be monitored by the QuESt.**

51 In 2022, the Delivery Unit raised concerns around the application of the Joint Investigation Framework in place to address serious patient safety incidents. In response a task and finish group was established between partners to refine the Joint Investigations Framework. The NHS Wales National Policy on Patient Safety Incident Reporting & Management was updated in April 2023 to ensure consistent practices across Wales. QuESt approved the adoption of the National Policy and its supporting appendices in August 2023.

52 QuESt did not receive updates against the recommendations made by the Delivery Unit in 2022 by way of its audit tracker, as the audit tracker is limited to recommendations made by internal and external audit and Healthcare Inspectorate Wales. However, we understand that the Trust considers each of the four recommendations (which included the establishment of a task and finish group to review the Joint Investigations Framework) to have been completed.

53 The numbers and general themes of incidents falling under the Joint Investigations Framework (both shared and received) are reported to each QuESt meeting within the quarterly Putting Things Right Report. Interviewees felt confident that the Joint Investigation process has improved due to stronger governance arrangements,

including weekly meetings between the Trust and health boards to discuss each incident.

54 There has not, to date, been an assessment of the effectiveness of the new Joint Investigations Framework for managing incidents with health bodies. However, in late 2023 Internal Audit undertook a review of the Trust's compliance with the Joint Investigation Framework and provided a reasonable assurance opinion. The report was received by the Audit, Risk and Assurance Committee in May 2024. It included six recommendations, two of which were medium priority and four of which were low priority. One of the key matters raised in the report related to a need for the Trust's Adverse Incident and Reporting Policy to be more aligned to the NHS Wales National Policy on Patient Safety Incident Reporting & Management. The Trust has committed to a full policy review once Welsh Government updated Putting Things Right Regulations are available (due Autumn 2024). **We therefore consider 2022 Recommendation 7 to be complete.**

Quality performance reporting and learning recommendation

Recommendation 8

We found that QuESt is well served with quality information, but there are opportunities for improvement. The Trust should:

8.1 Develop a system to triangulate learning themes across its quality assurance reports. This should ensure clarity about what improvement actions have been taken as a result and how learning has been disseminated across the organisation.

8.2 Enhance Covid-19 reporting in the integrated quality and performance report by including information about the harm caused to patients by ongoing service pressures caused by the virus.

8.3 Work with health bodies so that there are systems to determine the outcomes for patients who have received emergency ambulance services. This should particularly seek to understand the consequence and harm resulting from service failures such as long ambulance waits.

8.4 Develop patient outcome measures to support its existing quality measures.

55 We considered whether the Trust has enhanced its performance information by triangulating information from different sources and developing a greater number of patient outcome measures. We expected to see the following:

- Enhanced performance reporting and monitoring arrangements which support triangulation and identification of themes;
- Effective joint working with health boards to monitor outcomes for patients, including focus on the consequences of long ambulance waits; and

- Patient outcome measures in place, which are routinely monitored.

56 We found **the Trust continues to face challenges in reporting patient outcomes due to difficulties in joining up information across organisations. However, there is more the Trust can and should do to triangulate themes across metrics and identify learning.**

57 The Trust has established mechanisms for monitoring and reporting on performance data, but could do more to identify themes and analysis. Quality metrics are mainly reported via the Monthly Integrated Quality and Performance Reports (MIQPR) and quarterly Putting Things Right Reports. The MIQPR contains data on clinical outcomes such as the percentage of 'Stroke Patients with Appropriate Care' as well as quality indicators such as percentage of 'Concerns Response within 30 Days' and numbers of patients who did not receive an ambulance due to receiving a 'Can't Send' response. The Putting Things Right Report includes data relating to the numbers and trends of concerns and incidents. Both reports are received at each QuESt meeting. The Putting Things Right report summarises some of the key themes from joint investigations and incidents, but not others such as concerns or mortality reviews. However, neither reports provide triangulation across metrics to identify main themes and there is limited information on what is being done to address challenges and identify and implement learning. **We therefore consider 2022 Recommendation 8.1 to be in progress.**

58 Our review of the Trust's MIQPR found that it continued to report on COVID-19 in relation to its impact on staff, sickness absence rates and vaccination rates. We did not find any measures within the report relating to the impact of COVID-19 on harm to patients. However, given the decreased level of risk posed by COVID-19 since 2023 **we consider 2022 Recommendation 8.2 to be superseded.**

59 The Trust has good arrangements to engage with the public through its People Engagement and Community Involvement Team and hear feedback from patients. Patient feedback is considered alongside complaints and incidents information. However, there is a significant data weakness because information governance rules do not enable the Trust to track outcomes for patients who were treated via Consult and Close or referred to an alternative (non-ambulance) pathway, i.e. whether they later required and accessed further services. The Trust informs us that it is proactively engaging with the Information Commissioners Office to try and find solutions that enable better systematic access to patient feedback.

60 The Trust has implemented the electronic Patient Clinical Record (ePCR) which links up information between the Trust and health boards and allows feedback on patient outcome for some conditions (such as return of spontaneous circulation, stroke bundles, fractured neck of femur), however these indicators are limited in number. The Trust has plans to develop further measures for falls and older people, however, at present there continue to be issues with the completeness of records in ePCR which is inhibiting the quality of data. **We consider 2022 Recommendation 8.4 to be in progress**.

61 Currently, the Trust's performance reports provide some information on potential harm to patients, such as modelled scenarios on the level of harm likely to occur due to the level of handover delays experienced in the preceding month. However, as discussed in **paragraph 59** the identification of actual patient harm across the whole Urgent Care Pathway is challenging, partly due to incomplete ePCR records and also because impacts to patients are not always immediately apparent. The Trust is taking steps to provide more clarity on actual harm caused, such as by working with colleagues from the All-Wales Tissue Viability Network to determine how to identify avoidable harm across the system in respect of pressure damage. The Trust is also working on developing a Civica Patient Experience dashboard which will provide improved level of detail on experiences, including actionable improvements that the Trust could make, for instance in how they move and handle patients. **We consider 2022 Recommendation 8.3 to be in progress.**

Responding to the requirements of the Duty of Candour and Duty of Quality

62 We considered the extent to which the Trust has taken steps to implement both the Duty of Quality and Duty of Candour. We expected to see the following:

- The Trust has considered what it needs to do to implement the duties of Quality and Candour, with plans in place to address any gaps;
- The Trust has clear arrangements in place for monitoring implementation which reflects the timescales and risks associated with delivering the plan.
- Progress in implementing the duties of quality and candour is routinely reported to the Board and its committees;
- Board members have sufficient awareness and have received appropriate training in relation to the duties of quality and candour;
- Roles and responsibilities in relation to implementing the duties of quality and candour at all levels of the organisation are clearly documented and understood. The Trust has assessed the skills / capability and capacity required to implement the duties of quality and candour at both a corporate and operational level and has put appropriate arrangements in place to address any shortfalls and gaps;
- Staff training has been delivered to raise awareness of the requirements under the two duties. The Trust has identified appropriate strategic, senior, and operational leadership to oversee and deliver the duties. All staff understand their respective responsibilities; and
- The Trust has reviewed and appropriately updated its existing policies and standing operating procedures as required.

63 We found **the Trust has taken steps to implement the duties of quality and candour, however, there are weaknesses in the clarity of reporting progress and there is scope to improve training compliance and monitoring.**

64 The Health and Social Care (Quality and Engagement) Act 2020 came into force on 1 April 2023. The Trust assessed its preparedness for complying with the requirements of the Duty of Quality and Duty of Candour using an assessment against the Welsh Government baseline position, which it reported in February 2023. It subsequently assessed itself against the Welsh Government implementation road map in August 2023 and developed an implementation plan in October 2023. Within the Trust's self-assessment against the implementation road map in August 2023 it marked its progress as 'yellow' (organisation has identified that delivery is at risk but manageable or behind schedule but within tolerance) and indicated confidence in being compliant with the Act in relation to specific aspects such as falls prevention, but concerns remain related to the pace of implementation due to resources, particularly in relation to the Duty of Candour.

65 The Trust's implementation plan is monitored at an operational level by the Trust's Quality Management Group, but there is scope to better describe progress to QuESt. Monitoring of the Trust's response to the Act has been listed as QuESt's key priority for 2022-23, 2023-24 and 2024-25. However, our review of papers received by QuESt found that it is not always easy to understand the Trust's progress. Despite the October 2023 update report stating that QuESt would have oversight of the implementation plan, the plan has not been formally received by the committee to date. Therefore, updates to QuESt in 2023-24 have mainly commented on the ongoing activity of the Trust, rather than providing a balanced view of progress to implement actions within timescales. While minutes evidence some challenge from members to clarify progress, papers could better highlight progress and ongoing issues and risks to better equip members' understanding in advance of meetings.

66 The Trust has taken steps to provide Board members with an understanding of the new requirements under the duties of quality and candour. It organised a Board development session in March 2023 prior to the enforcement of the legislation and at the time of our review, further separate sessions on each duty were planned for later in 2024.

67 The Trust has identified appropriate strategic and senior leadership to the implementation of the duties of quality and candour across the organisation. The Executive Director of Quality and Nursing is the identified strategic lead for the duties, whilst the duty of quality is assigned at a senior level to the Assistant Director of Quality Governance and the duty of candour is assigned at a senior level to the Assistant Director of Quality and Nursing. As discussed in **paragraph 23,** the Trust undertook a restructure and secured investment into its quality and putting things right teams, including a Senior Quality Governance Lead and a Quality Governance Lead for Putting Things Right during 2023 and early 2024.

68 Training for staff has also been delivered to support compliance. External training on quality management systems was procured for a select number of staff which interviews suggest were helpful. In January 2024, the Trust introduced e-learning modules on both duties which staff across the organisation are asked to complete. However, a technical error has meant that the system failed to recognise the

completion of the duty of candour course by participants, meaning completion rates are unavailable. Completion rates for the duty of quality training were 33.2% as at June 2024. The Trust were considering options for increasing compliance at the time of our fieldwork, such as making the training mandatory, making it more user-friendly and more visibly promoted by leaders in the organisation **(2024 Recommendation 4**). More broadly, the Trust has raised awareness amongst its staff of the new requirements through its intranet site as well as during its annual Chief Executive Officer Roadshow sessions. The training has been incorporated into induction training for new starters.

69 Reports to QuESt during 2023 stated that going forward, policies due for renewal should consider the and reflect the requirements under the duties of quality and candour. Positively, as the Trust undertakes policy review, its clinical quality governance group ensures a quality lens is applied during the process. The Putting Things Right policy and Adverse Incident policy (due to be reviewed in March and April 2023 respectively) were highlighted as key policies to be updated considering the Act. However, whilst the Trust did adopt the National Patient Safety Policy and supporting appendices, we could find no evidence that the two policies (Putting Things Right policy and Adverse Incident policy) have been updated (**2024 Recommendation 5**).

Appendix 1

Our 2022 quality governance recommendations

Exhibit 3 sets out the recommendations we made in our 2022 review of quality governance arrangements at the Trust and our current assessment of progress made to meet those arrangements.

2022 Recommendations	Audit Wales assessment of completeness (as at August 2024)
Recommendation 1 - Quality Strategy delivery We found that delivery of the Trust's renewed Quality Strategy (2021-2024) has been severely hampered by resource pressures caused by the pandemic and a lack of funding to support four senior quality lead posts which are central to delivery. The Trust should update its implementation plan outlining how it will deliver its quality ambitions.	**Superseded**
Recommendation 2 - Clinical Audit Plan We found that the clinical audit plan is not approved in a timely manner and the QuESt Committee does not have adequate oversight of progress and delivery. The Trust should ensure that: 2.1 the QuESt Committee scrutinises and approves a clinical audit plan ahead of each financial year. 2.2 the QuESt Committee receives quarterly updates on delivery of the approved clinical audit plan, assurance reports including learning and improvement actions resulting from this work.	**Completed**

Recommendation 3 - Mortality reviews The QuESt Committee does not receive adequate assurances on mortality reviews. The Trust should ensure the QuESt Committee receives quarterly update reports to include: 3.1 the number of reviews undertaken, and the numbers of reviews required but not yet complete. 3.2 any significant concerns, lessons learned and what changes have been made as a result. 3.3 updates on actions to address the mortality review backlog 3.4 updates on progress implementing the all-Wales Learning from Mortality Reviews Framework	**In progress**
Recommendation 4 - Mortality reviews The Trust has a significant backlog of mortality reviews. The Trust should develop an action plan to reduce the backlog, reporting progress at each QuESt Committee	**In progress**
Recommendation 5 - Personal Appraisal and Development Reviews (PADR) The Trust has low PADR compliance rates, for example in June 2022 the Trust's compliance was 59% against the 85% target. As part of embedding its new behaviours, the Trust should ensure that PADR rates are improved and set out the actions it will take to achieve this.	**In progress**
Recommendation 6 - Board member walkabouts Prior to the pandemic, Board members regularly participated in ambulance ride-outs and station visits, but these were ad-hoc in nature and feedback was not collated in a structured way. Now that visits can restart the Trust should develop a standard operating procedure which clarifies the	**Completed**

process, frequency of the visits and ensures coverage across the Trust's operations and geographical areas. It should also include a standard template to capture feedback and learning.	
Recommendation 7 - Joint Escalation Framework The joint investigations framework in place with health bodies is no longer effective. The Emergency Services Ambulance Committee is coordinating action to strengthen those arrangements. The Trust must ensure that the recommendations made by the Delivery Unit are effectively responded to in a timely fashion and progress reported regularly to the Board and QuESt Committee.	**Completed**
Recommendation 8 - Quality performance reporting and learning We found that the QuESt Committee is well served with quality information, but there are opportunities for improvement. The Trust should: 8.1 develop a system to triangulate learning themes across its quality assurance reports. This should ensure clarity about what improvement actions have been taken as a result and how learning has been disseminated across the organisation. 8.2 enhance Covid-19 reporting in the integrated quality and performance report by including information about the harm caused to patients by ongoing service pressures caused by the virus. 8.3 work with health bodies so that there are systems to determine the outcomes for patients who have received emergency ambulance services. This should particularly seek to understand the consequence and harm resulting from service failures such as long ambulance waits. 8.4 develop patient outcome measures to support its existing quality measures.	**In progress**

Appendix 2

Audit methods

Exhibit 4 sets out the methods we used to deliver this work. Our evidence is limited to the information drawn from the methods below.

Element of audit approach	Description
Documents	We reviewed a range of documents, including: • Quality Strategy 2021-24; • Internal Audit reports (namely relating to Clinical Audit and Joint Investigation Framework); • Mortality Review reports: • Putting Things Right reports; • MIQPRs; and • Annual Quality Report.
Interviews	We interviewed the following: • Executive Director of Quality and Nursing; • Executive Director of Paramedicine; • Assistant Director of Quality Governance; • Senior Quality Governance Lead; • Assistant Director of Clinical Development; • Chair of Quality, Experience and Safety (QuESt) Committee;

Element of audit approach	Description
	• Board Secretary; • Assistant Board Secretary; and • Senior Workforce Transformation Manager.
Observations	We observed the following meeting(s): • QuESt February 2024 • QuESt May 2024 • Board May 2024

DRA

Appendix 3

Organisational response to 2022 and 2024 audit recommendations

Exhibit 5 sets out the Trust's response to our new audit recommendations.

Ref	Recommendations	Management response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
R1	**Quality Strategy** As the Trust develops a new Quality Plan in 2024, it should ensure that delivery is achievable within the resources available. The plan should clearly detail the funding required, the risks of under-delivery (due to capacity and resource constraints) and be underpinned with an implementation plan.	The Quality Strategy is now in development with a change of nomenclature to Quality Plan, acknowledging that the long term organisational strategy is Delivering Excellence: Our vision for 2030. The approach to development has been approved by committee including engagement with internal and external stakeholders and is expected to be approved in Q4 2024-25 for implementation in Q1 2025-26. The quality plan is intended to identify deliverables that follow the principles of the duty of quality being efficient and effective, as well as demonstrating commitment to value based health care. With this in mind the	30th June 2025	Assistant Director of Quality Governance

		intention is to deliver the quality plan within our existing structures without additional investment and through use of our existing infrastructures and networks. The approval of the Quality Plan including the executive summary which steps out the need to ensure that the plan is deliverable within existing establishment constraints will close this action. This will be demonstratable through approved papers and minutes from QuESt committee.		
R2	**Quality Strategy monitoring** There is scope to strengthen quality strategy implementation plan delivery reporting. To enhance clarity, the Trust should, in its progress reports: 2.1 Provide timescales for the expected delivery of each action; 2.2 Differentiate between the progress of individual actions and strategic outputs; and 2.3 Ensure that progress reports are reported regularly and are	The approved Quality Plan will be supported by a robust implementation plan clearly articulating measurable actions and timescales for delivery against responsible and accountable owners. Updates will be provided via the governance structures to ensure regular updates are provided to QuESt via the cycle of business. The Assistant Director of Quality Governance will work with Corporate Governance leaders to ensure a clear cycle of updates and escalation is included within the implementation plan. The review of minutes from QuESt committee which includes these progress reports, through four cycles of business will close this action.	30th March 2026	Assistant Director of Quality Governance

	included in the QuESt cycle of business.			
R3	**Clinical Audit Plan** There are opportunities to further enhance reports on the Trust's Clinical Audit function, by: 3.1 More clearly highlighting any changes made to the approved Clinical Audit Plan; and 3.2 Capturing key findings, outcomes and learning from completed audits.	We will review the communication lines between CQGG, ELT and QuESt to provide clearer visibility on the key findings, outcomes and learning identified through Clinical Audit reports. Whilst amendments to approved clinical audit plans should not be delayed as a result of timescales associated with the cycle of business, quarterly updates will include more detail on the changes to the approved plan including the rationale. The review of minutes from QuESt committee which includes these findings, through four cycles of business will close this action.	31st March 2026 31st March 2026	Head of Clinical Intelligence & Assurance
R4	**Duty of Candour and Quality training** The Trust should take steps to increase compliance rates for duty of quality and duty of candour training to ensure staff have a good understanding of their responsibilities under the requirements.	Access to both Duty of Quality and Duty of Candour training is available via ESR with Duty of Quality training also available via Learning@Wales.	30th September 2025	Assistant Director of Quality Governance

		It is important to balance not just the compliance to the training request but also the impact that training has. In order to increase uptake rates the Duty of Quality training content has been duplicated onto Learn365 which allows the training to be more accessible and stress-free increasing uptake and engagement. Quality Management Group are now monitoring a similar approach for the Duty of Candour training. Engagement with the training is monitored via the Education and Development Team as well as by the Quality Management Group. Local teams will receive regular updates on their compliance with this training and will receive support via QMG on how to improve uptake rates of training. Highlight reports from QMG to CQGG which include the actions taken to increase uptake rates alongside the current completion rates across the organisation will close this action. This will be demonstrable through three Alert, Advise, Assure (AAA) Highlight reports.		

R5	**Policy review** The Trust should ensure that its Putting Things Right and Adverse Incident policies are updated to reflect the requirements of the Duty of Candour and Duty of Quality as soon as is reasonably possible.	The Putting Things Right Policy and the Adverse Incident Policy were both updated and approved through the Policy Group to include references to the Duty of Quality and Duty of Candour on 25th April 2023. These updated policies were subsequently published on 1st June 2023. Both Policies have been subject to a content check by the Assistant Director of Putting Things Right to confirm this content is in place. **This action is complete**	Complete	Assistant Director of Putting Things Right
2022 R3	**Mortality reviews** The QuESt Committee does not receive adequate assurances on mortality reviews. The Trust should ensure the QuESt Committee receives quarterly update reports to include: 3.1 the number of reviews undertaken, and the numbers of reviews required but not yet complete. 3.2 any significant concerns, lessons learned and what changes have been made as a result. 3.3 updates on actions to address the mortality review backlog	The learning from deaths forum and associated sub groups Terms of Reference include the sharing of learning at a local level as well as contributing to learning on a national basis. This information is shared via the Alert, Advise, Assure (AAA) highlight report. The content of the highlight report will be reviewed through governance processes to ensure consistency of reporting aligned to the Agendas of these fora. Four highlight reports which include this consistency of data alongside QuESt committee minutes will close action 3.1 A twice yearly paper communication learning from mortality is shared with QuEST committee	31ST December 2025. 31st December 2025. 31 December 2025.	Assistant Director of Putting Things Right.

	3.4 updates on progress implementing the all-Wales Learning from Mortality Reviews Framework	to provide assurance on the process, completion rates, themes and associated improvements. The QuESt committee minutes where these papers are discussed will close action 3.2 The Trust recognises that further development work is required on the national electronic Mortality Review module in the Datix Cymru system to improve the recording of trends and themes that in turn support learning and improvement. The Trust is engaged regularly in the National Mortality Safety & Learning Network and the Once for Wales Datix Cymru Mortality Review workstream to inform this development work and ensure that the unique nature of our services within the Welsh context is being appropriately represented. Updates provided on engagement with the all-Wales Learning from Mortality Reviews framework demonstrated through QuESt committee minutes across two cycles of business will close action 3.4 A PTR Improvement plan is currently in place which includes actions to address the backlog of ME referrals. Following the introduction of governance forums ME referrals are contemporaneously triaged in line with	3.4 assessed as Complete during 2024 review	

		framework. The organisation acknowledges the need to fully mature the structures and learning themes and believe these will occur over time within the new governance structures. Updates provided on the PTR improvement plan which specifically set out the work undertaken to reduce the baglog demonstrated through QuESt committee minutes across two cycles of business will close action 3.3		
2022 R4	**Mortality Reviews** The Trust has a significant backlog of mortality reviews. The Trust should develop an action plan to reduce the backlog, reporting progress at each QuESt Committee	A PTR Improvement plan is currently in place which includes actions to address the backlog of ME referrals. Following the introduction of governance forums ME referrals are contemporaneously triaged in line with framework. The organisation acknowledges the need to fully mature the structures and learning themes and believe these will occur over time within the new governance structures. Updates provided on the PTR improvement plan which specifically set out the work undertaken to reduce the baglog demonstrated through QuESt committee minutes across two cycles of business will close this action.	31st December 2025	Assistant Director of Putting Things Right.

2022 R5	**Personal Appraisal and Development Reviews (PADR)** The Trust has low PADR compliance rates, for example in June 2022 the Trust's compliance was 59% against the 85% target. As part of embedding its new behaviours, the Trust should ensure that PADR rates are improved and set out the actions it will take to achieve this.	We are implementing a range of measures aimed not only at increasing compliance but also at enhancing the quality and value of PADR conversations. The Trust is committed to improving PADR compliance while also ensuring that these reviews provide real value to staff and managers. We will continue to monitor progress and adjust our strategies as necessary, while also considering how our target metrics or measures of success can better reflect our commitment to meaningful and impactful conversations. Minutes of People & Culture committee where updates are received regarding compliance to target and actions taken to improve the value to staff and managers across three cycles of business will close this action.	31st December 2025	Head of Culture and Organisational Development
2022 R8	**Quality performance reporting and learning** We found that the QuESt Committee is well served with quality information, but there are opportunities for improvement. The Trust should:	Through our Quality Performance Management Framework we will explore how we can draw focus across departments and directorates to triangulate information identifying themes for learning and improvement. This will be used either for internal continual improvement where this is within our boundaries or to share as part of external collaborative working both with health boards and commissioners. Committee	30th September 2025	Assistant Director of Commissioning & Performance

8.1 develop a system to triangulate learning themes across its quality assurance reports. This should ensure clarity about what improvement actions have been taken as a result and how learning has been disseminated across the organisation. 8.2 enhance Covid-19 reporting in the integrated quality and performance report by including information about the harm caused to patients by ongoing service pressures caused by the virus. 8.3 work with health bodies so that there are systems to determine the outcomes for patients who have received emergency ambulance services. This should particularly seek to understand the consequence and harm resulting from service failures such as long ambulance waits. 8.4 develop patient outcome measures to support its existing quality measures.	minutes containing reference in both the MIQPR and PTR report which includes triangulation of metrics across two cycles of business will close action 8.1. Action 8.2 has been superseded the audit report will provide evidence of closure of this action. Whilst we remain limited by data accessibility we continue to pursue patient outcome data through ePCR as well as linking our critical systems to the Welsh Demographic Service allowing the first steps into linking remote clinical assessment with patient outcomes. The ability to achieve truly robust outcome measures without data linkage is limited, we continue to work with DHCW to resolve barriers to data sharing across NHS Wales. Three Alert, Advise, Assure (AAA) Highlight reports from Information Governance Steering Group will provide evidence of this ongoing work and will close both action 8.3 and 8.4	8.2 Superseded in 2024 review. 30th September 2025 30th September 2025	

DRAFT



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We welcome correspondence and telephone calls in Welsh and English.
Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.

PEOPLE AND CULTURE COMMITTEE
HIGHLIGHT REPORT TO BOARD

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

The papers for this meeting can be found by following this link to the Committee page on the Trust website.

Trust Board Meeting Date	27 March 2025
Committee Meeting Date	18 February 2025
Chair	Ceri Jackson

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

1. No alerts arose from this meeting.

ADVISE

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

2. **Condolences were expressed** for the recent losses of Jason Jones, Health Information Advisor in NHS 111 Services, and Carl Merritt, Emergency Medical Technician.

3. Gerry Adams, Community First Responder, was congratulated on recently receiving his **MBE award**.

4. The priorities for people and culture in the **IMTP for 2025-2028** were discussed and supported by the committee. The board will see those elements when the IMTP is circulated ahead of the board meeting in May.

5. **Mark Churchill,** a colleague from Ambulance Care spoke to the committee of his role. Mark has worked for WAST for 10 years, and he shared his career journey, which included 33 years with South Wales Police, roles in a drug and alcohol charity, and at the Office for National Statistics. In his current role, Mark transports vulnerable and older patients within Ambulance Care. Mark emphasised the importance of building relationships, providing social support, and ensuring patient safety and comfort. He highlighted the dedication of his colleagues and their commitment to treating patients with dignity and respect. Mark highlighted areas for improvement, particularly around communication and planning. He also called for better integration of diversity training into mandatory sessions. Members thanks Mark for his openness and honesty, commenting that his commitment and dedication to his role was demonstrate through his story.

6. The **report from the Director of Cultural Change** and the **Director of People** was received with the following of particular note:

- There are now 161 culture champions, with 68% from operational areas, indicating strong engagement across the organisation. Engagement with colleagues across stations to promote the culture champions network has been particularly well received. This has been a good opportunity to promote initiatives like staff networks and the speaking up safely initiatives.
- Catherine Goodwin's work presenting at national conferences on suicide in the sector and tackling workplace sexual harassment in the public sector was acknowledged. A pilot sexual safety training program for operational colleagues will start next month.
- Coaching awards are being introduced, linked to the emergency ambulance practitioner development pathway, aimed at professionalising the service and supporting continuous development.
- New tutors have been appointed to support colleagues in literacy, numeracy, and digital skills, enhancing colleague experience and employability.
- Emphasis was placed on continuous development and strengthening the employee offer, aligning with the workforce plan agreed last year.
- Improvements in the job evaluation process are ensuring timely job descriptions and adverts.

7. The following **Policies were approved**:

- Occupational Health Policy
- Recruitment and Selection Policy
- Occupational Immunisation Policy
- Equality Impact Assessment Policy
- Bank Worker Policy

8. The **Q2 Operational Update** from the Executive Director of Operations highlighted several initiatives related to our people and our culture, including:

- Acknowledgement that the situation with shift overruns has been contained but not significantly improved. To address this, a series of task and finish groups will be conducted in March and April with Trade Union partners to explore additional steps to reduce overruns further.
- The migration of GRS to a cloud-based solution next year is underway, which is key to advancing the ambition to move to e-timesheets.
- Positive feedback has been received on new roles and the single allocator model in EMS coordination, despite initial challenges during winter.
- The collaboration with the clinical teams to improve clinical supervision for advanced paramedic practitioners and progress prescribing for Band 7 APPs.
- Recent work to enhance palliative care paramedics, including potential progression to advanced practice.
- Final discussions that are underway with trade union partners to agree on the rules of engagement for the next roster review.
- High compliance with UCS staff scope of practice and plans to introduce clinical supervision in ambulance care.

9. **Reflections** on the meeting were that the discussion regarding Our WAST Way was of particular importance given its role in leadership and management development and in driving cultural change. The approach taken to the facilitation of the committee effectiveness review was commended. The focus on more strategic as opposed to transactional matters of business was acknowledged, and Members felt that the hybrid approach worked well.

ASSURE

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

10. The Committee welcomed the new **leadership and management framework - Our WAST Way** - which will launch in Q1/Q2 2025/26. The framework sets out clear leadership behaviours based on three core principles:

    - *Care*: Supporting others, understanding their challenges and looking after personal wellbeing to perform at our best.
    - *Valuing* Everyone: Building an inclusive, respectful culture where diverse perspectives are sought, heard and acted upon.
    - *Connect*: Strengthening collaboration, communicating purpose, leading through change and inspiring others to deliver results.

    The Committee were assured that the framework will support the Trust in achieving a compassionate leadership culture. Workshops will be conducted to introduce the framework and equip managers to have meaningful development conversations, and an advisory group will help refine and communicate the framework. The impact of the framework will be evaluated through the NHS Wales Staff survey, cultural reviews, and individual leadership journeys.

11. The Committee scrutinises performance across several metrics within its remit. Whilst the board receives the **Monthly Integrated Quality and Performance Report** (MIQPR), there are a range of additional metrics this committee receives, including wider **People and Culture Plan Metrics** (qualitative this quarter) **Workforce KPIs** and **Cultural Themes and Trends**. Given this, the following areas of assurance will be of interest to the board:

    - Safeguarding data is now included in the metrics received by the committee, highlighting 45 open safeguarding cases, some involving sexual misconduct. The inclusion of this data aims to provide a comprehensive view of the organisational impact of behaviours and concerns.
    - The report noted the thriving people network, with significant engagement and participation.
    - A positive update on change management progress was provided, building on discussions from the previous People and Culture Committee meeting.
    - The workforce KPIs were reviewed, with a focus on the progress made in relation to mandatory training (MIST). While good progress was noted, there is a need to maintain focus to ensure compliance by the end of the financial year.
    - There has been an increase in disciplinary cases from July to December, and a decrease in respect of resolution cases. The average duration for case closure has improved significantly, with fast-track cases being resolved quickly, while complex cases, especially those involving sexual safety concerns,

taking longer. The importance of local resolution leading to genuine cultural change was emphasised.

- The turnover rate has decreased by 1.5%, but specific areas including EMS, 111, and integrated care still face high turnover rates.
- The new process for moving on interviews, implemented in January, provides detailed data on reasons for leaving, satisfaction levels, and cultural perceptions. Key themes include workplace relationships, recognition, and career progression.
- Speaking Up Safely insights include:
    - 65 concerns raised in the last six months, with a significant increase in October during the Speaking Up Safely month
    - Initially, many concerns were raised anonymously, but that number has decreased which was seen as positive
    - 63% of concerns were related to incivility
    - Many concerns were resolved at the local level by managers and senior leaders, there is a focus on minimising detriment to individuals who raised concerns.
    - The first lessons learned review was conducted to understand what went well and what could be improved, with a future focus on reducing detriment and providing support to those who come forward

12. Assurance was provided on progress since 2022 on **compassionate practices**, with an increasing number of colleagues trained. Actions related to a recent audit on disciplinary case management had led to ongoing evaluation work on compassionate practices with an external evaluation currently underway.

13. The Welsh Ambulance Services Partnership Team (WASPT) is the board's local partnership advisory forum. The **WASPT highlight report** sets out the ongoing projects, upcoming challenges, and the steps being taken to address them in partnership. The following was noted from the WASPT meetings in November 2024 and January 2025:

    - WAST have been invited to deliver a session at the Annual Ambulance Leadership Forum Conference (ALF), which is to be held in Leeds on 11 and 12 March this year on the main conference stage. This will focus on WAST's experience, learning and activities of building respectful and cohesive relationships.

    - The first WAST Social Partnership Conference will be held on 31st March 2025. The conference will be opened with a keynote address by the Minister for Skills, Culture and Social Partnership, Jack Sargent. Members agreed this will be a key demonstration of WAST's good partnership working.

    - The issue of overruns and TOIL was discussed at both meetings, with Trade Union Partner raising concerns regarding staff wellbeing due to overruns and consequent delays in approval of TOIL. As can be seen in the Operations Update above, task and finish groups have been established to work in partnership on these issues.

14. The **Exposure to Fumes Internal Audit** was received. This evaluated actions being taken by the Trust to ensure the health and wellbeing of staff exposed to fumes as a result of delays in handovers of care at hospital. The review received reasonable assurance overall and the management of

actions will be monitored by this committee. This issue is reported at WASPT and comes through that groups AAA reports to this committee and acts as a helpful triangulation to these second line of defence audit reports, as do board member visits to emergency departments.

15. The **Resourcing Policy Internal Audit** was received. This audit looked at the policy's compliance with national terms and conditions, and to assess its application as an enabler for effective resource production. The review received limited assurance (with two objectives limited and two reasonable) overall. The management of the actions to address the two high and three medium level matters arising will be monitored by this committee.

16. The Committee's **annual effectiveness review** was held, with a revised approach taken across all committees. A discussion was facilitated to consider what changes and improvements could be made to the Committee's operations. The draft Annual Report was reviewed, however the final Report for submission to the Audit, Risk and Assurance Committee, and the revised Terms of Reference for 2025/26, will be circulated for approval by Chair's Action after the meeting.

17. The **Audit Tracker** was reviewed, and the Committee noted the update and that there was good 'confirm and challenge' throughout the process of reporting on audit action closures; notwithstanding a slower rate of closures this quarter (17%) with 41% of recommendations having a changed date. Longstanding Trade Union Release Time audit actions were closed. Whilst the recommendations for these were not implemented in full, the committee was satisfied that the risk was mitigated and the relationship with Trade Union Partners maintained in the way forward.

18. In private session the committee reviewed progress against ten **suspensions over four months** which is a decrease from eleven reported in the last quarter. Six cases are with the **Employment Tribunal** (an increase of two from the previous quarter). Members were assured on actions in place to manage these cases.

19. Members received the Cyle of Business **Monitoring Report, and the Committee priorities update** with no issues to escalate.

RISKS

Risks Discussed: The four risks within the remit of this Committee were reviewed and it was acknowledged that these had been discussed throughout the items within the agenda:

160 –High absence rates impacting on patient safety, staff wellbeing and the Trust's ability to provide a safe and effective service - whilst there has been a significant reduction in absence levels, the score of 20 (5x4) remains static however, this will remain under review given the significant work undertaken to strengthen the controls, assurances, and mitigating actions. A deep dive was held on this risk, and it was noted that despite positive progress there will need to be continued action taken to mitigate the risk and reduce the score.

201 – Damage to the Trust's reputation following a loss of stakeholder confidence which remains at a

score of 20 (4x5). The risk is inextricably linked to several of the metrics measured and discussed at PCC.

163 – Maintaining effective and strong Trade Union partnerships has reduced in score from 16 (4x4) to 12 (3x4) reflecting the positive engagement and partnership working operating well and ongoing discussions on a range organisational change issues.

558 - Deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences remains unchanged at a score of 15 (3x5).

The Committee acknowledged risks **223 and 224** overseen by the Quality, Safety & Patient Experience Committee; however, considered at each of the Board Committees given they impact every area of the Trust.

New Risks Identified: No new risks identified at this meeting for the register.

COMMITTEE AGENDA FOR MEETING		
Director Update	Operations Quarterly Report Q3	Staff Story and Staff Story Update
Our WAST Way	Cultural themes and trends report	Compassionate practices update and action plan
People and culture plan metrics	MIQPR	Resourcing Policy Internal Audit
WASPT Highlight report	Exposure to Fumes Internal Audit	Annual effectiveness review
Risk management and BAF	Deep dive on risk 160 (high absence rates)	Audit tracker Q3
Policies for approval	Cycle of business and monitoring report	WASPT Minutes November 2024

COMMITTEE ATTENDANCE				
Name	**9 MAY 2024**	**8 AUGUST 2023**	**16 NOVEMBER 2023**	**20 FEBRUARY 2024**
Ceri Jackson				
Bethan Evans				
Joga Singh				
Hannah Rowan				
Angela Lewis				
Carl Kneeshaw				
Chris Turley		Left at end of item 13		
Lee Brooks	Sonia Thompson			
Liam Williams	Jonathan Turnbull-Ross			
Estelle Hitchon				
Andy Swinburn				
Alex Crawford				
Trish Mills	Julie Boalch			
Damon Turner				
Marcus Viggers				
Christian Fox	Hugh Parry			
Tim Cahalane				

	Attended
	Deputy attended
	Apologies received
	No longer member

AUDIT, RISK AND ASSURANCE COMMITTEE
HIGHLIGHT REPORT TO BOARD

This report provides the Board with key escalation and discussion points at the last Committee meeting. A full list of items discussed appears at the end of the report to enable members to raise any questions to the Chair which have not been drawn out in the report. The papers for these meetings can be found by following this link to the Committee page on the Trust website.

Trust Board Meeting Date	27 March 2025
Committee Meeting Date	6 March 2025
Chair	Peter Curran

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

1. Amendments were endorsed to the **Standing Orders and Scheme of Reservation and Delegation to Officers**. These amendments are before the board for approval at their March meeting. A notice of non-compliance with Standing Orders was reported that related to a contract award and the publication of minutes from the AGM in 2023/24. Both have been reported to the board, and the committee was assured as the actions to ensure this does not occur again.

2. Whilst engagement with Internal Audit is good, **management responses to internal audits** within 15 days is reported as 'red'. The remaining ten audits will need to be returned within the timeframe for this to be reported as green by the end of the financial year and to bring the full audit programme to this committee by June 2025. Reasons include the need for multi-directorate action plans, capacity and competing priorities.

3. Whilst not a matter of escalation, the committee commended the teams on two **substantial assurance Internal Audit reports**.

ADVISE

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

4. A **pre-meet** was held with Audit Wales, Internal Audit and the committee Chair ahead of the meeting.

5. The **2025/26 Internal Audit Plan was approved**. The committee was assured the plan aligned to the principal risks facing the trust. The schedule of audits are:
   - Risk Management & Assurance
   - Welsh language standards
   - Follow Up Action Tracker

- Budget setting
- Clinical equipment
- CMT programme management
- IMTP Development process
- Remote clinical support
- CHARU
- MAI
- Capacity management plan (Ambulance Care)
- High risk records policy
- Data management practices/devolved data
- Emerging technology adoption
- Business continuity
- Organisational change policy
- Mandatory in-service training (MIST)
- Job evaluation
- Capital Provision: scope(s) to be confirmed
- Estates assurance: fire safety

6. The **2025/26 Audit Wales Plan was approved**. The schedule of audits include:
   - Audit of financial statements work
   - Structured assessment, incorporating a deeper dive into estates management
   - Ambulance Care local project work

7. The committee heard that the **All-Wales Audit Committee Chairs** met in December at which there were three focus areas discussed. They were the management of audit actions via audit trackers, supporting systems used for risk management activity and counter fraud measures. The Chair reflected that the Trust is performing well in these areas.

8. Members **reflected** that extensive ground had been covered during the meeting and the high quality of the reports was commended. There was robust and constructive challenge and support from internal and external audit colleagues, which aids the committee's effectiveness and provides the necessary assurances. The significant contributions and reports prepared from various colleagues were noted. Additionally, members felt that the hybrid format worked well.

ASSURE

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

9. The **Annual Audit Wales Report** for 2024/25 was received. Audit Wales advised that the annual audit report summarises all the pieces of work completed throughout during the year, including accounts work, the Cost Savings Arrangements review, Quality Governance Follow Up audit, and the Structured Assessment. All these pieces of work have been through clearance and considered by the committee in year. The committee were assured that the remaining pieces of work would be completed in year as planned.

10. **Audit Wales Follow Up Review of Quality Governance Arrangements** was received by the Quality, Safety, and Patient Experience Committee (QUEST) at their February meeting and is included in its AAA report. Three of the previous eight recommendations from the 2022 review had been fully

implemented. These include monitoring clinical audits, improving the process around board member visits, and implementing the Joint Investigations Framework. However, four recommendations were not considered as complete (which they had been marked as on the tracker), including reaching targets for PADRS, addressing the mortality review backlog, and reporting to QUEST. In addition, further recommendations were made to ensure the quality strategy is achievable within available resources and to detail the necessary funding. The management responses to the new recommendations were considered positive and comprehensive, and the approach to revised actions for the previously closed recommendations was commended.

11. Progress against the **2024/25 Internal Audit Plan** was received, and it was noted that the plan remains on track.

12. The following Internal Audits reviews were completed during the quarter and presented to the Committee. Members reviewed the action plans that accompanied the audits and were assured they were appropriate and timely:

- **Vehicle Accident Management – Limited Assurance**. The audit assessed the management of vehicle accidents and the mitigation actions in place. Key areas for improvement include developing formal guidance and checklists for consistent investigations, maintaining a central repository for driver assessments and training, and ensuring evidence of third-party damage is collected. A task and finish group will be set up to implement the recommendations with a focus on improving processes. Assurances were provided that that group will have oversight from the Senior Operations Team.

- **Exposure to fume – Reasonable Assurance**. The audit evaluated actions to ensure the health and well-being of staff exposed to diesel fumes due to delays in handover at emergency departments. Improvements needed include refining guidance on using shorelines, ensuring compliance with workplace exposure limits, and updating risk assessments for high-risk emergency departments. Significant work has already been done to mitigate the actions identified, with many actions completed. The report was discussed at the People and Culture Committee, highlighting compliance issues and the importance of ongoing work to address them. The discussion highlighted the importance of ongoing efforts to ensure staff safety and the positive steps already taken to address the audit findings.

- **Patient Experience and Community Involvement – Reasonable Assurance**. The audit assessed compliance with the Health and Social Care (Quality and Engagement) (Wales) Act 2022 and alignment with the Trust's IMTP. Improvements needed include better-defined and coordinated activities, enhanced survey content integrity, and completing the feedback loop. QUEST reviewed this audit and reported to the board in its February 2025 AAA report. Many actions have already been completed or are on track, except for the complex data protection impact assessment related to SMS text messaging for 999 service user feedback. The engagement framework and delivery plan have evolved to support the clinical model transformation program. The discussion underscored the importance of effective public engagement, the need for improved reporting and coordination, and the alignment of feedback with the Trust's strategic goals.

- **Rollout of Penthrox – Reasonable Assurance**. The audit assessed the impact of the Penthrox

rollout on patients and staff, noting its introduction in May 2023. The project received recognition for its effective care, but improvements are needed in training compliance, storage access, and reporting on benefits realisation. The balance between security and accessibility for Penthrox was highlighted, with plans to revisit training modules and access protocols. The environmental benefits of reducing Entonox use were discussed, with Penthrox contributing to a lower carbon footprint. The discussion highlighted the positive impact of Penthrox on patient care and volunteer support.

- **111 Digital Operations – Substantial Assurance**. The purpose of this audit was to assess whether the digital operation of 111 is safe and effective, with mitigation plans in place for any weaknesses identified and tracked to resolution. The Finance and Performance Committee reviewed this audit and reported to the board in its January 2025 AAA report. Members commended the team on the audit which provided substantial assurance across all objectives. Processes for monitoring system performance and preventing incidents were found to be effective. Regular review meetings between the Trust and the supplier were noted, ensuring appropriate performance and issue resolution. The system was implemented rapidly within four months, requiring decisions to be made on the day due to external pressures. Despite the rapid implementation, the system's performance and security were maintained.

- **Energy Management – Substantial Assurance**. The audit reviewed the risk mitigations and management of energy costs, including the implementation of a new national energy contract. The Trust's impact from the new contract was less significant compared to other organisations. Detailed monitoring reports are used to inform decisions, and renewable energy schemes have been implemented to improve energy efficiency. Three medium-priority findings were raised, including the need for enhanced automation of approvals, reducing estimated reads, and removing non-A-rated small appliances. The Trust is the only ambulance service to have ISO accreditation in this area, reflecting the significant work done by the Estates team.

13. The Committee has oversight of the **Trust's Policy** work plans and was assured that 46% of policies identified as a priority for review are now within their review date which is a significant improvement on the 14% reported post pandemic in July 2023. A re-evaluation of the policy priorities has been undertaken with the Executive Leadership Team and a new work program established for 2025/26. Given the positive progress this report will now be received bi-annually.

14. The **losses and special payments** made during the period 01 April to 31 January 2025 were presented. The total amount of special payments and losses was just over £500K after reimbursements from the Welsh Risk Pool. The damages figure in this period amounted to £126K.

15. The committee's terms of reference require it to receive assurance on the **arrangements for clinical audit** at the Trust. Assurances were received by way of a report from the Chair of QUEST to this effect.

16. In private session the Committee received the counter fraud update 01 October 2024 to 31 December 2024 well as the report on **tenders and single tender waiver requests**, noting there were no single tender waivers in the last two periods. The **Local Counter Fraud Service (LCFS)** provided an update on its work in tackling fraud, bribery and corruption in the Trust. The report provided detail of ongoing

and future Counter Fraud work against the approved work plan. The Committee noted that there are currently 24 recorded ongoing investigations (33 in last reporting period), with 11 new referrals (10 in the last reporting period) having been received. 19 cases have been closed in the quarter.

17. The committee's **2024/25 effectiveness review** was conducted and any changes to the terms of reference and operating arrangements will come to the May meeting.

18. The **Integrated Governance Programme** was introduced to the committee. The aim is to replicate good governance principles from the board and committee level throughout the entire organisation, ensuring a flow of assurance from floor to board. The mapping of governance structures was received, and this serves as the 'single source of truth' for the Trust, and a baseline for the Quality and Performance Management Framework. The programme includes tiering principles setting out the rules of establishment and operating arrangements to streamline processes. The programme is a two to three-year initiative, with the next steps including the development of a handbook and further refinement of the governance structures. The programme will form a priority for the committee in 2025/26 and the details of the year's deliverables and desired outcomes will be discussed in May.

19. An update was provided with respect to arrangements **and timetables for the 2024/25 audited accounts and annual report**.

20. An update was received on the revised **Audit Tracker** from the Q3 2024/25 reporting period, including the current position with respect to closure of actions on their third and final date that were reported to the committee in Q2, with all on track for closure in Q4 as expected. The committee noted the significant number (68) of actions are due for closure in Q4. The committee reaffirmed the reporting headlines agreed in September 2023, with a focus on using Power BI to provide more accessible and informative reports. The committee considered moving from three revised dates to two, with the aim of improving accountability and ensuring realistic timelines are set from the outset. This proposal will be taken back to the Executive Leadership Team for further discussion.

21. The **impact assessment signpost document** was received for information. This document will be linked to the new front covers to ensure decisions are made following the appropriate impact assessment process.

22. The **Committee's cycle of business** monitoring report was reviewed with no matters to escalate. Its priorities are on track and a report on the committee specific induction was well received.

RISK MANAGEMENT

The committee received assurance against the Risk Management Transformation Programme and noted the progress made to date with the board in the development of a suite of risk appetite statements aligned to the Trust's six strategic objectives. An update on the programme's direction of travel and timelines will be presented at the next meeting, acknowledging this is a two to three-year project.

Specific updates were noted against the principal risk management activity in Quarter including the increase in score of Risk 260 (cyber security) to 20. This risk will be considered in a closed session of the Finance & Performance Committee due to the sensitive nature of the mitigating actions which impact on

the achievement of target score.

Work continues on the 'manage and monitor' approach to Risks 223 and 224 to streamline the internal and external factors of both risks.

Members approved the 2025/26 risk reporting schedule which had been aligned to the board and committee cycle.

COMMITTEE AGENDA FOR MEETING IN JUNE		
Committee effectiveness review for 2024/25	Internal Audit Progress Report and following audit reports: - Vehicle accident management - Exposure to fumes - PECI - Rollout of Penthrox - 111 digital operations - Energy management	2025/26 Internal Audit Plan
Risk management and board assurance Risk Transformation Programme	Audit Tracker	Policy Report All Wales Recovery of Overpayments Procedure
Near Miss Report	Losses and Special Payments	Cycle of business and monitoring report

COMMITTEE ATTENDANCE						
Name	**30 April 2024**	**7 June 2024[1]**	**10 July 2024[2]**	**12 Sep 2024[3]**	**21 Nov 2024[4]**	**6 Mar 2025**
Peter Curran						
Kevin Davies						
Joga Singh						
Ceri Jackson						
Rhiannon Beaumont-Wood						
Chris Turley						Ed Roberts
Audit Wales	Fflur Jones[5]	Fflur Jones	Yvonne Thomas	Fflur Jones[6]	Fflur Jones	
Julie Boalch						
Judith Bryce					Jon Sweet	
Christian Fox						
Angie Lewis						
Carl Kneeshaw						
Osian Lloyd					From Item 7	
Trish Mills						
Liam Williams					J Turnball-Ross	Wendy Herbert

[1] Jason Killens and Jonny Sammut joined this meeting
[2] Jason Killens and Rachel Marsh joined this meeting
[3] Jason Killens and Rachel Marsh joined this meeting
[4] Bethan Evans, Non-Executive Director joined this meeting to ensure quoracy as new NED membership is implemented
[5] Darren Griffiths and Amy Lord also attended
[6] Gareth Lucy also attended

COMMITTEE ATTENDANCE						
Name	**30 April 2024**	**7 June 2024[1]**	**10 July 2024[2]**	**12 Sep 2024[3]**	**21 Nov 2024[4]**	**6 Mar 2025**
Carl Window						
Damon Turner					Until Item 10	

	Attended
	Deputy attended
	Apologies received
	No longer member

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

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. Meetings of the Remuneration Committee are held in private session.

Trust Board Meeting Date	27 March 2025
Committee Meeting Date	13 March 2025
Chair	Colin Dennis

KEY ESCALATION AND DISCUSSION POINTS

ALERT
(Key issues/risk for the Board's attention)

1. No alerts from this meeting.

ADVISE
(Areas of on-going monitoring, approvals, decisions, or new developments to be communicated)

2. An update was provided on the position with **Executive and Senior Pay** and ongoing discussions in Welsh Government. The committee heard that a substantive update is not yet available.
3. The committee approved one **Voluntary Early Release Scheme (VERS) application**. Assurance was given on the rationale for request, and it was noted that the pay back period was comparatively short. Approval will now be sought from Welsh Government for this payment to be made.

ASSURE
(Areas of assurance the Committee has received)

4. The committee's **annual effectiveness review** was held, with a revised approach taken across all committees. A discussion was facilitated to consider what changes and improvements could be made to the Committee's operations. The draft Annual Report was reviewed, however the final Report for submission to the Audit, Risk and Assurance Committee, and the revised Terms of Reference for 2025/26, will be circulated for approval by Chair's Action after the meeting.
5. The committee's **cycle of business monitoring report** was received with no issues to escalate.

RISKS

Risks Discussed:
There were no specific risks discussed.

AGENDA	
VERS Application	ESP Pay Review Update
Committee Effectiveness Review 2024/25	Committee Cycle of Business Monitoring Report

COMMITTEE ATTENDANCE				
Name	**21 May 2024**	**29 August 2024**	**5 December 2024**	**13 March 2025**
Colin Dennis				
Rhiannon Beaumont Wood				
Peter Curran				
Prof. Kevin Davies				
Bethan Evans				
Prof. Hayley Hutchings				
Ceri Jackson				
Hannah Rowan				
Joga Singh				
Jayne Beeslee				
Jason Killens				
Angie Lewis (until 01.11.2024)				
Carl Kneeshaw				
Trish Mills				
Hugh Parry				
Damon Turner			Henry Garrard	

	Attended
	Sent Deputy
	Apologies
	No longer a member.

FINANCE AND PERFORMANCE COMMITTEE
HIGHLIGHT REPORT TO BOARD

This report provides the Board with key escalation and discussion points at the last Committee meeting. A full list of items discussed appears at the end of the report to enable members to raise any questions to the Chair which have not been drawn out in the report. The papers for these meetings can be found by following this link to the Committee page on the Trust website.

Trust Board Meeting Date	27 March 2025
Committee Meeting Date	18 March 2025
Chair	Jayne Beeslee

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

1. **The Integrated Medium Term Plan (IMTP) for 2025-28** and the **financial plan for 2025/26** was received and endorsed for board approval. Members reviewed the plan with the following considerations in mind:
    - Alignment with the long term strategy
    - Balance of ambition with delivery
    - Underpinned by a credible, sustainable and deliverable financial plan
    - Takes appropriate account of patient outcomes and workforce wellbeing
    - Identifies and mitigates risk
    - Shows appropriate engagement with stakeholders

2. The plan is ambitious and aims for significant transformation, but it is not without risks, particularly financial and collaborative challenges. The financial plan includes an £8.5 million savings requirement, which is considered stretched but achievable. The plan itself is very clear on what is currently assumed as income and funding to support the Trust's estimated expenditure in 2025/26 and what savings are currently required and assessed as being deliverable, in order for the Trust to delivery on its statutory duty to breakeven. The risk that further savings may be required in year by the Joint Commissioning Committee was discussed in some detail, both in relation to the timing of the request and the potential impact on service delivery, patient safety, and performance.

3. Notwithstanding this, the committee were assured on the considerations set out above, and that the planning process was robust, particularly around prioritisation and consequent funding, and that there is close collaboration with health partners to achieve our goals. The Equality Impact Assessment (EqIA) did not indicate adverse impacts of our plan on protected characteristics, however there are some areas of improvement for those areas of 'neutral impact' which will be monitored by the executive.

4. The IMTP and financial plan for 2025/26 is before the board today and will be submitted to Welsh Government following board's approval on 27 March.

5. The Wellbeing of Future Generations Act (WBFGA) has applied to WAST since 30 June 2024. The aim of the Act is to ensure that public bodies across Wales are working together to ensure that Wales develops as a prosperous, culturally rich, economically vibrant, healthy and well educated country, where people can thrive both at work, and at home. The Trust's **Wellbeing Objectives** have been developed in partnership with trade union colleagues and internal and external engagement. The wellbeing objectives were endorsed by the committee and are before the board for approval on 27 March.

6. **Initial 2025/26 Revenue Budget Setting Paper** was received. The issues and risks were discussed, some of which are set out above, and the initial divisional budget breakdowns reviewed. The budget paper was endorsed by the committee for approval by the board on 27 March.

7. The Trust is still not achieving the 85% **information governance training compliance** requirement that it must meet by 31 March to meet minimum standards on the Information Governance Toolkit. There are several consequences of non-compliance: firstly, the organisation will be seen as non-compliant by Welsh Government and Information Commissioner's Office with possible enforcement action, there is also a risk of the UK's Confidentiality Advisory Group denying research requests (as articulated in the BAF Risk 623); secondly, individual staff who are non-compliant will be in breach of the Data Protection Policy and employment T&Cs.

8. The **vehicle accident management internal audit** was presented. This limited assurance report was discussed at length at the Audit, Risk and Assurance Committee (ARAC) on 6 March, with both this committee and ARAC assured that the actions proposed were reasonable.

ADVISE

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

9. The **Quality and Performance Management Framework (QPMF) refresh** was endorsed by the committee and recommended for approval by the Trust Board. Members heard that the framework is an 'evolution rather than a revolution', as the current framework sets a high standard. A recent internal audit on the QPMF provided reasonable assurance overall. The committee were assured that, organisationally, the framework is strong in terms of assurance mechanisms, but there is variation in practice across directorates. The goal is to reduce this variation, and the Executive Leadership Team oversee the work of the steering group in this regard. The framework supports the statutory Duty of Quality, serving as the quality policy of the organisation.

10. Members **reflected** that the agenda and business was managed well, with sufficient time for each item which ensured comprehensive discussions. There was a focus on quality of information which provides good assurance. Additionally, members acknowledged the need to focus the committee's attention on relevant risks and minimising duplication where business is received at other committees.

ASSURE

(Detail here assurance items the Committee receives)

The following items will also be presented to board at their 27 March meeting however members may benefit from the following points of discussion from the committee:

Financial Position for Months 10 and 11 2024/25

11. The financial position has been broadly stable for several months, with a forecast to land at a break-even position. The Trust is reporting a small revenue surplus £42K for month 10. In line with the financial plans that support the IMTP, gross savings of £5.924m have been achieved in month 10 against a target of £5.531m.

12. Month 11 is a continued reported revenue underspend against budget of £0.042m.. In line with the financial savings plans that support the IMTP, gross savings of £6.317m have been achieved against a year-to-date target of £5.975m (these including income generation schemes) hence an over achievement of £0.342m. The capital programme continues to be closely monitored as we move towards the end of the financial year, with a focus on ensuring minimal variation against the WG set CEL by the end of the month / year end.

13. The financial risks for the current year have been managed effectively, with no significant risks remaining for the next two weeks. The organisation is confident in its ability to manage any remaining risks and achieve the break-even position. Overall, the position is stable with a forecast to achieve break-even by the end of the financial year.

Monthly Integrated Quality and Performance Report (MIQPR) for January/February 2025.

14. The board will receive the MIQPR at its March meeting, however of note: there are some early signs of improvements in the indicators as a result of the CMT programme, but handover lost hours went up, despite lower conveyance levels. The committee noted the remedial actions in place where necessary.

Integrated Medium Term Plan (IMTP) Delivery and Assurance Report

15. This report was the interim Q4 2024/25 position. The Board will receive the assurance report at its March meeting, however the committee noted:

- The volume of work and the pace of change is significant. Concerns were raised about this pace and change fatigue and the impact of that on our people. This has now been referred to the People and Culture Committee to review in more detail.
- The significant drop in 111 patient survey data was raised given satisfaction levels have dropped from 88% to 49% and further detail was requested as to the reasons.
- The Non-Emergency Patient Transport Service (NEPTS) re-rostering was discussed, with the committee hearing of the potential benefits (rosters have not been changed for many years), but also the challenges with engagement and implementation.
- The challenges in recruiting to the Head of Commercial position were discussed, with the job description now undergoing a review and with plans to re-advertise the post in the coming weeks.

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

16. The **Digital KPIs** relating to data and analytics, ICT systems, digital services, projects & programmes, and progress against the recently refreshed Digital Plan were presented. Of note:

    - The Clinical Model Transformation programme requires significant input from various Digital teams – including those supporting on changes to CAD or other systems, DOS updates, and data, reporting and analytics for the new call flow and categorisation process. These requirements were not known at the time of writing of the Digital Plan and so many of the pre-agreed priorities and timelines for 24/25 are now paused or at risk. Replanning for next year includes simplified sign-on, lab work, and data quality initiatives. 6
    - Successful recruitment for information and data services team, ICT team, and senior posts.
    - Progress on digital transformation, innovation programme, and innovation lab work to create a safe space for staff to bring ideas and problem statements.
    - Achieved near-perfect uptime (99.999%) for two consecutive years, indicating less than 40 minutes of downtime annually for WAST owned systems and infrastructure.
    - Sustained high demand for data services, with turnaround time now around 30 days. Prioritizing CMT work.
    - Scoping work for IPC audit tool complete
    - Drones purchased for HART and training scheduled
    - NEPTS cancellation 2-way SMS functionality live.

17. The **Information Governance Report** (IG) highlighted ongoing efforts to enhance information governance and data protection within the Trust, addressing both compliance requirements and operational challenges. Of note for the board:

    - The Trust has recently recruited to the full-time Data Protection Officer role, with an existing member of staff having been appointed. Additionally, the Head of Compliance and Assurance role has been filled internally to bolster freedom of information responses.
    - The Information Governance Toolkit improvement plan is progressing with all items having been achieved saved for the mandatory training target (see above alert section).
    - The Trust is working to migrate records held by Denbighshire Country Council.

18. The **Q3 audit tracker** was produced with no escalations reported. Those committee related actions on their third and final date were discussed at ARAC in November 2024 and March 2025 and should be closed in Q4.

19. The committee held is **2024/25 annual effectiveness** review and the annual report and any changes to terms of reference and operating arrangements will be reported to ARAC and the board in May.

20. Members received the **Committee Cycle of Business Monitoring Report and Committee Priorities** update with no escalations for the board.

21. In **closed session** members received the update on the cyber KPIs, cyber audit actions and the cyber risk. There were no escalations to the board.

RISKS

The committee received and reviewed the current board assurance framework. All risks have undergone their quarterly review, with no changes in scores except for the cyber risk. The two major risks, 223 and 224, have been discussed extensively in the Quality, Patient Experience and Safety Committee and the Audit, Risk and Assurance Committee. Given the focus on these two risks at the board as well as these committees, it was agreed that these would not be reported for information to this committee going forward.

Cyber Risk 260: The cyber risk has increased in score during the reporting period and will be moved to the closed session due to the sensitive nature of the actions and details involved. Where necessary matters in relation to this risk would be escalated to the trust board.

Other Risks Raised:

Risks and assumptions related to the 2024/25 financial plan, as well as that for 2025/26 were raised in the appropriate papers on these items

COMMITTEE AGENDA FOR MEETING		
Committee effectiveness review 2024/25	Financial position Months 10 & 11 2024/25	IMTP Delivery/Assurance – Progress Update 2024-27
IMTP 2025/28	Wellbeing Objectives	Initial 2025/26 revenue budget
QPMF Refresh	MIQPR	Digital reporting
Information governance	Internal audit -Vehicle accident management -Audit tracker	Risk management and BAF
Committee priorities and cycle monitoring	Reflections	

COMMITTEE ATTENDANCE						
Name	**14 MAY 2024**	**16 JULY 2024**	**17 SEPT 2024**	**19 NOV 2024**	**16 JAN 2025**	**18 MAR 2025**
Joga Singh (Chair)						
Jayne Beeslee (Chair)						
Kevin Davies		Chair				
Bethan Evans						
Peter Curran			Chair			
Chris Turley						
Rachel Marsh	Hugh Bennett	Hugh Bennett	Hugh Bennett	Hugh Bennett		Hugh Bennett[1]
Lee Brooks						Mark Harris
Liam Williams				From Item 7	Penny Durrant	Wendy Herbert
Angie Lewis						
Carl Kneeshaw						
Jonny Sammut						
Trish Mills	Julie Boalch					
Hugh Parry						
Damon Turner						

[1] Rachel Marsh attended from 12 for the IMTP 2025-28 item

	Attended
	Deputy attended
	Apologies received
	No longer member

WELSH AMBULANCE SERVICES NHS TRUST

MINUTES OF THE OPEN SESSION OF THE MEETING OF THE QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE HELD ON 5 NOVEMBER 2024 VIA TEAMS

Meeting started at 09:30

PRESENT:

Bethan Evans	Non-Executive Director
Ceri Jackson	Non-Executive Director and Vice Chair of the Board

IN ATTENDANCE:

Claire Appleton	Assistant Director of Putting Things Right
Hugh Bennett	Assistant Director, Commissioning and Performance (Left during Item 76/24)
Julie Boalch	Assistant Director of Corporate Governance and Risk
Lee Brooks	Executive Director of Operations (Joined at Item 63/24)
Jonathan Chippendale	Consultant Paramedic (Joined at Item 75/24)
Leanne Hawker	Head of Patient Experience & Community Involvement
Wendy Herbert	Deputy Director of Quality and Nursing
Bethan Jones	Local Safety Champion (Item 75/24 only)
Alison Kelly	Business and Quality Manager
Greg Lloyd	Assistant Director of Clinical Delivery (Joined at Item 63/24)
Osian Lloyd	Head of Internal Audit, NWSSP
Trish Mills	Director of Corporate Governance/ Board Secretary
Edward O'Brian	Clinical Lead, Palliative Care (Attended for Item 62/24 only)
Steve Owen	Corporate Governance Officer
Hugh Parry	Trade Union Partner
Alex Payne	Corporate Governance Manager
Jonny Sammut	Director of Digital Services
Andy Swinburn	Executive Director of Paramedicine
Jonathan Turnbull-Ross	Assistant Director of Quality Governance
Liam Williams	Executive Director of Quality and Nursing (Joined at Item 66/24)

OBSERVERS:

Angela Mutlow	Director of Operations Llais
Lisa Trounce	Head of Compliance and Assurance

APOLOGIES:

Henry Garrard	Trade Union Partner
Mark Marsden	Trade Union Partner
Rachel Marsh	Executive Director of Strategy, Planning and Performance

61/24 PROCEDURAL MATTERS

The Chair extended a warm welcome to everyone advising that the meeting was being recorded. Apologies were noted from Henry Garrard, Rachel Marsh, and Mark Marsden.

Declarations of Interest
There were no further declarations of interest to those already listed in the Register.

Minutes
The Minutes of the meeting held on 13 August 2024 were confirmed as a correct record, save for the correction of Leanne Hawker's job title.

Matters Arising
The Committee received an update following the patient story from Linda Erro Castillo at the last meeting and noted progress against actions identified, including the ability to record learning difficulties/autism/neurodiversity and to prompt/record reasonable adjustments will go live on the electronic Patient Care Record (ePCR) in October 2024.

Action Log
The action log and the Committee Highlight AAA report from the last Quality, Patient Safety and Experience Committee (QuEST) meeting were considered:

Minute 41/24: Operations Update: *Review of terminology used, a recent questionnaire from Public Health Wales still referred to "NEPTS" (Non-Emergency Patient Transport Services). Since the name has been updated to "Ambulance Care," this outdated terminology could potentially cause confusion among the public. Peter Brown agreed to action.* Operations Colleagues will review, and update language as required on an ongoing basis. It was agreed to close this action.

Minute 51/24: Impact of the changes to the Stroke categorisation: *The Committee noted that updates on the location of stroke units will be provided in due course. Although the timeline was uncertain, Andy Swinburn agreed to keep the Committee updated.* It was confirmed by Andy Swinburn there were no updates for this meeting. It was agreed appropriate for this action to remain open.

Transfer from QuEST to the People and Culture Committee (PCC) In respect of the relief gap in Powys, update to PCC on the recruitment and management of abstractions. This matter was discussed at PCC, and it was resolved that the projected improvement across all gaps except for EMT1-2 (remains static) by Feb 25. By Feb 25, 4 of the 6 staff groups will be at full establishment, as opposed to only 2 groups at present. NB: this is the confirmed position passed on acceptances of positions already received (but not yet started). If QuEST content with remarks from PCC, then propose for closure. The PCC have closed this action. It was agreed to close this action.

Committee AAA report dated 13 August 2024

The Chair drew the Committee's attention to the contents of the AAA report for their information; this highlighted the key points from the Committee's last meeting on 13 August 2024.

RESOLVED: That

(1) Apologies were recorded for Henry Garrard, Mark Marsden and Rachel Marsh.

(2) The Minutes of the Open meeting held on 13 August 2024 were confirmed as a correct record, save for the correction of Leanne Hawker's job title.

(3) An update on the previous patient story was given which concerned Linda Erro Castillo and progress against actions identified was noted.

(4) Consideration was given to the Action Log and the AAA report as described above.

62/24 STAFF STORY – SIAN DAVIES-KUMAR, PALLIATIVE CARE PARAMEDIC (VIDEO)

Note: This item was received prior to the Operations update.

Leanne Hawker introduced Sian's experience which highlighted a crucial aspect of end-of-life care: the need to respect and fulfil the family's wishes while ensuring the patient's comfort.

The Committee were shown a video in which Sian Davies-Kumar shared her experience as a Palliative Care Paramedic. She described a specific case where she attended to a young gentleman with metastatic brain cancer. The family had called 999, and Sian was able to manage the patient's symptoms effectively, ensuring he could stay at home as per his and his family's wishes. She coordinated with the palliative care team, GP, and district nurses to set up the necessary syringe drivers for pain management. Sian emphasised the importance of communication with the family and ensuring the patient's comfort, which facilitated a good death, surrounded by loved ones.

Leanne Hawker added that Sian's story was a powerful testament to the importance of addressing both the emotional and physical needs of patients and their families. By ensuring that the young gentleman could stay at home and be comfortable, she not only managed his symptoms but also provided immense emotional support to his family. This holistic approach will leave a lasting, positive legacy and a meaningful experience for everyone involved.

Liam Williams highlighted that Sian's presentation exemplifies the ideal scenario many healthcare professionals strive for: providing the best possible death in the preferred place, with comprehensive support for both the patient and their family.

Wendy Herbert commented that the contrast between the ideal scenario Sian shared and the reality many families experience highlighted the gaps in our current system. The lack of preparation and support for end-of-life care can lead to distressing situations for both patients and their families.

Hugh Parry raised the point concerning the timely access to syringe drivers and the scaling up of Palliative Care Paramedics. Andy Swinburn explained that while buying syringe drivers could address the immediate issue, it was crucial to ensure that existing community services were used and supported to deliver the care they were commissioned for. Sian's expertise was a result of her extensive experience in palliative care, which was difficult to replicate through training alone. Ultimately, while ambulance services can fill gaps in palliative care, the goal should be to strengthen the existing community services to provide comprehensive end-of-life care.

Liam Wiliams expressed his concern at the lack of a robust electronic record system for end-of-life care in Wales. He added it was frustrating to see that while other regions have evolved their systems, the current reliance on outdated special notes can hinder the quality of care and support for families.

The Committee recognised the significant challenges going forward and expressed their concerns about the lack of immediate solutions and the increasing pressure on resources. Furthermore, the competition for funding in the charity sector and the shortage of district nurses and GPs were critical issues that need addressing.

Ed O'Brian commented that the role of Palliative Care Paramedics in preventing 999 calls was significant. By intervening early and providing specialised care, they can prevent unnecessary emergency responses and ensure that patients receive the appropriate care in a timely manner. This not only benefits the patients and their families but also helps to optimise the use of emergency services.

He added that many deteriorations and end-of-life situations were not recognised until a 999 call was made. Families often panic because they have not been prepared or informed about what to expect, leading to emergency calls that could have been managed differently with better planning and support.

The Chair, on behalf of the Committee, expressed appreciation for the work that Leanne, Sian, and the entire team were doing. Their dedication and compassion made a significant difference in the lives of patients and their families. Stories like Sian's not only highlighted the challenges, but also the incredible impact that committed healthcare professionals can have, even under pressure.

RESOLVED: The Committee received the staff story.

63/24 OPERATIONS DIRECTORATE QUARTERLY REPORT – 2024/25 Q2

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

1. Volunteer Care Driver Oncology Pilot: This was progressing well with encouraging feedback being received, particularly from the drivers. The Trust has moved onto the second phase of the pilot which was ensuring that our oncology patients were paired up with the same volunteer driver for the entirety of their treatment.

2. Manchester Arena Inquiry: The completion of the actions was progressing well with most actions in a healthy place. The outstanding 20 actions were currently being reviewed by Commissioners.

3. Grenfell Inquiry Reports: The review did not bring additional work for the Trust.

4. Major Incident Declarations: There had been some positive early feedback from the debrief processes involving the incidents in Cardiff, which related to a call in which it was reported difficulty in breathing with reports suggesting that this incident was of a potential gas/carbon monoxide origin with several symptomatic patients; and Powys, in relation to a train accident.

5. The Medical Emergency Response Incident Team (MERIT) and the decision to not continue training MERIT nurses unless commissioned was noted by the Committee.

6. EMS Coordination: As part of the non-pay annex aspect of the 2023 pay and conditions work, the Trust agreed to focus on the culture of EMS Coordination. An action plan has been created in partnership with Trade Union colleagues and more recently the Director of People and Culture conducted a series of visits across the three centres to listen to staff and their experiences.

7. EMS Establishment: The under-establishment was largely due to the existing dispatch function, which was under-established due to changes required as part of the Organisational Change Policy (OCP) process.

8. Estates and Infrastructure: EMS Coordination has benefited from significant investment to improve the working environment for our centres in both Llangunnor and the relocation of staff from the existing Bryn Tirion site in North Wales.

9. Medical Transfer Protocol Suite (MTPS): MTPS went live on 30 July 2024 and external stakeholders were informed of the changes to inter-facility call processing. Up to the end of August 2024, 820 incidents were processed on these new protocols.

10. EMS Performance: The increase in red activity and concerns about amber patients waiting longer were brought to the Committee's attention.

11. Quality and Support Days: The quality and support days continued to be undertaken across all areas of the operations team, however, to further support operational staff these days will be subject themed moving forward.

12. Unscheduled Care Service (UCS) Transition: The UCS transition has remained challenging due to several factors that also affect the UCS team. While the modified code set which includes suitable calls has been agreed, the implementation will need to be timed to coincide with the new recruited EMS workforce that are operational from Mid-September.

13. End of Shift Overruns; While it is noted that the level of investigation of over 2-hour end of shift overruns has continued to improve, along with the uptake of utilising the options available to reduce the end of shift overrun, it was now evident that a number of these overruns were down to staff not correctly booking off duty.

14. The Clinical Model Transformation programme has been a significant focus for the Integrated Care team. Work is underway to align 111 and CSD, develop the Remote Integrated Care Service (RICS) model, develop new pathways and test the 111-call handling software in the wider operational environment.

Ceri Jackson asked about the direct recruitment for the Cymru High Acuity Response Unit (CHARU) rollout, expressing concerns about rurality and inequity. She wished to understand more about how the direct recruitment will be facilitated and when it will be in place. Lee Brooks advised that considerable effort into addressing the recruitment challenges for CHARU has been undertaken, especially in rural areas. However, despite making adjustments and trying to recruit internally, it was clear that external direct recruitment was now necessary to fill the remaining vacancies. Hugh Bennett added that the benchmark was to achieve 95% and the first round of internal recruitment was due to finish in November 2024.

Hugh Parry noted the improvement in end-of-shift overruns, noting a decrease in two-hour overruns, and queried if there was an appetite to start looking at reducing overruns to one hour or even less. Lee Brooks commented that progress in reducing end-of-shift overruns to 90 minutes for UCS investigations has already been made and there was a strong appetite to improve this further.

Hugh Parry acknowledged that MERIT training has been valuable over the years, especially in terms of the contributions from nurses and clinicians during major incidents and expressed concern about losing the benefits of networking and team involvement as it was not commissioned. Lee Brooks explained that the Trust had reviewed the MERIT training and found that current paramedic skills were sufficient for major incident responses.

The Chair sought an update on the recruitment of Advanced Paramedic Practitioners (APP) noting that the previous recruitment process did not meet the expected numbers. Andy Swinburn elaborated on the recent recruitment process for APP. He noted that there was significant interest from experienced APP, including those from outside the organisation and former staff. However, the recruitment process faced a challenge because the interested candidates were on higher pay bands than what was originally offered. It was a requirement for these candidates to start at the bottom of the offered pay band, which led to a substantial pay cut for them. This was a deterrent for many potential recruits. He acknowledged this as a misstep and expressed hope that the issue would be resolved in the next recruitment round.

RESOLVED: That the report was received.

64/24 CLINICAL TRANSFORMATION PROGRAMME CLINICAL GOVERNANCE AND CLINICAL ADVISORY GROUP TERMS OF REFERENCE

Liam Williams explained that the clinical governance model for the Clinical Transformation Programme will follow the existing architecture of the Clinical Quality Governance Group (CQGG). However, it should be noted that the complexity and pace of the programme required senior clinical colleagues from across the Trust to review and consider proposals / developments and ensure that they were securing a safer operating environment for our patients and our people.

To support this approach, a Clinical Advisory Group (CAG) has been formed. The CAG has been formed to provide critical clinical oversight and strategic support to the Clinical Model Transformation (CMT), strengthening the Trust's commitment to safe, high-quality healthcare through well-informed, clinically led decisions. Reporting to the Clinical and Quality Governance Group (CQGG) and the CMT Programme Board, the CAG will act as a core advisory body, ensuring clinical perspectives shape and guide the transformation process in real-time.

The CAG's remit will focus on providing Senior and Consultant-Practitioner level advice on clinical matters, supporting decision-making, and overseeing clinical safety of the CMT Programme. Liam emphasised the need for good clinical governance and decision-making, noting that the CAG will support this by providing critical appraisal, confirm and challenge, and expertise. This group will ensure consistency, identify gaps or overlaps, and advise on challenges. The goal is to maintain rigorous governance while implementing the new clinical model.

Terms of Reference for the Clinical Advisory Group

The Terms of Reference for the Clinical Advisory Group (CAG) were appended to the report and received by the Committee for noting. Jonny Sammut asked for clarity regarding the ethical considerations around the CAG. Specifically, he inquired whether the Artificial Intelligence (AI) ethics piece would be treated separately or if it would be included within the CAG ethics panel.

Liam Williams responded that the CAG was specifically related to the clinical model, with Dr. Penelope Cresswell Jones from Public Health Wales included to help address ethical

considerations. He clarified that the AI ethics work would reside in a separate ethics group for the Trust, which was in the process of being established.

RESOLVED: The Committee took assurance from the planned continuation of the existing clinical governance arrangements and the implementation of a Clinical Advisory Group in supporting the Clinical Model Transformation within the Trust and Noted the Clinical Advisory Group Terms of Reference.

65/24 RAPID CLINICAL SCREENING

Greg Lloyd provided an overview of the rapid clinical screening process. He explained that this process takes place after the final Medical Priority Dispatch System (MPDS) code was generated. Suitable calls then flow into a screening queue visible only to the Clinical Navigators, a senior clinical role that sits within the EMSC. Clinical Navigators will perform high acuity live reviews, provide remote clinical support, and oversee the EMSC response queue. They will also make decisions on dispatch out of time order based on clinical need and move calls back to integrated care if the patient's condition changes. They determine if a face-to-face response was required immediately or if the patient would benefit from further assessment. This process aims to involve clinicians early in decision-making to improve patient outcomes.

He also mentioned that calls with immediate threats to life were dispatched immediately, while others were screened for further assessment. having a clinician make early, informed decisions on suitable 999 calls was a game-changer. By increasing the number of patients undergoing remote assessment, the Trust can significantly enhance the chances of directing them to the right care from the outset.

Andy Swinburn explained that the approach for the rapid clinical screening set the Trust apart by innovating how emergency services were managed. Involving clinicians at the front end, the initiative aims to make more informed decisions about which patients need immediate ambulance services, thereby optimising resource use and reducing wait times.

Ceri Jackson expressed support for the rapid clinical screening model but also shared some concerns. She sought assurance on how the system would handle periods of high demand and asked for real-time visibility into the process, possibly through visits, to ensure the system's effectiveness during busy times.

Andy Swinburn acknowledged Ceri Jackson's concerns and agreed that it was important to be cautious. He stated that the current system was already failing to deliver optimal results, and the new model aims to add value and improve the situation. He highlighted that the rapid clinical screening would help identify which patients need immediate ambulance services and which can wait or receive alternative care. He also invited Ceri to visit and observe the process once the team has settled in, to provide assurance and see the system in action.

Lee Brooks noted that he is the Senior Responsible Officer (SRO) for this workstream. He added that his Team actively considered how to manage the system during busy periods,

especially with the rapid clinical screening work stream. The phased recruitment approach, with some staff joining by December and the rest in January, presented a challenge but also an opportunity to gradually transition to the new mode of operations.

The Chair expressed enthusiasm about the rapid clinical screening initiative, acknowledging the level of unknowns but emphasising the potential for significant positive impact. She noted the importance of monitoring the impact closely and comparing it with expectations. She also highlighted the need for the team to have time to embed the new approach, especially during the high-pressure Winter period.

Hugh Parry added it was natural to have initial concerns about potential risks, especially with such significant changes. However, as the project progressed, he became more confident that it would reduce patient harm. He also noted the excellent pace of the project's rollout and expressed hope that the wider transformation would improve conditions for both patients and staff.

RESOLVED: The Committee Noted the PowerPoint update for the introduction of Rapid Clinical Screening and took assurance from the position given, and the future approach for its implementation.

66/24 MONTHLY INTEGRATED QUALITY PERFORMANCE REPORT – SEPTEMBER 2024

Hugh Bennett highlighted the following points for the Committee's attention:

1. Immediate release requests by Health Board were reviewed, and the Committee noted that the two with the highest percentage of immediate release, for both Red and Amber 1, Cardiff and the Vale University Health Board (97.1%) and Cwm Taf Morgannwg University Health Board (86.5%), both have the lowest numbers of lost hours by health board over the quarter.

2. There was a continuing number of serious incidents shared with Health Board colleagues to investigate under the Joint Investigation Framework. For the second period in a row, none were directly related to immediate release requests.

3. The number of patient safety incidents received on Datix has reduced compared to the same time last year.

4. There was a sustained increase in the number of concerns received compared to the same period in 2023.

5. National Reportable Incidents had increased in the quarter.

6. A return to usual activity levels in respect of Coroner's requests for information was noted, however the ongoing impact of increased requests from last quarter was acknowledged.

7. The five-day complaint acknowledgement compliance met the 100% Welsh Government target in the quarter.

8. The 30-day response saw dips in the quarter from 70% (July), to 40% (August) and 46% (September). The drop in performance was because of the PTR and Legal Services Recovery Plan to reduce open complaints, which decreased from 197 in July to 106 in September. This approach aims to reduce overdue responses and set up consistent future performance, with rapid improvement expected now that complaint volumes are more manageable. Most complaints continued to relate to delayed response in the community following calls made to 999.

9. Organisational learning, particularly from nationally reportable incidents reviews, was reviewed, with clinical notices issued as a result on maternity action cards, Terrapace updates and ePCR nudge tool, and procedural changes for reviewing ECGs.

10. The experience for oncology and renal patients of the non-emergency patient care service remained above target which was positive, with advanced discharge and transfer performance improving, but remaining below target.

11. 111 NHS Wales call answering performance improved over recent weeks, with the call abandonment performance improving to 7% (was 11.9% in June) against a target of 5%. It is expected to improve further in October.

12. Return of Spontaneous Circulation (ROSC) rates deteriorated slightly in September to 19.4% (comparted to 22.7% in June) due to, however members noted that other clinical indicators are improving because of the clinical indicator improvement plans.

Jonny Sammut mentioned that the Digital Directorate was actively resolving data quality issues at the source. Additionally, there was ongoing recruitment for additional data quality resources, with the aim of bolstering the team with two additional Full Time Equivalents (FTE).

Andy Swinburn commented on the significant improvements in clinical indicators and the progress being made across various areas. The Stroke Bundle Compliance in reaching nearly 90% compliance in stroke bundle protocols was a significant achievement.

Ceri Jackson inquired whether the data quality issues undermined the integrity of the data that has been published for some time, and if any actions were needed to address this. Liam Williams explained there was a need to revisit the reporting of moderate harm numbers for the current financial year, explaining that there was a defined metric in the PTR report, which will be carried forward into the MIQPR.

The Committee inquired about the focus on immediate release, noting the high number of declined immediate releases for red and amber calls, and whether the new Cabinet Secretary's focus on handover delays included immediate release. Liam Williams referred to a letter published by NHS Wales Executive on handover delays and was made available for Committee Members to read.

Following a concern about the impact on Health Boards that were improving their handover delays but seeing their resources diverted to neighbouring Health Boards, and whether there was an overview of this impact from a commissioning perspective. Lee Brooks acknowledged that this posed challenges for commissioning, as Health Boards were concerned with activity within their geography, but the reality of resource flow and hospital locations meant that resources often crossed boundaries.

Following further conversation, it was mentioned by Jonathan Chippendale that there was a paper produced from some analysis completed several months ago that might be helpful. He offered to present this analysis, which talked about the flows and issues around patient cancellations at a future meeting. It was agreed that Jonathan Chippendale would provide an update at a future Committee meeting.

The Chair commented that the report demonstrated ongoing system pressures significantly impacting patients and the ability to reach them in a timely manner, leading to avoidable harm. She noted the ongoing actions to improve data integrity and noted a recruitment gap which was being mitigated. The Chair highlighted that while actions were being taken, the level of handover delays remained a significant challenge.

The Committee noted that a report on the Datix system and its use was due to be on the agenda but was delayed. This report will likely come to the January meeting, reflecting ongoing work to improve data quality and system use.

RESOLVED: The Committee received the Monthly Integrated Quality and Performance report for September 2024 and actions being taken and determined that the report provided sufficient assurance.

67/24 MENTAL HEALTH AND DEMENTIA ANNUAL REPORT 2023/24

Liam Wiliams presented the report drawing attention to the following areas:
He highlighted the international recognition received for the work done in support of people living with dementia, particularly in Reminiscence Interactive Therapy Activities (RITA) and the design of ambulance care vehicles.

The Team was commended for the partnerships they have fostered with organisations like Alzheimer's Society Cymru and received the Dementia Hero Award for Professional Excellence in 2023. The report also highlighted the challenges faced, such as under-resourcing and the need for greater strategic alignment and sets the strategic outlook for 2024/25.

Mental Health Response Vehicle (MHRV): This was having a positive impact with the imminent go-live of the MHRV covering the southeast of Wales, with plans to expand the service further.

Jonathan Turnbull-Ross added the following points: He emphasised the need for more integration, partnership, and clinical practice development in the upcoming year. He highlighted the importance of moving towards a 24/7 mental health practitioner model

and the significance of the MHRV. Furthermore, he noted the potential changes in Welsh Government funding and the need to work with Commissioners to understand the importance of investing in mental health practitioners.

The Chair expressed her concern that about the availability of resources to continue and expand the work, including the need for funding to support initiatives like the RITA specialist roles. Liam Williams gave assurance that many iPads were due for renewal, and as frontline devices were refreshed, older devices would be repurposed for use in RITA settings. There was support in principle from the Welsh Government's mental health team, and this will be further developed with the Joint Commissioning Committee (JCC).

Ceri Jackson advised the Committee of the strong collaborations with charities like Mind and the opportunity to Increase visibility and policy focus on these collaborations, especially in the context of dementia and mental health. She added that Vice Chairs of the Health Boards have a mandatory remit on mental health and primary care. She added that she will be facilitating a presentation from the Wales Council for Voluntary Action (WCVA) to mental health charities on the role of the third sector in mental health and suggested that colleagues from the Trust may want to link up with her and discuss offline to explore useful lessons and projects from the WCVA.

RESOLVED: The Committee endorsed the 2023/24 Mental Health and Dementia Annual Report and noted that it would be presented to the Trust Board for their information at its upcoming meeting in November.

68/24 PUTTING THINGS RIGHT REPORT QUARTER 2, JULY - SEPTEMBER 2024

Claire Appleton drew the Committee's attention to the following areas:

1. The ongoing continued high level of risk of harm caused by system pressures and hospital handover delays continued to be a familiar theme.

2. The implementation of options through Datix Cymru to enhance joint information sharing and building a learning repository for joint investigations was progressing.

3. There was a reduction in coroner approaches after a spike in July but highlighted that the impacts would continue as dates for statements and inquest attendances were set.

4. The five-day complaint acknowledgement was consistently achieving the 100% target.

5. The 30-Day Compliance had seen a drop in performance, however the overall number of open cases had reduced by 50%.

6. It was noted there had been no Prevention of Future Death Reports for this quarter.

The Committee acknowledged the work and effort the Team had undertaken to improve the PTR process and it was agreed, and following further discussion requested that a more streamlined report be presented at future meetings. Wendy Herbert added there was a meeting scheduled with Lee Brooks and Claire Appleton to review the PTR report. The goal was to ensure the report captured the key and salient points, as it had the potential to grow too detailed and lose focus on what was important.

RESOLVED: The Committee received the Putting Things Right (PTR) report for discussion and were satisfied with the assurance given regarding the Trust's PTR function.

69/24 DATIX RECOVERY AND IMPROVEMENT PLAN – ITEM DEFERRED

Liam Wiliams advised that this report was not able to go through the internal governance process and will be presented at the February meeting. Trish Mills confirmed that an offline discussion would be undertaken with Liam Williams to ascertain whether this report should be presented firstly to the Finance and Performance Committee (FPC) and then to QuEST, or whether taking it straight to QuEST was appropriate.

RESOLVED: The Committee noted that the Datix Recovery and Improvement Plan was deferred to the next meeting and that it would be ascertained whether the report should be presented in the first instance through FPC.

70/24 FOCUS ON CLINICAL INDICATORS - ST SEGMENT ELEVATION MYOCARDIAL INFARCTION (STEMI)

1. Jonathan Chippendale presented the Committee with a PowerPoint slide show which focused on the clinical indicator for STEMI (ST-Elevation Myocardial Infarction).
2. Measurement Criteria: The key elements measured included the administration of aspirin, GTN (glyceryl trinitrate), recording of at least two pain scores, and the administration of analgesia if indicated.
3. Data Quality: The data was drawn from the electronic patient care record (EPCR), and there was a noted variation between automated and manually audited data, indicating that care might be delivered but not always recorded accurately.
4. Several improvements had been made which included deep dives into data, user interface changes, collaborative work with EPCR users, and promotional activities like CEO roadshows.
5. The performance data showed an improvement from April 2023 onwards, with a step change in performance and an upward trajectory.
6. Further user interface changes were scheduled for November, including nudge tools to improve data recording and compliance.

The Committee found these updates valuable a In providing a deep dive and assurance on the quality of care. The extensive work ongoing in the Trust was noted, as was the positive impact on the culture around duty of quality, quality of care, ownership, and accountability.

RESOLVED: The Committee noted the update

71/24 CLINICAL AUDIT PLAN & ACTION TRACKER - Q2 (UPDATE) 2024/25

Jonathan Chippendale presented the update and drew the following points to the Committee's attention:

The Q2 2024-25 Clinical Audit Plan contained 13 audits covering a range of topics including clinical conditions, medicines, and compliance to documentation. This was a dynamic plan and since the Q1 update, the 'Newborn Normothermia' audit has been added. Of those indicated on the plan:

- 2 have been completed and approved at the Clinical Intelligence & Assurance Group (CIAG)
- 3 were progressing as planned.
- 2 were not progressing as planned as they were reliant on ePCR User Interface changes being implemented*. In addition, the Clinical Indicator Recovery Plan was currently a higher priority.
- 6 were yet to start, some were reliant on ePCR User Interface changes being implemented, some were not due to start until Q3/Q4.

Delays in implementing the required ePCR User Interface (UI) changes has impacted on the timely completion of actions. The Clinical Indicator Recovery Plan was a high priority and the timeframe for some of the clinical audits on the plan will need to be adjusted due to the required resources.

The Chair queried if the delay in ePCR UI changes would cause any detriment to the management of the clinical audit work and inquired about the expected duration of the delay. Andy Swinburn explained there has been some slippage in the current quarter, but ongoing discussions were taking place to address this. He expressed confidence that the necessary changes will be implemented, as they have been able to secure funding from other areas where there has been underspend.

RESOLVED: The Committee noted the Q2 2024-25 Clinical Audit Plan and Action Tracker update.

72/24 PATIENT EXPERIENCE AND COMMUNITY INVOLVEMENT BIANNUAL REPORT APRIL – SEPTEMBER

Leanne Hawker presented the Patient Experience and Community Involvement (PECI) biannual report. The report set out the team's focus on gathering feedback from the public and patients to improve the quality and experience of services She emphasised that the data demonstrated the emotional experiences of people using their services, identifying both positive and negative feelings. Leanne also noted the importance of acknowledging and responding to these emotions, and she pointed out specific information that highlighted feedback from frontline staff.

Key themes from feedback included response times for emergency services and access to care, and outlined plans for improving data collection methods and reviewing survey questions to ensure they adequately addressed the experiences of patients. Overcoming the challenges related to fully utilising the Civica system for patient experience feedback was key, including information governance concerns and the need to comply with the Information Commissioner Officer (ICO) requirements.

Liam Williams highlighted key points about the team's efforts and the importance of their work in evolving the clinical model to better understand and improve patient experiences.

Ceri Jackson commented that focusing on older people and their specific needs, especially considering protected characteristics, was very important. She asked how the Team could best gather and use this feedback to improve services for older people. Furthermore, the People's Experience Framework was a promising initiative as it aimed to gather comprehensive feedback from across the system, which can significantly enhance understanding of patient experiences. Ceri Jackson asked how optimistic was the Trust in the the people's experience framework to enable the Committee to hear about experiences across the system in the not too distant future. Leanne Hawker explained that the Team was collaborating closely with colleagues on the new framework and were optimistic about its potential. However, she noted that its effectiveness will depend on fully using all elements of the Civica system.

The Chair informed the Committee she had attended a learning disability conference facilitated by the PECI Team. She commented on the importance of broadening the engagement with individuals beyond the current groups, particularly those with more complex and profound learning disabilities and their families. She emphasised the need to engage with a broader representation to gather richer data and insights. Additionally, she mentioned the importance of understanding the impact of presenting to the Learning Disability Ministerial Advisory Group and suggested including the outcomes or changes resulting from such presentations in future reports.

RESOLVED: The Committee:

(1) Received the report and accepted the assurances that the Trust was meeting its statutory duties/responsibilities to consult' engage and involve the public/patients in its work; and

(2) Noted the activities to date and acknowledged that Patient Experience & Community Involvement Reports would be shared publicly through the Trust's People & Community Network.

73/24 LEARNING FROM DEATHS (MORTALITY REVIEWS) REPORT (Q1 - Q2)

Wendy Herbert provided an update on the learning from deaths report, highlighting the establishment of a new group to ensure the Trust captured learning from deaths, both internally and from external reviews.

She mentioned the significance of the Medical Examiner Service (MES), which was now fully functioning and included all community deaths. It was noted that 238 referrals have been received by the Trust from the MES in the first two quarters of 2024/25 with 44 cases requiring further review, either through the Serious Case Incident Forum (SCIF) process or additional investigation.

Members noted that themes and trends largely related to delays attending in the community and it was recognised that there was more to do to understand the differential impact of skill mix on patient outcomes.

Liam Williams added that the Trust was exploring new areas of learning from deaths including the use electronic patient records to identify patterns and conduct thematic analysis. The Trust was also learning from the Northwest Ambulance's data practices to help replicate successful strategies and improve overall data management.

Claire Appleton explained that the Trust was dealing with a significant volume of feedback and learning from the Medical Examiner Service, especially with the differences between how the service operated in Wales compared to England. The higher referral rate in Wales, with about 40% of cases being reviewed, compared to 10% in England. Receiving feedback on all cases, including those with compliments was valuable, however, managing this large volume of information and distinguishing between what was new learning and what was already understood was challenging.

RESOLVED: The Committee received the report for discussion.

74/24 IPC PREPAREDNESS & EMERGING HEALTH RISKS ASSOCIATED WITH MPOX AND OTHER HIGH CONSEQUENCE INFECTIOUS DISEASES

Members received assurance by Liam Williams on the work undertaken relating to Infection Prevention and Control (IPC) Preparedness and Emerging Health Risks with MPOX and the Trust's preparedness for an outbreak of a Highly Contagious Infectious Disease (HCID) as set out by NHS Wales Executive.

The Committee were asked to note the focus on efforts to respond effectively and that the Trust was actively enhancing its IPC Guidance, with a key focus on the rollout of Powered Air Purifying Respirators (PAPRs) to frontline staff. This initiative was aimed at strengthening protection against airborne pathogens, particularly during aerosol-generating procedures (AGPs).

Alongside this, the Trust was preparing for increasing seasonal pressures due to Winter respiratory infections (e.g. flu and RSV), while also remaining vigilant about emerging High Consequence Infectious Diseases (HCIDs) like Mpox, Marburg virus and Middle East Respiratory Syndrome (MERS-CoV). Furthermore, a member of the Resilience Team will be attending a WG meeting to provide additional assurance regarding the organisation's readiness for any outbreak.

RESOLVED: The Committee noted the update and confirmed their assurance that the Trust was taking all appropriate measures to prepare for a case of Mpox or other High Consequence Infectious Diseases.

75/24 MATERNITY AND NEONATAL SAFETY SUPPORT PROGRAMME UPDATE

Liam Williams presented the report which was a culmination of the work conducted by Bethan Jones (Local Safety Champion – Midwife) and Steve Magee (Regional Clinical Lead) in the Maternity and Neonatal Safety Programme. Key points of note for the Committee included:

1. The report highlighted significant improvements, including work on Neonatal thermoregulation, increasing normothermic admissions from 4% to 75%, and the adoption of the maternity early warning score (MEWS) consistent with England and Scotland.

2. The Team has been recognised for their contributions, for winning an award at the NHS Wales Awards recently for the Maternity and Neonatal Safety Support Programme.

3. A proposal for a national maternity advice line was being developed, expected to be commissioned through Welsh Government and NHS Wales executive, leveraging the 111 capability and collaborating with Health Board colleagues.

Bethan Jones joined the meeting and expressed gratitude for the support and noted the positive impact and influence of the programme across Wales.

RESOLVED: The Committee received the report and accepted the assurances that the Trust was meeting its statutory duties/responsibilities to consult; engage and involve the public/patients in its work.

76/24 NEAR MISS REPORTING AND LOW HARM INTELLIGENCE REPORT

Claire Appleton presented the report which updated the Committee on organisational low harm and near miss Concerns (Incidents, Complaints and Claims). Intelligence on near miss and low harm reporting was illustrated from the Datix Cymru Electronic Risk Management System covering the period September 2022 - September 2024.

This Report has addressed recommendations from the Audit Wales Quality Governance Review 2022 to ensure that intelligence from 'near misses' or minimal harm events was appropriately reported on and analysed.

The Health and Safety Executive defines a near miss as 'an event that, while not causing harm, has the potential to cause injury or ill health'. A hazard is defined as an unsafe situation or set of circumstances with 'the potential to cause harm'. For the purposes of this update, no distinction has been applied between hazards and near misses, as both represent valuable learning opportunities.

The Trust receives a large volume of No and Low Harm Incidents and Grade 1 and 2 Complaints, which after investigation, were assessed as not having resulted in harm and were near miss opportunities for learning. The report assures consistency in the assessment of harm and highlights those themes in lower harm incidents often reflected those in high harm incidents, particularly around delays and their impacts.

Deeper analysis was limited currently because of the classification system of reported incidents which catered largely to secondary care services. There was scope to improve the relevance and application of the code sets to Ambulance Services through the Trust's representation at national workstreams.

In terms of the additional waits from a patient safety perspective in relation to the consequences of delayed transfers into other facility transfers it would be useful to see that data and it was agreed this would be e mailed to Lee Brooks for his Team to analyse.

Following a discussion on future reporting it was the general consensus that going forward, the reporting and analysis of near misses and low harm would be helpful if included within the Putting Things Right report.

RESOLVED:

(1) Approved the future reporting of near misses being included in the quarterly Putting Things Right Report to Committee; and

(2) The Chair of Committee will provide assurance to the Audit, Risk and Assurance Committee on the future approach.

77/24 AUDIT TRACKER

An update was provided on the Audit Tracker by Trish Mills:

It was noted that 23% (39% last quarter) of Committee related internal audit actions (due in quarter) had been closed in quarter; with no (62% last quarter) external audit actions closed this period.

Trish Mills also noted that the external audits tab was not uploaded to the pack of papers but advised Members there were three external audits, including two from the 2022 quality governance recommendations around patient outcomes. The information would be circulated to Members after the meeting.

The Committee noted that there were two open actions from the previous Audit Wales Review of Quality Governance audit from 2022-23 which will be revisited in response to the recently completed Follow Up Review of Quality Governance audit, and new management actions will be developed for these outstanding actions.

The current version of the Tracker was now open for Directorate review for actions due in October, November, and December 2024. These updates will then be reported to the Committee at its meeting in February 2025. The Committee took assurance from the position given and did not have any concerns.

RESOLVED: The Committee:

(1) Received and reviewed any Internal Audits and Audit Wales reviews within their remit where relevant. There were none required for review at this meeting;

(2) Monitored management actions to address recommendations in the Tracker, noting any revised dates for actions (in blue).

78/24 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK

Julie Boalch provided an overview of the two highest scoring risks 223 (*the Trust's inability to reach patients in the community causing patient harm and death*) and Risk 224 (*Significant handover of care delays outside accident and emergency departments impacts on access to definitive care being delayed and affects the Trust's ability to provide a safe & effective service for patients*) with the scoring of 25 remaining unchanged.

The Committee noted that the data presented was the same as that presented to the Audit Risk Assurance Committee and Trust Board in September 2024. Julie Boalch noted that the risks were being reviewed in line with their frequency review and will be presented to the Trust Board in November.

Additionally, she highlighted that workshops have been set up in December with key members of Lee Brooks and Liam Wiliam's teams, to finalise the work on reframing the controls for risks 223 and 224, with the results to be presented to the Board and Committees in early 2025.

RESOLVED: The Committee noted the contents of the report.

79/24 POLICIES FOR APPROVAL/NOTING

The following policies were presented the Committee:

Airway Policy, Liam Williams emphasised that the airway policy underscored its critical role in the Trust, and it was clear that a lot of effort has gone into developing this policy to ensure it met the needs of patients in cardiac and respiratory arrest situations. The policy was approved subject to a final read and final checks by Andy Swinburn in respect of correctness and consistency in terminology.

Management of Controlled Drugs Policy, Medicines Management policy and the Infection Prevention and Control - Sharps policy – All For noting

It was noted that the High Intensity Policy was not received and would be deferred to the next meeting.

RESOLVED: The Committee: Approved the Airway Policy subject to final checking, noted the Management of Controlled Drugs Policy, the Medicines Management Policy and the Infection Prevention Control – Sharps Policy. It was also noted that the High Intensity Policy was deferred.

80/24 COMMITTEE PRIORITIES AND CYCLE OF BUSINESS MONITORING REPORT

The Committee Priorities and Cycle of Business Monitoring Report was received.

RESOLVED: The Committee noted the update.

81/24 KEY MESSAGES FOR THE BOARD

These would be articulated on the Committee's Highlight report.

82/24 REFLECTIONS AND SUMMARY OF DECISIONS/ACTIONS

Ceri Jackson: Emphasised the balance between focusing on high-risk areas and celebrating successes. Appreciated the quality of presentations and acknowledged the extensive transformation and change within the Trust. Mentioned the challenge of lengthy papers and the need to keep this in mind.

Lee Brooks: Praised the chairing of the meeting for allowing sufficient airtime for important topics, even though it pushed the timeline. He appreciated the right level of challenge from Non-Executive colleagues, which added value to take back to their teams.

Trish Mills: Highlighted the challenge of having only two Non-Executive Directors for a lengthy and important meeting. Suggested focusing on what needs to come forward in meetings to help streamline the process and reduce the length of papers.

Liam Williams: Noted the need to balance giving assurance and having an audit trail for that assurance, ensuring good processes for internal and external requirements.

The Chair reflected on the importance of taking the necessary time for detailed reports, especially when they aligned with the Committee's terms of reference. She acknowledged the challenge of balancing detailed information with the need for concise reporting. The Chair also emphasised the significance of celebrating successes alongside addressing areas for improvement, highlighting the good work happening across the Trust.

83/24 ANY OTHER BUSINESS

None

Date of Next meeting: 4 February 2025

Meeting concluded at 14: 50.

CONFIRMED MINUTES OF THE PEOPLE AND CULTURE COMMITTEE MEETING (OPEN SESSION) HELD AT CARDIFF MRD AND REMOTELY VIA MICROSOFT TEAMS ON THURSDAY 14 NOVEMBER 2024

Chair: Ceri Jackson

Members:

Ceri Jackson	Non-Executive Director and Chair (MRD)
Bethan Evans	Non-Executive Director
Hannah Rowan	Non-Executive Director

Prescribed Attendees:

Lee Brooks	Executive Director of Operations
Alex Crawford	Assistant Director of Planning and Transformation
Christian Fox	Trade Union Partner
Estelle Hitchon	Director of Partnerships and Engagement
Carl Kneeshaw	Director of People (MRD)
Angela Lewis	Director of Culture Change (MRD)
Trish Mills	Director of Corporate Governance/Board Secretary
Lizzie O'Shea	Freedom to Speak up Lead Guardian
Andy Swinburn	Executive Director of Paramedicine
Chris Turley	Executive Director of Finance and Corporate Resources (MRD)
Damon Turner	Trade Union Partner
Marcus Viggers	Trade Union Partner

Attendees:

Julie Boalch	Assistant Director of Corporate Governance and Risk
Adam Cann	Head of Workplace Wellbeing (MRD)
Kat Cobley	Head of Inclusion and Engagement
Sarah Davies	People and Culture Directorate Business Manager
Colin Dennis	Trust Chair
Dr Catherine Goodwin	Assistant Director Inclusion, Culture and Wellbeing (MRD)
Melfyn Hughes	Welsh Language Services Manager
Caroline Jones	Corporate Governance Officer
Alison Kelly	Business and Quality Manager
Ela Lewis	Senior Project Manager
Alex Payne	Corporate Governance Manager (MRD)
Felicity Quance	NWSSP Audit and Assurance

Liz Rogers	Deputy Director of People and Culture Directorate (MRD)
Lisa Trounce	Head of Compliance and Assurance
Nicola White	Head of Health and Safety (Item 101/24 only)
Liam Williams	Executive Director of Quality and Nursing

Apologies:

Jo Kelso	Head of Workforce Education & Development
Mark Marsden	Trade Union Partner

89/24 WELCOME AND APOLOGIES FOR ABSENCE

The Chair welcomed everyone to the hybrid meeting of the People and Culture and confirmed the meeting met quorum. Apologies were received from Jo Kelso and Mark Marsden.

90/24 DECLARATIONS OF INTEREST

No new declarations were made in addition to the standing declarations which were already noted on the Trust Register of interests.

RESOLVED: That no new declarations were received.

91/24 MINUTES OF PREVIOUS MEETING, ACTION LOG AND HIGHLIGHT REPORT

The Minutes of the Open meeting held on 30 August 2024 were considered and agreed as a correct record.

38/24 *relating to the dedicated investigation that would be reviewing cases, it was requested that cases where there was police involvement to be separated out to provide more accurate timelines of investigations.* Angela Lewis confirmed that the action would be picked up going forward and the Committee agreed that the action could be closed.

68/24 - *To strengthen the narrative particularly around diversity in the Workforce Plan*. This was completed; with the relevant narrative having been strengthened and had been signed off by the Board and therefore the action was closed.

66/24 - *To consider whether there was a correlation with sickness absence and the impact of violence and aggression incidents. Details to be included in future report.* Angela Lewis confirmed this was being addressed and ongoing with Violence and Aggression colleagues. It was felt that this should be mandated within ESR, however currently managers could only be advised/encouraged to complete ESR. The action was accepted for closure.

69/24 - *To include in the next report (partnerships and engagement), outcomes and impacts using examples in terms of qualitative feedback as an overall partnership piece. Further discussion with the Chair, and Trish Mills to consider which data should be captured.* This action was ongoing an update would be brought to the next meeting. The action remained open.

Members noted the highlight report from the meeting held on 30 August and had no further comments.

RESOLVED: That the

1) **Minutes of the meeting held on 30 August 2024 were approved; and**
2) **Actions as set out above were agreed; and**
3) **The highlight report from the 30 August meeting was noted.**

92/24 DIRECTOR OF PEOPLE AND CULTURE DIRECTORATE UPDATE

Angela Lewis formally welcomed to Carl Kneeshaw to his first meeting of the Committee and confirmed that the next update would be a joint update. She highlighted key areas from her update:

Staff Survey – The response rate, following a more intense engagement approach as of 12 November 2024, was 27.2%. The internal aspiration was to achieve 30% and Angela Lewis encouraged people to use the virtual backgrounds and invite others to complete the survey, in order to shape plans going forward. It was recognised that the Trust were doing well in comparison to other NHS bodies in Wales.

Equality Diversity and Inclusion (EDI) – An inclusive recruitment initiative had been progressed with Digital colleagues, targeting local communities, with more applications being received from minority and ethnic communities. Hannah Rowan commented on the need to build on the positives of the initiative and rollout further or review the lessons learned to improve future campaigns.

Awards/Recognitions – Angela Lewis was delighted to share the Trust's Education and Development Team has been part of the successful WAST nominations at the recent NHS Wales Awards, having won in both categories they were nominated. The awards related to h the introduction of Penthrox for our Community First Responders use to manage pain with our patients and our Care of the Newborn and Thermoregulation education and development programme.

Alex Crawford was invited to provide a brief summary of the Chief Executive Roadshow feedback from the occurrences held in October 2024. Key points on this feedback included:

- CPD sessions were run prior to the events;
- Digital engagement was good;
- Fran Jones was the winner of the CPD bursary.

Of the feedback that was sought, 54 individual responses were received; of which 32 were from staff in the Operations Directorate. The majority of staff indicated that they would attend a future Roadshow. It was recognised that the Siren platform was the main route for engagement for marketing the event.

The feedback included comments regarding the venues chosen for the Roadshows and whether more appropriate locations could be chosen. Additionally, it was fed back that there was on over emphasis on content previously covered; with corporate colleagues requesting a wider remit of activity across the organisation and how they contribute to the operational change.

It was indicated that staff valued the opportunity to network and collaborate and commented positively on the leadership visibility. The carousels – on subject specific areas - were also welcomed. Damon Turner asked whether there was data on the less represented areas where staff members come from, in order to focus on those regions in the future.

Colin Dennis expanded on Damon Turner's comment regarding consideration of less represented areas of the Trust and requested consideration that volunteers / the volunteering arm of the Trust could be a focus area for the next round of Roadshows, to ensure they felt as valued as other staff members.

The Committee acknowledged this feedback and recognised the continous improvement approach to the roadshows. Bethan Evans thanked Angela Lewis and her team for the ongoing excellent work, with regards to the update received.

RESOLVED: That

1) **The Director Update was noted; and**
2) **Feedback from the Chief Executive Roadshows would be considered, to shape future events.**

93/24 OPERATIONS QUARTERLY REPORT

Lee Brooks highlighted the following areas relevant to the Committee:

- The Volunteer Services Organisational Change Process was underway, albeit slightly delayed, from the original timeline. This will provide an enhanced experience for volunteers both in terms of onboarding and support.

- Recruitment and deployment of the new roles within the Emergency Medical Service Centre (EMSC) structure had begun, with call handling supervisors moving from Band 4 to Band 5. This gave parity with 111 call handling coordinators.

- The seven Operations Managers have completed training and will be active from next week, with other roles being progressed.

- This month will see the rollout of the single allocator model and deploying dispatch boundary changes. The team had worked well with both staff and Trade Union partners. Whilst staff were anxious about the change, they expressed a desire to continue making these positive changes.

- Call handling sickness remained a significant issue with nights and weekends being prominent. The team were deploying absence management processes, with some staff leaving the service prior to the process being finalised. A series of listening exercises were held to inform the action plan which had been developed with TU partners. Members discussed that the autonomy of the role could be a factor in staff leaving but was not within the Trust's gift to change it. Additionally, the nature of the role meant that some staff would naturally conclude it was not the right fit for them.

- An increase in layers of management would improve the knowledge and understanding of staff and ensure policies could be applied appropriately. A number of staff had reached out to Angela Lewis prior to applying for these senior roles which indicated their genuine desire to explore and understand the importance of culture in leadership positions. .

- Work was ongoing for the North Emergency Medical Service Control (EMSC) move, anticipating the work would be completed in this financial year, with staff hopefully transitioning in quarter one of 2025/26.

- End of shift overruns still remained a focus with an increase in October, correlating to the increase in handover lost hours. The Operations Management Team remain active around the importance of staff finishing their shift on time, especially going into December.

- The Urgent Care Service (UCS) transition is showing a decrease in resource utilisation, which is understood to be due to changes in how UCS resources are deployed. In response, actions are being taken to ensure continued effective use of these resources. The goal is to promote the P3 backup option for EMS staff, who have previously hesitated to call for urgent care transport due to a lack of available resources.

With new capacity being created, EMS will be encouraged to call for UCS when suitable, as this will improve their ability to meet patient transport needs. Efforts are underway to encourage Healthcare Professionals (HCP) to use the HCP line instead of 999; allowing for better management of their activities. Upcoming changes to the Clinical Safety Plan, along with the deployment of Clinical Navigators in December, will further ensure that UCS-suitable cases are prioritised for dispatch rather than resulting in "can't send" outcomes.

The Committee thanked Lee Brooks for his analysis and updates on EMS call handler absences. Lee acknowledged the challenges, and stated that there was no immediate need for Committee support. He noted ongoing improvements in career opportunities and the working environment, and that excellent work had been undertaken to maximise the 111 Call Handler establishment. Colleagues were reminded of a pause during the deployment of the new triage system, but recovery was expected as December approaches, which was a positive outlook. The abandonment rate currently stands at 5.8%, indicating good performance.

There was focus on promoting the Welsh language, especially among 111 staff who may lack confidence in using it. The team have implemented measures to build this confidence and has adjusted how calls are managed and routed through the telephony system.

Hannah Rowan queried the increase in mental health absence rates. Angela Lewis confirmed work was ongoing to review if there were particular areas of concern within the organisation. Catherine Goodwin also commented on the destigmatisation of talking about mental health, which may have been masked previously with another sickness reasons. This could be contributing to the increase in figures associated with mental ill health.

Members recognised the level of commitment and the work going on across the organisation within the Operations Directorate and thanked Lee Brooks for his report.

RESOLVED: That the Operations progress was noted.

94/24 STAFF STORY – ELA LEWIS

Angela Lewis introduced Ela Lewis who presented her story through the lens of our change community. Ela is a registered nurse by background but has been working as a Senior Project Manager in the Trust since January 2024.

Ela explained how her first exposure to health and social care began in her teens and continued during her university years, where she had the chance to volunteer internationally in Tanzania and Sri Lanka. At 17, while volunteering in Tanzania, she engaged with hospitals, an orphanage, schools, and experienced local life. This experience taught her how environment, culture, and lived experiences influence our perceptions.

The importance of respecting others without judgment was highlighted, along with an acknowledgment of the privilege of accessing free healthcare and pursuing education. As a woman, the ability to help others and advocate for community change was seen as a significant privilege, which served as a major motivator in her life and why she pursued a career in Health and Social Care.

Ela pursued her dream of becoming an intensive care nurse after studying nursing at university, aiming to care for people during their most challenging times. However, her experience was altered by the Covid-19 pandemic. This was her first experience of change at a large scale.

Ela observed how decisions directly affected patient care and how the rapid pace of change impacted healthcare workers. This experience highlighted for her that sustainable change relies on people who need compassion and a sense of value. During the Covid-19 pandemic, systemic challenges became more apparent, and she struggled with feelings of inadequacy in contributing to overcoming these issues.

Ela left her job for a graduate role as part of the Academi Wales Leadership Programme. Ela gained broader exposure to the Welsh public sector, working with various stakeholders from industry and social care providers, including Health Boards. She learned project management tools to facilitate collaborative efforts. Understanding among all parties was crucial, as it involved recognising what was important in each sector and the challenges that hinder change.

Ela was fortunate to accept a position within the Trust where she helped shape care delivery in a remote setting. Utilising both her nursing and project management skills, she focused on individualising care, exploring how to best support patients in a way that suits their needs. She also considered how to leverage technology and create opportunities for community members to support one another.

Ela completed the change management training, which she found enjoyable and beneficial. It equipped her with practical tools for facilitating difficult discussions and shifting perspectives. Recognising that change can be challenging, she and the team have been able to push boundaries and challenge the status quo by applying these tools.

The focus moving forward is on avoiding stagnation and helping others feel at ease with the idea that continuous change is the new normal. Given the significant changes occurring, it's crucial to create a supportive environment where colleagues can openly share their feelings of overwhelm or fear. Acting with compassion will help everyone navigate this journey together.

Members praised Ela for her work to date and the impact she is making at the Trust and celebrated her as an individual. It was noted that she was nominated and shortlisted for an international award for Nurse Leadership in Digital Healthcare, as well as being part of an award-winning team at the Trust's own internal awards.

Ela talked about having the privilege of working closely with care homes, helping them utilise available technology. While new technology can evoke fear, it also inspires motivation. Ela was reassured when entering these spaces where people were eager to participate in the change process. This presents an opportunity to shape the future of care, using technology to ensure individuals receive the care they need in environments that make sense to them, rather than defaulting to emergency departments.

Bethan Evans recognised it can be challenging to onboard all staff, especially given the geographical dispersion and the fast pace of change, which can be frightening for many. It was noted that there are different approaches needed to better support staff during this transition.

Alex Crawford commented that Ela's role as a leading change champion should be a source of pride for the organisation, especially within the nursing community. While the focus often leans toward other disciplines, Ela stands out as a guiding light. Her contributions highlight the importance of change champions and the value of graduates within the organisation, emphasising pride in the graduate scheme.

The Chair thanked Ela for sharing her story and the work that she does within the Trust. She expressed a sense of pride and inspiration from Ela's story. The Chair also emphasised the significance of recognising hidden champions within the organisation and the need to listen and respond to staff feedback.

RESOLVED: Ela Lewis' story was well received and her story celebrated.

Staff Story Diagram - Kayleigh Wheeler Co-chair of Voices Network

The Staff Story Diagram from the previous meeting was noted. The actions in the Diagram were noted. These include continuing to work with the WAST Voices and support the network in its organisational delivery of this activity.

95/24 PEOPLE AND CULTURE PLAN METRICS UPDATE AND WORKFORCE SCORECARD

This was the first report where the metrics and the scorecard had been brought together and Angela Lewis highlighted key points. She noted that the report focused on quantitative data.

The increase in colleagues becoming part of our Networks was highlighted, showing a good level of engagement across the organisation. It was an indicator that people of all levels wanted to have a voice around culture change and improvement.

Whilst recognising there are pockets where there are sickness absence issues, overall, this showed a sustained improvement. Huge efforts are being made by managers, people services and Trade Unions partners which were contributing factors to the improved position; with early intervention from Occupational Health colleagues to support our people.

Mandatory In Service Training (MIST) compliance following the commencement of the programme in April was at 47.8% at the end of September 2024; which showed good progress.

Challenges with Performance Appraisal and Development Reviews (PADR) compliance was acknowledged with more narrative in the report about the measures and actions being taken. Members agreed that it was important that PADR conversations were meaningful and viewing compliance figures alone was therefore not the only quality measure. This was emphasised at a recent Trust Leadership Symposium.

Job evaluation has seen some significant challenges linked to the substantial number of new roles as a result of the new model. Significant investment was put into this, and thanks was given to Christian Fox who had been pivotal in progressing the work.

Due to the focus on sexual safety at work in the Trust, an increase in disciplinary cases have been noted. Active support from Trade Union partners helped ensure these were being addressed efficiently and swiftly, whilst recognising there were gaps in knowledge and understanding in this area. Work was ongoing with the Welsh Trade Union Congress to understand if there was any bespoke training for all those involved.

RESOLVED: That the report regarding the People and Culture Plan Metrics and the Workforce Scorecard was received and the progress to date was discussed. The Committee took assurance from the update given.

MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT (MIQPR)

Alex Crawford presented the MIQPR for September 2024 and noted that much of the report content has been covered within earlier agenda items. However, he highlighted some key points:

- Culture of Quality and Performance – The Trust has a strong culture of integrated quality and performance, with clear visibility into metrics related to people and patients.
- Data Quality Issues – There are ongoing issues particularly with Health and Safety metrics which are being addressed within the digital team.
- Patient Related Metrics – Response rates were not at desired levels, but efforts were ongoing to improve remote clinical care capacity. Handovers exceeded 20,000 hours with the number expected to rise as winter approaches.
- Production Targets – The Trust is exceeding its production targets.
- There was a strong focus on metrics at a directorate level, with the Quality Performance Management Framework and self-assessments being implemented. Improved dashboards were helping focus on key areas like PADRs.

Members noted that significant efforts were being made to improve data quality, patient care, and performance metrics, with a strong emphasis on quality and continuous improvement.

RESOLVED: That the September MIQPR report was considered, and the Committee took assurance from the update given.

96/24 HEALTH AND WELL-BEING PLAN 2025-2029

Angela Lewis presented the refreshed Health and Wellbeing Plan 2025-29, which aligned to the overarching People & Culture Plan. Notwithstanding this, it was felt this was important to have a standalone document as it was a pivotal part of the organisation's approach to health and wellbeing. The Plan focuses on improving the work environment, employee experience, and management skills related to wellbeing and mental health. Additionally, the Plan follows the Health Inspectorate Wales good practice guide; emphasising meeting basic needs, an evidence based approached, and a relational and systemic focus. Angela noted that the Plan was accompanied by an Equality Impact Assessment which the Committee received, the findings of which were not adverse.

Adam Cann, Head of Workplace Wellbeing, referred to areas the Wellbeing Team were involved in such as providing assessment, signposting and follow up support for staff facing various challenges – which included domestic violence, mental health issues and musculoskeletal injuries. The Team also provided consultations for managers and teams for sensitive situations such as suicide risk and complex mental health problems.

The Wellbeing Team focuses on both preventative and reactive support, including a Trauma Risk Management network and crisis support. Adam stated that the Health and Wellbeing Plan was aligned with the broader People and Culture Strategy. Key objectives of the Plan included assessing changing wellbeing needs, promoting wellbeing and positive health behaviours, and ensuring staff were aware of available services.

Members noted that staff face issues such as sleep difficulty, musculoskeletal problems and higher sickness absences due to stress and anxiety. There was a point raised regarding the levels of Post Traumatic Stress Disorder (PTSD) among staff, with a special focus on suicide risk. Adam emphasised the higher risk of suicide among frontline Emergency Medical Service colleagues and linked it to factors such as returning to work after long period of sickness and poor mental health. He suggested that instead of focusing on assessing resilience, the organisation should provide buffers and support systems to prevent PTSD, depression, burnout, and fatigue.

Angela Lewis reassured that behind the high-level delivery plan, there are detailed local action plans to ensure comprehensive support and implementation of the health and wellbeing initiatives detailed. Members discussed the concept of resilience; with concerns about screening for resilience during recruitment. It was emphasised that support systems and team dynamics play a crucial role in buffering against stress and trauma. The importance of compassionate leadership and team support was highlighted.

It was recognised that the most successful approach was to build resilience within teams, strengthening connections and fostering a collaborative and inclusive environment. Members noted the importance of supporting diverse recruitment, including individuals with past mental health issues, and the role of the organisation in providing a supportive environment for all staff.

Following this discussion, the Committee confirmed its contentment with the Health and Wellbeing Plan 2025-29 as presented and endorsed the Plan for onward submission to the Trust Board, for approval.

RESOLVED: That The People and Culture Committee reviewed and endorsed the Health and Wellbeing Plan 2025-29 (with the supporting Equality Impact Assessment) and recommended its submission to the Trust Board for approval.

97/24 CHANGE MANAGEMENT INTERACTIVE SESSION

Sarah Davies outlined how the initiative began, which was to build a change community to empower colleagues at all levels to lead and support change, aiming for sustainable impact. Since March 2023, considerable progress has been made; including training 76 colleagues in change management and facilitating development sessions for the Executive Leadership Team.

The change community had been established to foster a culture of collaboration, trust, and growth. This community provides a supportive non-judgemental environment for colleagues to practice new skills, build confidence, and share experiences. Angela Lewis's active leadership plays a crucial role in this effort.

The Trust has implemented the Awareness, Desire, Knowledge, Ability, Reinforcement (ADKAR) model of change management. This is a five-stage framework for managing change, focusing on individual changes to achieve organisational results. This model is being embedded in the Clinical Model Transformation Programme, with dedicated change leads supporting each work stream. The model breaks change down into clear stages and is action and outcome focused.

The Trust has developed templates and guidance to support change leads, which will help ensure a consistent approach to change management across the programme. The aim is to engage and empower colleagues to navigate changes effectively. The widespread engagement and interest across all Directorates in the change management initiative was noted.

Members took part in an interactive session and to share what aspects of the discussion excited or sparked interest and how they could be supported. Concerns were also invited. The following comments were made:

- Christian Fox raised a concern about what staff should do if their manager was not supportive of the change initiative. He asked if there were alternative avenues or other people they could approach if they encounter an obstacle. Sarah Davies acknowledged the need to communicate the change community's role to colleagues across the organisation and took an action to do so to support managers and the community.

- Trish Mills commented on the recent experiences the Change Champions played during the Organisational Change Process within her Directorate. The integration of change management principles with leadership, particularly through "Our WAST Way," was seen as vital for future progress.

- Christian's comment and Sarah's similar point highlighted the alignment between change management and quality improvement efforts. These two areas worked closely together. If someone raises an issue locally and doesn't get the desired traction, they could escalate the issue through the Quality Improvement Team, which provides support in quality and continuous improvement across the organisation. across the organisation.

- Bethan Evans noted that the initiative provided an opportunity for people to develop themselves, build confidence and find their voice. It empowered individuals to realise skills they may not have known they had. She was pleased to hear that people of all levels were included.

- Estelle Hitchon reflected that often the best changes are driven by passionate individuals. She suggested harnessing this passion within change champions rather than assigning projects to them. The goal was to encourage individuals with ideas to take on change champions roles either formally or informally.

- Estelle suggested that future leadership roles should require evidenceof change management experience to ensure those aspiring to leadership roles had the energy and appetite to drive change.

- Alex Crawford reflected that these connections between quality improvement, change projects and transformation reflected a bottom up approach. He expressed a concern around the pace of change and the ability to support the leads effectively, stressing the importance of providing support to managers who may lack formal training or tools, helping them to gain confidence and improve communication during change conversations.

The current approach to change management in the Trust is under review / subject to continuous improvement, to address its strengths and weaknesses. The Quality Improvement and Change Management Teams are collaborating on this review. A new platform was being developed to better support ideas, innovations, and service improvement opportunities from colleagues.

Moving forward, the Trust's focus will be on aligning change management with ongoing cultural transformation and leadership development. The aim is that change management considerations / techniques will become a natural part of every process across the Trust.

Angela Lewis' commitment to ensuring that change management principles and techniques are embedded in the leadership work within the Trust was reiterated and the Committee agreed this as a formal Committee action. The Chair thanked Sarah Davies for her presentation and confirmed the Committee's support to the Trust with regards to its change management journey.

RESOLVED: That
a) Assurance was provided on the progress made in establishing a change management foundation within the Trust;
b) A strategic direction for embedding these practices was clarified; and
c) Committee members committed to support this journey.

98/24 WASPT HIGHLIGHT REPORT – 25 SEPTEMBER 2024

The Welsh Ambulance Services Partnership Team (WASPT) is the Trust Board's local Partnership Advisory Forum. The highlight report set out the ongoing projects, upcoming challenges, and the steps being taken to address matters in partnership.

The meeting discussed historical challenges during the festive period, such as low Unit Hour Production and staffing issues. Assorted options were considered to manage these challenges and the 15 November 2024 WASPT meeting would look at these issues.

The report highlighted efforts to enhance collaboration and joint problem-solving within the Trust, including observing and reflecting on partnership behaviours and conflict management styles.

It was recognised that good progess was being made in relation to transition in Emergency Medical Technicians (EMT) to Band 5, with partnership notices issued to set out arrangements. This included addressing backpay timing and necessary training over the coming months.

There was a concern about the secondary assignment section within the report, specifically regarding Emergency Medical Technician (EMT), Emergency Care Assistant (ECA) and Ambulance Care Assistant (ACA roles. This would be discussed at the meeting on 15 November 2024.

Trade Union partners attended social partnership training at Welsh Government, highlighting the organisations strong position compared to others. The Trust's approach to partnership working was noted as being advanced across NHS Wales and wider public sector, with challenges being worked through in a collegiate fashion.

Various health and safety initiatives were taking place with respect to diesel fumes, including the pilot of extractor fans with filtration and plans to employ a fixed-term occupational hygienist to assess air quality. A spotlight communication on diesel fumes had been issued but concerns remain, with discussions to continue at the WASPT meeting on 15 November.

RESOLVED: That the positive progress being made was recognised and the Committee was assured in that regard from the Co-Chairs of the WASPT from the meeting held on the 25 September 2024.

99/24 REVALIDATION AND REGISTRATION REPORT FOR NURSING AND MIDWIFERY COUNCIL (NMC) 2024

Liam Williams presented the 2024 annual statement regarding Nursing and Midwifery Council (NMC) revalidation and registration for nurses and midwives within the Trust. This report confirms the processes for ensuring that all Registered Nurses and Midwives maintain their professional registration obligations with the NMC. It also provided a registration update as of September 2024 for NMC registrants.

The Report indicated that there were 290 people in the organisation with an active NMC registration; two people were highlighted as in a position that requires an NMC registration but are not registered (however this was due to incorrect position numbers); one person was highlighted as having two NMC numbers (however this was a data input error); one person highlighted as having a lapsed registration; however a manual check on the NMC database confirmed an active registration for this individual. The report therefore confirmed that NMC registrations and revalidations within the Trust in 2024 has remained at 100% compliance.

RESOLVED: That the Committee took assurance from the Revalidation and Registration report for Nursing and Midwifery Council for nurses and midwives employed by the Trust for 2024.

100/24 RISK MANAGEMENT & BOARD ASSURANCE FRAMEWORK REPORT

Julie Boalch presented this report and noted that the cycle of reporting meant that these were the same as those reported to Trust Board in September 2024. All risks had been reviewed and good discussions had taken place in readiness for the next Trust Board meeting and the meeting of the Audit, Risk and Assurance Committee.

Risk 201 (damage to the Trust's reputation following a loss of stakeholder confidence) remains at a score of 20 (4x5). Members noted the risk is inextricably linked to several of the metrics measured and discussed at various Committees.

Risk 163 (maintaining effective and strong Trade Union partnerships remains at a score of 16 (4x4) but is expected to reduce in the next reporting cycle. The risk was also presented to Welsh Ambulance Services Partnership Team (WASPT).

Risk 558 (deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences) remains unchanged at a score of 15 (3x5). It was noted that the Health and Wellbeing Plan that was approved at this meeting will support the mitigations further.

RESOLVED: That the contents of the Risk Management and Board Assurance Framework report were considered and discussed. The updates against Risks 201, 163 and 558 were noted.

101/24 HEALTH & SAFETY REPORT – QUARTER 1 AND 2, 2024/25

Liam Williams confirmed that the report set out in detail the analysis behind the RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) reporting and other work the team had undertaken over the past six months. Nicola White raised the key points for members which inlcuded:

- Compliance reduced to 40% in Q1 with 14 RIDDOR incidents but increased to 72% in Q2 with eleven incidents reported. The drop in compliance was due to additional Health and Safety Executive requirements on RIDDOR submission forms, which now required details from relevant investigations. The team is focused on improving compliance back to 100%.
- Manual handling of patients and slip, trips, and falls continue to be the most consistent themes for RIDDOR submissions. Recent additions to the RIDDOR submissions, that required investigation details by the Health and Safety Executive, have impacted on the Trust's compliance to submission requirements.
- Health, safety, and fire training compliance is below Trust and Welsh Government expectations. Staff are encouraged to improve compliance levels.

- Sustained focus on managing diesel fumes is maintained by the Deputy Head of Health and Safety and it is a matter of regular discussion in WASPT as set out in the AAA report to this meeting.
- Following HSE recommendations, Institute of Occupational Safety and Health (IOSH) Leading Safely training was delivered to Board members to help them take a more strategic view of health and safety.
- The Chief Executive's podcast on the Safety, Health Practitioner (SHP) platform discussed the importance of effective health and safety, which was celebrated by the team.

Liam Williams added that whilst improvements were being made, the organisation was not yet meeting all required legislative standards. This was crucial in case of an event where compliance with HSE requirements needed to be demonstrated. Progress was acknowledged; but there was still significant work to be done.

Liam added that a workshop held two weeks previously focused on the future working of the National Health and Safety Committee. It was a productive session with strong partnership and commitment from Trade Union partners and colleagues across the organisation. The workshop aimed to address complex and challenging areas, building on partnership work over the past year.

Chris Turley observed the position regarding fire safety reporting. He referred to a previous paper received by the Committee on people and culture metrics which noted that fire safety was highlighted as an improving area. However, in the current health and safety report, it was flagged as a red alert which indicated a need for action. Chris agreed to take an action to review the Trust's position into the fire safety reporting and related issues regarding data quality and reliability and will report back to the Committee at a future date. and ensuring clarity.

The Committee noted the emphasis which remained on continuous improvement, and acknowledged the progress demonstrated within the report, and the collaborative efforts to enhance health and safety standards within the Trust. Members thanked Liam Williams and Nicola White for the report update.

RESOLVED: That the contents of the report were noted.

102/24 AUDIT TRACKER & AUDIT REPORTS

The Audit Tracker for Q2 2024/25 was reviewed, and the Committee noted the update with good movement in internal audit actions. There remained several historic actions from the Trade Union Release Time internal audit which were proving to be an issue; however, meetings were being held to discuss progress where required.

Members noted that several actions were on their third and final revised date; however it was anticipated they would be closed in the next quarter. It was noted that there were revised dates for all outstanding Audit Wales actions from the Review of the Workforce Planning audit. Due to this Trish Mills intended to discuss the actions with Carl Kneeshaw to offer support on how they can be progressed.

RESOLVED: That the

1) **actions within the report for Q2 2024/25 were noted; and**
2) **revised dates for actions were noted.**

103/24 POLICIES FOR APPROVAL

The following policies were before the Committee for approval:

(a) Welsh Language Policy: Trish Mills presented the policy, and noted that it was the first of its kind in the Trust, with a focus on cultural change rather than just simply with standards.

The increase in the use of Welsh in meetings and events was noted, and Trish indicated a positive cultural shift. The NHS Wales 111 team, which recently won the Welsh Language Award, exemplifies this progress.

Responsibilities were outlined for the Trust Board and the Welsh Language Champions, with Board Development sessions planned for February to further promote the use of the Welsh Language. Members noted that the Welsh Language Advisory Group will monitor compliance in line with the policy, and escalate any issues to the Equality, Diversity and Inclusion Steering Group.

Thanks were given to Melfyn Hughes's efforts and extensive consultation, the policy had strong support from those consulted during its development.

(b) Driving at Work Policy: Julie Boalch confirmed that the Driving at Work Policy had undergone a robust review and there would be legislative changes in the next six months.

(c) The NHS Wales Flexible Pensions Policy and the All Wales Pregnancy Loss Policy, being national All Wales policies, were adopted.

(d) The Managing Attendance at Work Policy amendments were noted.

RESOLVED: That the

1) **Welsh Language Policy was approved;**
2) **Driving at Work Policy was approved;**

3) **NHS Wales Flexible Pensions Policy together with the All Wales Pregnancy Loss Policy were formally adopted; and**
4) **Immediate amendment to the Managing Attendance at Work Policy was adopted**

104/24 CONSENT ITEM – Not discussed in the meeting

Committee Cycle of Business Monitoring Report & Committee Priorities.

105/24 CONSENT ITEM – Not discussed in the meeting

Welsh Ambulance Services Partnership Team (WASPT) Minutes of the meeting held on the 09 July 2024.

106/24 CONSENT ITEM – Not discussed in the meeting

Assurance to Audit, Risk and Assurance Committee (ARAC) regarding Trust Speaking Up Safely Arrangements.

107/24 CONSENT ITEM – Not discussed in the meeting

Health and Care Professions Council Revised Standards of Conduct – update.

108/24 KEY MESSAGES FOR BOARD

Reflections on the meeting were that the members felt that the discussions were less transactional and more 'future-focused' than has been the case in previous meetings. There was a sense of progress and engagement in various initiatives, such as the change management community and the health and well-being activities.

Members noted the importance of maintaining a holistic view of people and culture activities and ensuring that the narrative and conversations aid the Committee in connecting the dots across various plans and priorities within the Trust's strategic plan.

Additionally, there was consideration of how best to facilitate the meeting in a hybrid manner and the most appropriate use of the chat within the Teams meeting. The Chair will consider any necessary adjustments required for future meetings.

109/24 ANY OTHER BUSINESS

Nothing raised.

110/24 DATE OF NEXT MEETING

The next meeting was scheduled for the 18 February 2025.

WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST

MINUTES OF THE OPEN MEETING OF THE AUDIT, RISK AND ASSURANCE COMMITTEE OF THE WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST HELD ON THURSDAY 21 NOVEMBER 2024 IN CARDIFF MRD AND VIA TEAMS

Meeting Commenced at 09:30

PRESENT:

Peter Curran	Non-Executive Director and Committee Chair
Bethan Evans	Non-Executive Director (Attended just for this meeting)
Ceri Jackson	Non-Executive Director and Vice Chair of the Trust Board

IN ATTENDANCE:

Hugh Bennett	Assistant Director Commissioning and Performance
Julie Boalch	Assistant Director of Corporate Governance and Risk
Lee Brooks	Executive Director of Operations (left at 10:00)
Christian Fox	Trade Union Partner
Fflur Jones	Audit Wales
Osian Lloyd	Head of Internal Audit, NWSSP (Joined at 10:15)
Martyn Lewis	Internal Audit
Trish Mills	Director of Corporate Governance/Board Secretary
Carl Kneeshaw	Director of People
Steve Owen	Corporate Governance Officer
Alex Payne	Corporate Governance Manager
Jessica Price	Head of Financial Accounting
Felicity Quance	Internal Audit (Joined at 10:05)
Jonathan Sweet	Assistant Director of Operations
Andy Swinburn	Executive Director of Paramedicine (Joined at 11:25, left at 11:40)
Chris Turley	Executive Director of Finance and Corporate Resources
Jonny Sammut	Director of Digital Services (Left at 11:50)
Jonathan Turnbull-Ross	Assistant Director of Quality Governance
Damon Turner	Trade Union Partner (Left at 10:00)
Carl Window	Local Counter Fraud Manager

OBSERVER

Lisa Trounce	Head of Compliance and Assurance

APOLOGIES:

Rhiannon Beaumont-Wood	Non-Executive Director
Judith Bryce	Assistant Director of Operations
Liam Williams	Executive Director of Quality and Nursing

53/24 PROCEDURAL MATTERS

The Chair welcomed all to the meeting noting the apologies of Rhiannon Beaumont-Wood, Judith Bryce and Liam Wiliams.

Minutes:

The Minutes of the Audit, Risk and Assurance Committee (ARAC) meeting held on 12 September 2024 were approved.

Action Log:

Action 42/24: Internal Audit reviews: *Disciplinary Case Management Compassionate Practices. The need for a clearer explanation and context of the underlying reasons that contributed to this Limited Assurance was requested.* Following advice from the Board Secretary, the Chair of ARAC has confirmed that no further context or follow up was required on the actions generated from the 'Disciplinary Case Management' internal audit, as the matters arising were accepted and have corresponding actions. It was acknowledged that good progress has been made on compassionate practices however there was still an improvement to be made. Given all these actions were due to be implemented by the end of September 2024, it will be for the ARAC to monitor the progress against the actions and the extent to which they have been completed via receipt of the Audit Tracker. It was agreed this action would be closed.

Action 43/24: Audit Wales Reports: *In terms of the digital deep dive scheduled for 2024/25 and whether this was being cross correlated across Wales, further information was requested regarding how this information was fed into National Frameworks.* The review will be undertaken at each body across Wales to assess how well bodies understand current and future digital and data risks, challenges and opportunities, how they are planning to mitigate these challenges and risks and how they are delivering and monitoring their digital plans. The review will also seek to understand the role of Welsh Government and DHCW in the management of digital services across Wales, particularly within the DHCW-specific report. Audit Wales will share the project brief with committee members in due course. It was agreed this action would be closed.

Action 47/24: Quality and Performance Management Framework (QPMF): *Further information was requested on the three actions in respect of the Trust level work programme that were beyond the Trust's control that were currently paused*. Hugh Bennett explained there were three items currently paused in respect of the Trust level work programme that were beyond the Trust's control; the Commissioning forward plan, the JCC was still forming so it was difficult to work out timelines on this, once JCC becomes more settled this will be actioned. The Strategic Transformation Board dashboard, this has been paused but the methodology of framing this has just been agreed and will be undertaken at the Clinical Model Transformation Programme Board on 11 December. The third one was around staff strategies and plans, and which there was now a forward plan. It was agreed to close this action.

Declarations of Interest:
No other declarations of interest were added to those already on the register.

RESOLVED: The Committee:

(1) Noted the apologies of Rhiannon Beaumont-Wood. Judith Bryce and Liam Wiliams.

(2) Approved the Minutes of 12 September 2024.

(3) Noted there were no further declarations of interests recorded other than those listed on the Register of Interests.

54/24 CHAIR'S REPORT ON CONTINUOUS COMMITTEE EFFECTIVENESS

In terms of this year's Committee effectiveness review, the Chair emphasised a continuous approach to addressing areas that did not score well in the previous year's review. The Committee was transitioning to a continuous effectiveness review approach instead of an annual review. He stressed the importance of ongoing feedback from all members and staff to improve the Committee's effectiveness.

The Committee further discussed the questionnaire for identifying best practices but noted the need for a hybrid approach, combining collective views and focusing on qualitative questions. They felt the current questionnaire/approach was not fit for purpose and advocated for a streamlined approach.

RESOLVED: The update was noted.

55/24 RESOURCING POLICY (LIMITED ASSURANCE) – INTERNAL AUDIT

The Resourcing Policy Internal Audit was received at this stage of the agenda due to other commitments of the Executive Director of Operations.

Lee Brooks explained that the internal audit for the resourcing policy, which resulted in a limited assurance opinion, had been anticipated. He stressed that the audit had been initiated with the understanding that there were areas that required improvement. He added that the limited assurance outcome was not a surprise and viewed it as an opportunity to create the impetus for necessary progress in those areas requiring improvement going forward.

Jonathan Sweet discussed the outcomes of the resourcing policy internal audit, highlighting several key points:

The current policy was more of a procedure document and does not translate well across all functional areas of operations. It was very EMS response-focused and does not meet the needs of a modern service.

The management team has acknowledged the recommendations, and progress has already been made in some areas, such as process mapping of local arrangements and working time breach reporting.

Discussions have started with the senior operations team to develop departmental standard operating procedures and review the resourcing policy to make it fit for a modern service.

The Team recognised the complexity of the task and the need for significant consultation and engagement with staff and Trade Union partners. Overall, the Team was committed to addressing the recommendations and improving the resourcing policy to better meet the needs of the service.

Damon Turner queried how the scope of the audit was determined and asked why overruns were not included. Lee Brooks explained that the scope of the audit was determined through a standard approach involving himself and Judith Bryce. The audit focused on the resource policy, and since overruns were not a matter for the resource policy, they were not included. However, Time off In Lieu (TOIL) was included because it was a feature of resource management.

On the matter of Trade Union (TU) consultation, Lee Brooks commented that that for future audits, especially those closely related to staff, it would be beneficial to involve TUs in setting the audit agenda.

Ceri Jackson asked a specific question about the management action plan, particularly focusing on the working time breaches and whether these breaches should be reported to the Executive Leadership Team (ELT). Lee Brooks suggested that the oversight and assurance reporting on working time breaches should be strengthened and proposed that this reporting should go through the Senior Operations Team (SOT) and then be provided to the Senior Leadership Team (SLT).

RESOLVED: The Committee received the Resourcing Policy Internal Audit Report.

56/24 AUDIT WALES REPORTS

Fflur Jones provided an update on the financial audit and performance audit work. She mentioned that the accounts were completed, and the charitable funds work was due to begin shortly, with no issues reported so far.

She also highlighted the deep dive into financial efficiencies and the Structured Assessment, which were both on the agenda. Upcoming work included the follow-up Review of Quality Governance arrangements and the review of unscheduled care, both of which neared completion.

Additionally, she mentioned the Deep Dive on Digital Systems review, with the scope to be finalised and shared with the Committee in due course. Fflur Jones agreed to send an email between meetings to keep the Committee updated on the timeline for the deep dive on digital systems.

In terms of the follow up Review of Quality Governance Audit follow up audit, the Committee inquired whether there was anything specific to alert the committee to, given that the review was almost ready. Fflur Jones responded that the follow-up review of quality governance was nearly finalised. She noted that while there had been progress on each recommendation, some were not fully completed, and further arrangements could be strengthened. Specifically, out of eight recommendations, three were considered complete, one was superseded, and four were in progress.

Ceri Jackson asked for assurance that the timeline for the filing of the charity accounts by the end of January would be met, having expressed concern about compliance issues. Fflur Jones gave assurance that the financial audit team has been engaging with Chris Turley and his team to discuss the timelines and that no issues have been reported. She was therefore confident that Audit Wales would meet the required timelines. Chris Turley confirmed that the timelines for the Independent Examination of the charity accounts had been discussed with Audit Wales colleagues. He assured the Committee that both sides were aligned to meet the filing deadline of 31 January 2025, with the Charity Committee meeting planned for mid-January to receive the accounts.

Review of Cost Savings Arrangements

Fflur Jones presented the report noting that the review had been very positive, adding that the Trust has a good understanding of its cost drivers and has identified all its savings for the year, which was an improvement from the previous year. The Trust recognised areas for improvement, such as increasing recurrent savings. There were some discrepancies in reported figures, but these have been clarified. The Trust regularly reviews risks and reports savings performance to the Board and the Finance and Performance Committee.

Chris Turley welcomed the report, stating that it did not present any unexpected findings. He mentioned that one recommendation had already been addressed and another was detailed in a previous gateway review. He added that the Trust was delivering more on recurrent savings than initially planned, which should help boost the percentage of recurrent savings in the future.

Structured Assessment

Fflur Jones presented the report and highlighted the following areas of note for the Committee's attention:

The Trust has maintained an excellent track record for developing Integrated Medium Term Plans (IMTP) that met Welsh Government approval and financial duties. There were strong arrangements in place for developing other plans, including the Strategic Quality Plan and the Digital Plan.

The Board and committees operated effectively with high levels of transparency and a full complement of members. There was significant ongoing work to strengthen areas such as the Board Assurance Framework, audit tracking, and quality management.

There was regular oversight of financial spending and savings performance, with good levels of scrutiny and challenge from Board Members.

Trish Mills acknowledged the positive report and confirmed that the Trust was already addressing the recommendations.

The Committee congratulated all those involved with the continuous improvement of the work being undertaken.

RESOLVED: The Audit Wales update report and the review of cost savings arrangements and Structured Assessment reports were received.

57/24 INTERNAL AUDIT PROGRESS REPORT AND INTERNAL AUDIT REPORTS

Osian Lloyd provided his Internal Audit Progress report update:

The audit plan was on track with no concerns raised about the delivery of the plan so far, with some audits scheduled towards the end of the year. Four reports have been finalised, including the Patient Experience Community Involvement report, which had been completed and will be presented to the Committee at its meeting in March.

There are new global internal audit standards which will become effective from 1 April 2025. Preparatory work has been undertaken to understand the impact and ensure appropriate application of the revised standards, going forward. No significant changes to the audit approach were anticipated; but there may be a need for more evidence on the implementation of agreed management actions.

The indicator for management's response to audit recommendations was currently showing as red, indicating a deterioration from the previous status.

Trish Mills advised the Committee that she and Osian Lloyd met monthly to review each item on the audit plan, ensuring close monitoring of progress. Recent delays in management responses were attributed to several factors, including a series of Committee meetings and multiple Audit Wales reports arriving simultaneously. Trish agreed to emphasise the need for timely responses and will take this issue back to the Executive Leadership Team and similarly with the Assistant Directors Leadership Team.

Internal Audit Reports

Integrated Quality and Performance Management Framework (QPMF) (Reasonable Assurance): Felicity Quance explained that the purpose of the audit was to assess the adequacy and effectiveness of the Trust's governance and operational management of quality and performance.

Felicity added that discussions were held with Audit Wales to understand themes from their recent Follow-Up Review of Quality Governance arrangements, to ensure comprehensive coverage.

The audit concluded with a reasonable assurance rating, identifying three high-rated and five medium-rated recommendations. These included reviewing the communication plan for the quality and performance management framework to ensure actions were clear, defined, and achievable and to review the governance structure to ensure sufficient oversight of the framework.

Trish Mills commented that one of the priorities for the Committee was to monitor and oversee the implementation of the QPMF. She suggested transferring the oversight of the

QMPF and its ongoing effectiveness to the Finance and Performance Committee (FPC), in line with FPC's Terms of Reference. The ARAC will instead receive periodic updates on the effectiveness of the QPMF from the Finance and Performance Committee going forward, by way of assurance – through the FPC's Annual Report

Overtime Controls (Reasonable Assurance): Felicity Quance advised that the audit aimed to provide assurance on the adequacy of processes in place to control and monitor overtime allocation in line with the Trust's financial savings plan.

The audit covered planned overtime but did not include unplanned overtime such as overruns due to patient handovers.

Two matters arising led to three medium-priority recommendations with a conclusion that the audit was a reasonable assurance rating.

The Trust's overall overtime usage remained within the allocated budget, however there was scope to better demonstrate the linkage between the review of hours and the rationale for amendments in overtime allocation.

The testing of overtime payments matching timesheets and payroll returns revealed no issues, but the process was manual and time-consuming, requiring significant development for automation going forward.

The management have accepted the findings and have provided responses to address and take forward the recommendations.

Jonathan Sweet welcomed the review and acknowledged the interdependencies with the resourcing policy. He advised that work was already progressing on the management actions required, particularly in formalising the mechanism to capture changes in overtime allocation. There will be subsequent reporting to the senior operations team and the senior leadership team, including an assessment of variations and a robust rationale for any changes in the local approach. The introduction of the electronic timesheet was a priority, and it will be featured in the next IMTP for the following year.

Christian Fox referred to objective 2.18 in the report which reflected the workforce as being EMT Band 4, it was agreed this required changing to state EMT Band 5 and it was asked for this to be updated to reflect the change. Jonathan Sweet noted this comment and will ensure it is updated.

Data Quality (Reasonable Assurance): In presenting the report, Martyn Lewis acknowledged that the Trust was making timely progress in developing a data quality culture, supported by a strategy and commitment to enhancing data quality.

There were some underpinning policies within the data quality policy which were out of date and required updating. Policies were not published on the website, and this was an organisational decision.

There was no specific training for data quality, though it was included in the Information Governance (IG) training. It was noted that compliance with IG training had fallen below 75%, which may hinder achieving a full data quality culture.

There were many data silos within the Trust, and work was ongoing to develop an information asset register to ensure asset owners were fully up to date.
Data quality was reported to the IG steering group, but discussion on data quality has been limited, there have been no data quality metrics or Key Performance Indicators (KPI) developed to provide a clear status of data quality.

Jonny Sammut thanked the audit team for their work on the review and acknowledged the progress made despite limited resources.

In response to the two high-level recommendations regarding the requirement for additional resources recruitment for these positions was underway, with around 20 applicants for the Data Quality Manager and 40 for the Data Quality Analyst.

In terms of the Information Asset Register training was scheduled for information asset owners to ensure data quality at the source and to identify and flag risks.

The team will review where data silos exist within the Trust and provide recommendations to the Executive and Committee going forward.

The issue of public website policies was a corporate stance, with plans to review this in 2025-2026.

Resourcing Policy (Limited Assurance): The Committee noted this item had been discussed earlier in the meeting. Felicity Quance highlighted that Lee Brooks requested the audit due to the policy not being updated for 10 years. The audit did not include an assessment of the adequacy of rosters, the method for uploading rosters, or testing information on the global rostering system or shift track.

Discussions with locality managers and staff were not included; the focus was on corporate arrangements and regional resourcing teams' management.

Local arrangements varied and were not formally defined or quantified, requiring the development of standard operating procedures for clarity.

Systems were in place to capture key requirements like annual leave, sickness, TOIL, and Trade Union time, but there was a lack of review and reporting on working time breaches.

The process for TOIL needed further clarity due to ambiguous policy language.

There was no reconciliation of sick leave between the Trust's Global Rostering System (GRS) and the Electronic Staff Record (ESR), with limitations in system interconnectivity being addressed.

Inconsistent processes were applied across Wales, with work in early stages to map and consolidate these processes for fairness and effectiveness.

Reporting on outside resource authorisations needed enhancement, with no reason codes currently included in GRS for management information.

Jonathan Sweet agreed with the limited assurance outcome of the audit, acknowledging that the current resourcing policy was more of a procedure than a policy document and did not translate well across all functional areas of operations. Management has acknowledged the recommendations, and progress has already been made in some areas, such as process mapping of local arrangements and reporting mechanisms for working time breaches. Significant consultation and engagement with staff and Trade Union partners will be required to develop departmental standard operating procedures and review the resourcing policy and TOIL process. The work will involve the wider directorate, senior operations team, and senior leadership team to ensure appropriate resourcing and delivery.

RESOLVED: The Internal Audit Progress report and the Internal Integrated Quality and Performance Management Framework, Overtime Controls, Data Quality and Resourcing Policy Audit Reports were received.

58/24 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK

Julie Boalch provided an update on the Risk Transformation Programme, highlighting the progress made and the next steps, including the development of the new Strategic Board Assurance Framework (BAF) and Risk Appetite Statements. She added there was potential to use a digital solution to support this work. Julie Boalch also added that she could bring a more detailed programme update, including timelines, to the next meeting. It was further recognised that the Trust has commissioned additional external support to assist with developing risk appetite statements and conducting workshops. The first workshop, planned for December, will focus on training and understanding risk appetite, while the second workshop in February will develop the Trust's risk appetites against strategic objectives. Julie Boalch added that she would collaborate closely with colleagues to ensure that the dates of the workshops will have full participation.

Julie Boalch provided updates on the principal risks and noted that some scores have been reduced due to positive engagement and mitigations. Specifically, risk 594 (*The Trust's inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death*) was reduced from 20 to 15, and risk 163 (*Maintaining Effective & Strong Trade Union Partnerships*) was reduced from 16 to 12. Both risks will remain on the Corporate Risk Register for ongoing monitoring and mitigation.

Trish Mills noted that the Committee should own the monitoring and oversight of the strategic BAF carefully. She stressed the importance of not rushing into a strategic BAF before working out both the line of sight and the digital solution.

RESOLVED: Members considered and discussed the contents of the report and:

(1) Noted the progress of the Risk Management Transformation Programme: specifically, the development of risk appetite statements and strategic Board Assurance Framework.
(2) Noted the next steps in relation to a digital risk management solution.
(3) Noted the ongoing repositioning of Risks 223 and 224.
(4) Noted the reduction in score for Risk 163 from 16 (4x4) 12 (3x4) and Risk 594 from 20 (4x5) to 15 (3x5). Both risks will remain on the Corporate Risk Registers for ongoing management.
(5) Received assurance on the review and attention to the principal risks, including their review at ADLT, ELT and at relevant Committees.
(6) Noted the ratings and mitigating actions for each principal risk.

59/24 AUDIT TRACKER

Trish Mills updated the with the current position with respect to management actions for audits within the purview of the Audit, Risk and Assurance Committee (ARAC), in addition to the wider progress in Quarter two 2024/25.

There has been exceptionally good engagement with Directorates on the revised Tracker 2.0 for quarter two, with the result that of the total of 115 internal audit actions on the Tracker, 43 have been closed in quarter. This was a closure figure of 37% of all internal audit actions (25% in the previous quarter). Progress has been particularly good with actions assigned to the Finance and Performance Committee.

Of the total internal audit actions, 33 of the 115 actions have been given proposed revised dates in quarter, which was 29% of the total (31% in the previous quarter). There was narrative included in the report regarding the closure of action 470 from the 'Asset Management RAM System' internal audit.

In terms of the external audit actions where the ARAC was the owning Committee, both outstanding actions have been closed in quarter (100%). These actions were from the 2023 Structured Assessment and related to oversight of the IMTP delivery and oversight of the Trust savings plan.

The following Internal Audit reports and the relevant actions were given updates on by the responsible Director as follows:

Andy Swinburn:

Pain Management Internal Audit

Action 604 (The Trust should ensure all Patient Group Directions (PGD)s follow the Medicines Management policy, with a review undertaken every three years as a minimum). Andy Swinburn mentioned that the Trust now has its own pharmacist. who has started working on this issue. The delay was due to reliance on external bodies for approvals, but now the Trust has control over the process.

Senior Paramedic Role Internal Audit

Action 612 (A training plan and expected timeline for the required clinical skill enhancements should be established) Training has been completed for 59 staff members, with only four remaining, who were new recruits, and these will be completed shortly.

Action 613 (The terms of reference should be reviewed to: Include a defined pathway for escalation of issues; Update membership to ensure representation from each locality; and Define quoracy). Adjustments have been made to the terms of reference, and they will be coming back through the Senior Operations Team (SOT) for approval.

Action 614 (The Trust should undertake a lessons learned exercise on the development and evolution of the SP role.) There has been minimal movement against this due to capacity issues and it was agreed that the date of completion be extended.

IM&T Infrastructure Internal Audit

Jonny Sammut addressed actions 624 (The process for clearing all PRTG/system alerts should be formalised and documented) and 625 (Switches should be identified within the asset register), explaining that the delays were due to prioritising the CAS implementation and upgrades to the 999 telephony suite. The new helpdesk IT software, House on the Hill, was now in place, and the team was working on its configuration. He was confident that they will meet the revised date for these actions.

Records Management Internal Audit

In terms of action 657 (Records should be moved into the new storage area). Jonny Sammut explained that the data quality team was currently only 0.4 Full Time Equivalent, but two new positions have been advertised (Data Quality Manager and Data Quality Analyst) and received a good number of applicants. This will help address the high-level recommendations around the information asset register and data quality improvement.

111 Commissioning Final Advisory Report

In respect of action 643 (The Trust should obtain written confirmation of the escalation process to be followed within the current governance structure). Hugh Bennett mentioned that the escalation arrangements with the Commissioners were well-established and have been agreed upon. A letter has been drafted and was currently awaiting Rachel Marsh's signature for closure.

The Committee were assured that actions on their third revised date were being actively managed and were expected to be completed by the revised deadlines. Members acknowledged the updates and assurances on the progress of specific actions, with the Directors explaining the reasons for delays and the steps being taken to ensure completion by the revised dates.

RESOLVED: The Committee:

(1) Received assurance that the management actions for the audits within the purview of this Committee and overall were being effectively and appropriately managed, closed off in quarter or clarity provided on dates which have moved and rationale. It was noted that the actions against the Cyber-Security and Technical Resilience internal audit will be received in closed session.

(2) Received and review any Internal Audits and Audit Wales reviews within their remit where relevant. For this meeting these were the following internal and external audits. It was noted that the internal audits a-c were received by the Finance and Performance Committee on the 19 November 2024:

Internal Audits

a) Quality and Performance Management Framework (Reasonable)
b) Data Quality (Reasonable)
c) Overtime Controls (Reasonable)
d) Resourcing Policy (Limited)

External Audits

e) Structured Assessment 2024
f) Review of Cost Savings Arrangements.

60/24 POLICY REPORT

Julie Boalch provided an update on the Policy Report, highlighting significant progress over the last 16 months. The percentage of policies within their review date has increased from 14% to 46%. She noted that out of 47 policies identified as priorities for review in the 2023-2024 and 2024-2025 work programmes, only 12 have been reprioritised to the 2025-2026 work programme. Julie acknowledged the collaborative effort across the Trust to achieve this progress.

Julie Boalch explained that the 42 policies identified for the 2025-2026 work program have been assigned priority numbers from 1 to 10. Policies with priority numbers 1 to 3 were considered high priority and were expected to be completed next year. She also mentioned that while the focus will be on these high-priority policies, additional policies may be reviewed depending on activity and changes in legislation or practice.

The All Wales Recovery of Overpayments Policy (English Version) was erroneously omitted from the papers; this would be circulated separately by the Corporate Governance team to Members as a Chair's action for approval, to avoid any delay in its adoption.

RESOLVED: The Committee

(1) Considered the progress to bring the Trust's Policies up to date and endorsed the future work plans for the remainder of this work.

(2) The All Wales Recovery of Overpayments Policy (English Version) would be circulated separately to Members as a Chair's Action for approval.

61/24 NEAR MISS AND LOW HARM INTELLIGENCE REPORT

Bethan Evans, Chair of the Quality, Patient Experience and Safety Committee (QuEST) provided an overview of the near miss and low harm intelligence report, emphasising its importance for the Trust. It should be noted that the QuEST Committee received an update at their meeting on 5 November 2024. Bethan Evans highlighted the following key points for the Committee's attention:

The report covered near misses and low harm incidents recorded from September 2022 to September 2024.

The QuEST Committee agreed to include future reporting and analysis of all near misses and low harm incidents within the Putting Things Right (PTR) report.

The analysis showed a high volume of grade one and grade two complaints, many of which were assessed as near miss opportunities for learning.

The main causes of these incidents were handover delays and immediate release requests being declined. Recent improvement work on the use and scope of the Datix Cymru Incident Module by the Quality Governance and Assurance Team have reduced this type of trigger-reporting and will enable more effective analysis of incidents in future.

The QuEST Committee recognised the value of near misses for moving from a reactive to a proactive approach to patient safety.

The QuEST Committee will continue to monitor and analyse lower-graded incidents, especially as the clinical model transformation program progresses.

The ongoing scrutiny and analysis will be reported through the AAA report to the Trust board after each meeting.

The Chair asked about the Executive ownership and accountability for this area. Bethan Evans confirmed that the Quality and Nursing Directorate owned this responsibility, and there has been recent investment in the Putting Things Right (PTR) team to address resource challenges. She also mentioned that Claire Appleton, operating at assistant director level, oversaw the PTR agenda.

That the Committee:

(1) Approved the future reporting of near misses being included in the quarterly Putting Things Right Report to Committee.

(2) Received assurance that the Chair of the QuEST Committee would provide assurance to the Audit, Risk and Assurance Committee on the future approach.

62/24 LOSSES AND SPECIAL PAYMENTS – 1 June to 30 September 2024

Chris Turley advised that this report presented to the Committee gave details of Losses and Special Payments made during the four months from 1 June to 30 September 2024. The losses and special payments made during this period amounted to £186K net repayments

RESOLVED: The Losses and Special Payments Report for the period 1 June to 30 September 2024 as received.

63/24 COMMITTEE HIGHLIGHT REPORT (NO ALERTS FROM SEPTEMBER 2024)

No further comments were made to the report.

RESOLVED: The update was noted.

64/24 CYCLE OF BUSINESS MONITORING REPORT AND COMMITTEE PRIORITIES

Trish Mills added there were no matters to escalate to ARAC from the Cycle of Business.

RESOLVED: The Committee.

(1) Confirmed its assurance on the implementation of the Quality and Performance Management Framework (QPMF) within the Trust (agreed earlier in the meeting Item 57/24), noting ongoing work which will continue to evolve. This will allow for the oversight of the QPMF and its effectiveness to move to the Finance and Performance Committee;

(2) Noted the update on the Cycle of Business Monitoring Report for the Committee.

65/24 REFLECTIONS AND SUMMARY OF ACTIONS

Hybrid Meeting Success: The hybrid meeting format was deemed successful, with positive feedback on the room configuration and the effectiveness of minimising chat to maintain engagement.

Focus on Third Revised Dates: Ceri Jackson highlighted the importance of focusing on third revised dates for action items, which allowed for detailed discussions and ensured effective tracking of actions.

Acknowledgment of Efforts: The Chair acknowledged the hard work of the directors and the team in managing the audit tracker and ensuring actions were addressed. He emphasised the importance of directors' involvement in providing updates and explanations for action items.

Overall Satisfaction: Participants expressed satisfaction with the meeting's structure and the progress made on various agenda items.

Meeting concluded at 12:20

ASSURANCE REPORT
NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	**Shared Services Partnership Committee**
Chaired by	Tracy Myhill, NWSSP Chair
Lead Executive	Neil Frow, Managing Director, NWSSP
Author and contact details	James Quance, Assistant Director of Corporate Services
Date of meeting	21 November 2024

Summary of key matters including achievements and progress considered by the Committee and any related decisions made

Chair's Report

The Chair updated the Committee on activities since the last meeting and forthcoming events. This included:

- The most recent Welsh Risk Pool Committee meeting which took place on 24 September 2024, with the next meeting taking place on 26 November 2024.
- The Autumn Development Day hosted on 11 October 2024 was positive and provided valuable feedback and insights as regards Committee management, including the induction process for members and highlighting the importance of ensuring Executives are representing organisations to ensure quoracy for meetings. Presentations included Risk Appetite, Transforming Access to Medicines and the refresh of the Customer Charter. Welsh Risk Pool delivered a session covering the life cycle of a claim, opportunities to minimise the length of claims and exploring the impact on people in processes, sharing examples of learning programmes, such as PROMPT. Going forward, the Welsh Risk Pool Team would ensure, where possible, that the useful data collated was made available to NHS Wales to inform organisational planning and decision-making.
- Discussions were held at the Chair's Peer Group on 29 September 2024, regarding Clinical Associates in Applied Psychology, the Aspiring Board Member Programme run by the Public Bodies Unit to increase diversity in Board membership across Wales, the Care Action Committee and productivity and performance. Further, the Group received an update from Paul Mears from the Chief Executives. The Llais Strategic Plan and the disciplinary processes for Chairs and Independent Members were also discussed. There was also an update from the Welsh Confederation and Welsh Confederation Conference on 6 November 2024.
- NWSSP would be hosting an All-Wales Planning Programme for Learning Autumn Event on 22 November 2024.

The Committee **NOTED** the Chair's Report.

Managing Director Update

The Managing Director presented his report, which included the following updates:

- The Welsh Risk Pool Committee recently highlighted slight delays in terms of deferred cases, potentially due to additional pressures in Health Board Claims

Teams, but was positive in terms of 209 cases reviewed with £15 million of reimbursements.

- In terms of finance, NWSSP put forward 22 schemes for capital funding and are working through the approvals.
- Positive progress has been made on the South East RadioPharmacy project and subject to Welsh Government (WG) approval and planning permission, works would be looking to commence in January 2025. Notwithstanding there was a current issue regarding the stack diffusion assessment and HEPA filters, which would be discussed with Natural Resources Wales. The Newport Council planners have requested a formal Section 106 Agreement together with a small contribution to the adjoining roadway scheme as part of the planning approval process.
- There was great work being undertaken around lessons learned and organisational learning being taken forward as part of the Welsh Risk Pool programme.
- NWSSP have confirmed the proposed £2 million declaration for distribution to NHS and WG.
- The internal process for the Integrated Medium Term Plan (IMTP) is on-track and we would bring a further update of the plan to the January Committee meeting, for approval.
- The Medical Examiner Service became statutory in September 2024 and we have been working through delays experienced regarding records being returned to us. As such, there had been some press interest in North Wales and we have been working with Betsi Cadwaladr University Health Board (BCUHB) around this.
- As regards accommodation, the Companies House and HQ accommodation position had changed with negotiations ending for the NG2 site which we understand has now been sold. Therefore we are looking to extend our lease of the current HQ site and to downsize Companies House to a smaller footprint.
- In terms of international recruitment, there had been a positive recent visit to Kerala and the Medical Director reported a significant number of doctors and nurses were appointable to positions. In terms of going forward for future visits, it would be helpful for Health Boards to be clear on their available vacancies.
- Laundry Services' achieved the BS14065 accreditation for decontamination of linen at their North Wales and Swansea sites and are progressing on other sites. As expected, there had been a number of challenges in terms, operationally, due to the ageing estate and laundry equipment, which has been as a direct result of the lack of investment in previous years.

The Committee **NOTED** the Managing Director's Report.

Deep Dive

Single Lead Employer Model

A comprehensive deep dive into the Single Lead Employer (SLE) Model was presented to the Committee by the Deputy Director of People and Organisational Development, Sarah Evans.

The SLE model is now fully embedded as part of NWSSP's organisational set up with a Tripartite Agreement in place for NWSSP to work in partnership with Health Education and Improvement Wales (HEIW) and any host organisations. This complex model of working is further underpinned by an Employment Management Agreement. In terms of scope, SLE covers all Medical, Dental and Pharmacy trainees across Wales; the current headcount exceeds 3,700 trainees. The initial implementation began with GP trainees in 2015 and expanded to include Foundation Doctors during the pandemic. The remaining trainees were then transferred between 2020-2022.

Benefits of the SLE model include a simplified employment process, encompassing one pre-employment check, one contract of employment and one payroll form. Further, it ensures easier access to salary sacrifice schemes, mortgages and more effective support for trainees with disabilities. A further benefit includes streamlined payments; for example, ad-hoc duties are paid via one SLE assignment.

The Committee **NOTED** the Deep Dive.

Items Requiring SSPC Approval/Endorsement

Price Increase – Alder House Lease

The report sought the Committee's endorsement for the annual increase of rent at Alder House, prior to obtaining approval of Velindre University NHS Trust Board.

The Committee resolved to **ENDORSE** the proposal.

Charnwood Court Lease Extension

The report sought the Committee's endorsement in order for the Velindre University NHS Trust Board to formally sign and seal the extension of the lease at NWSSP Headquarters at Units 4/5 Charnwood Court, Nantgarw, in accordance with the Standing Orders for the operation of the Committee.

The Committee resolved to **ENDORSE** the proposal.

Purchase to Pay (P2P) Governance Update

The All-Wales P2P Governance Group progress update sought the Committee's approval to cease the auto-release of invoices process from 1 January 2025. The Committee was informed of the progress made against the priorities which were identified in order to achieve the maximum impact and target the greatest improvements across the P2P process.

The Committee **APPROVED** the recommendation to cease the auto-release process from 1 January 2025 and **NOTED** the progress made by the Group.

Risk Appetite Statement

The Statement was brought to the Committee for approval and was last presented at the January 2023 meeting, following significant amendment. It is periodically reviewed by the Senior Leadership Group (SLG) and was discussed at the Autumn Development Day on 11 October 2024.

The Statement reflects guidance from the Good Governance Institute and a bolder approach to taking risk, which was reaffirmed at the Autumn Development Day when the application of the appetite levels for financial, regulatory, quality, reputational and people was discussed. In particular, the balance and interaction between value for money and quality generated a lot of discussion and was something that would need to continue to be monitored closely, and for the Committee to challenge itself as part of decision making and considerations in future.

The Committee **APPROVED** the Risk Appetite Statement.

Items for Noting

NWSSP Decarbonisation Update

SD presented an update on decarbonisation, following the commitment to provide a bi-annual update to the Committee.

The Decarbonisation Action Plan (2024-2026) had been reviewed by Welsh Government and was rated as amber assurance, with NWSSP having since addressed the areas identified regarding monitoring on a National level. All of the findings in the 2023-24 Internal Audit Report relating to staff training, operational impacts of risks and preparation of a fully costed implementation plan have been addressed.

The update provided assurance to the Committee of NWSSP's ongoing efforts and progress in reducing carbon emissions and promoting sustainability within NHS Wales and the Committee **NOTED** the Decarbonisation Update.

Duty of Quality Update

The report outlined steps made to ensure improving quality remains at the heart of the wide variety of services provided by NWSSP, on behalf of NHS Wales and sets out the positive actions taken to meet the Duty.

Progress included the establishment of a good practice network across all divisions, which focuses on sharing learning and quality improvement programmes and development of an All-Wales ESR e-learning module. Further, NWSSP's Business Quality Manager had delivered bespoke training sessions and was happy to engage with wider NHS Wales landscape as regards progressing the non-clinical side of quality. It was recognised that the National Group was unable to focus on the non-clinical measures due to clinical pressures, demands and the attendees being largely clinicians.

The Committee **NOTED** the Duty of Quality Update as provided by the NWSSP Medical Director.

Finance, Performance, People, Programme and Governance Updates

Finance - The financial position as at 31 October 2024 with a year-to-date surplus of £2.422m. This was reported as a surplus of £1.899m within our core operational budgets and £0.523m against the recurrent covid allocation. The £1.899m surplus against core budgets is primarily due to ongoing turnover and delays with targeted recruitment to vacancies. Therefore, NWSSP gave a provisional recommendation of a £2.000m distribution to partners, subject to pay award funding allocations.

Personal Protective Equipment (PPE) stock, which remains an area of uncertainty requiring WG direction, would be discussed at the meeting with WG on 29 November 2024. Budgets would also be explored as part of our IMTP process and we are identifying particular schemes that NWSSP will need to make investment into in the near future that will require NWSSP to generate internal resource savings or secure investment from WG or partners. In terms of capital schemes, we have submitted an ambitious list of potential capital schemes should additional funding become available and NWSSP is on-track with use of the allocation for the year.

The Welsh Risk Pool is forecasting £140m for the current year, which would require invoking of the risk sharing agreement with Welsh Government, confirming at the end of December the allocations from organisations and continue to manage the risk for the remainder of quarter four.

Audit Wales Management Letter 2023-24 - A very positive position was reported and no recommendations were raised. The Director of Finance and Corporate Services noted that she had met with Richard Harris, Engagement Lead for Audit Wales, to consider the year ahead in terms of the key risks being managed as an organisation and any improvements that can be made to working arrangements in the spirit of continuous improvement.

People & Organisational Development – Good progress had been made in relation to the majority of the statutory indicators, for which compliance had increased. The key messages detailed in the overarching report were:

- Sickness absence had increased by 0.3%, to 3.24%, compared to 2.90% for the same period last year (October 2023 to September 2024), but remained under the NHS target of 3.30%.
- PADR compliance remained above target, at 85.74%.
- Statutory and mandatory e-learning compliance remained very high at 93.16%, excluding the SLE Division.
- Turnover was reported at 22.11%, which had decreased by 1.61%, compared to the same period last year. When excluding the SLE Division, where a higher degree of turnover is inherent in the model, the turnover for NWSSP was at 10.15%.
- Agency spend increased to £18,188 in September 2024, from £12,247 in August 2024. However, we had received no new agency requests in October 2024, 3 staff were engaged via agency in September 2024 and the Resource Bank were recruiting for roles for Laundry, Clerical and Drivers.

Performance - Key Performance Indicators (KPIs) from June to September 2024 were reported and there were no significant areas of concern to be brought to the Committee's attention. The Report indicated a stable and positive position with 38 of 40 high-level indicators achieving target, which were explained in detail in the overarching report. Professional influence benefits generated by NWSSP amounted to £198m, as at the end of September 2024 and the Time to Hire target within Recruitment continued to be achieved over recent months.

Outcome Measures Performance Report – The report had been shared with the Senior Leadership Group for scrutiny, prior to being presented to the Committee and focussed on outcomes from the IMTP 2024-2027. Key messages included strong performance across divisions, especially customer satisfaction and employee well-being, noting that there was further progress to be made in demonstrating progress against our Decarbonisation Plan to Welsh Government. There are additional measures in development that will be reported, in addition to trend information as we progress through the year.

Integrated Medium Term Plan (IMTP) Update – The progress report for Quarter 2 of 2024/25 provided assurance that good progress had been made against the current objectives. Quarterly reviews with divisions had taken place to challenge the status of objectives and review any delays identified, which were detailed in the overarching Report. Going forward, the focus would be on targeted actions as we moved into Quarter 3. Additional scrutiny would be applied to objectives identified as off track or at risk. Updates regarding Decarbonisation, Foundational Economy and People & Organisational Development were provided. The Director of Planning, Performance and Informatics also updated the Committee that the 2025-28 IMTP development is well under way and confirmed that it would come to the next SSPC meeting, following further development

with the NWSSP SLG in order to ensure it is submitted to Welsh Government within the required timescales.

Project Management Office & Service Improvement Update Report – Current progress against projects was highlighted and confirmation received that controls were in place to ensure effective monitoring. The majority of the indicators are green, but the red and amber are consistent with the previous report. Updates regarding higher risk projects would continue to be reported, as a matter of course, to the Committee. It was noted that four projects had been closed since the last report: Medical Examiners; Procurement of Implementation of Wales Healthcare Student Hub; Wales General Ophthalmic Service – Primary Care Contract Return; and Charnwood and Companies House Accommodation.

Corporate Risk Update - There are 15 risks identified for action, of which there are six red risks and nine amber risks. The Committee's attention was drawn to the accommodation risk and the Primary Care Workforce Intelligence System risk, which was escalated by the SLG at its last meeting. It is expected that focus by the SLG and very recent management action will see these risks reduced in the next report. The remainder of the Corporate Risk Register position remained stable.

Papers for Information

The following items were provided for information only and the Committee **NOTED** the reports:

- Finance Monitoring Returns (Months 6 and 7 of 2024/25).
- Personal Protective Equipment (PPE) Report.
- Shared Services Partnership Committee Forward Plan.
- NWSSP Audit Committee Assurance Report for October 2024.

Part B (Private Session)

Motion to exclude the public from the meeting in accordance with the provisions of section 1 (2) and (3) of the Public Bodies (Admissions to Meetings) Act 1960

NHS Wales Energy Source Decision November 2024

The Wales Energy Group's (WEG) proposal in respect of All Wales supply of electricity for the financial year 2025-26 was brought to the Committee's attention, for approval. Challenging discussions were had regarding the energy sourcing options available and a unanimous recommendation was made to stay with the current zero carbon for businesses option.

The Committee **APPROVED** the proposal to remain with the current energy provider, Zero Carbon for Business.

Any Other Business (AOB)

TM further thanked the Committee for their contributions and support during 2024.

Matters requiring Board/Committee level consideration and/or approval

The Board is asked to **NOTE** the work of the Shared Services Partnership Committee.

Matters referred to other Committees

No further matters were referred to other Committees.

Date of next meeting	Monday 3 February 2025 at 9.30am to 11.30am

Joint Commissioning Committee

Highlight Report from the Joint Commissioning Committee (JCC)

Dyddiad y Cyfarfod / Date of Meeting	21/01/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Jacqui Maunder – Committee Secretary
Cyflwynydd yr Adroddiad / Report Presenter	Stacey Taylor - JCC Interim Chief Commissioner
Noddwr yr Adroddiad / Report Sponsor	Stacey Taylor JCC Interim Chief Commissioner

Pwrpas yr Adroddiad / Report Purpose	For Noting Choose an item.

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Health Boards	March 2025	Noted

1. SITUATION/BACKGROUND

This report had been prepared to provide Health Board (HB) Chief Executive Officer (CEO) Members of the Joint Committee with a summary of the key issues considered by the Joint Commissioning Committee (JCC) at its public meeting on 21 January 2025.

Key highlights from the meeting are reported in Section 3.

2. PURPOSE

The Purpose and Role of the Joint Committee is set out in Paragraphs 2.18 and 2.20 of the JCC Standing Orders.

3. HIGHLIGHT REPORT

(Links to reports highlighted January 2025 - NHS Wales Joint Commissioning Committee)

Status	Update
Alert / Escalate	• **Emergency Ambulance Services**: Ongoing concerns about performance and capacity. A risk review was discussed at the JCC Strategy session in December 2024; and • **Ambulance Staff Re-banding**: The Welsh Ambulance Services University NHS Trust (WAST) proceeded with the Emergency Medical Technician (EMT) re-banding proposal on the basis the in-year costs will be absorbed by WAST for 2024/25. The JCC noted that this will remain a provider issue, rather than a JCC issue going into 2025/26. Skill mix changes will be required to mitigate future financial impacts.

Advise	• **Chief Commissioner Recruitment**: The recent recruitment process undertaken failed to secure the appointment of a permanent Chief Commissioner. Stacey Taylor continues to cover the role on an interim basis.
	• An update was received from the Interim Chief Commissioner:
	  ○ **Quarter 3 Progress & Future Priorities**: Work is ongoing under transition to establish 'routine business' for the JCC. Priorities include delivering the 2024/25 plan, finalising the organisational structure, and preparing the 2025-28 Integrated Medium Term Plan (IMTP),
	  ○ Key achievements were highlighted; and
	  ○ Next developments include the Directory of Services and the JCC Commissioning Framework.
	• Members received reports from each of the three Commissioning Directors;
	• Update from the Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups. Members noted:

Status	Update
	○ Issues with mental health service facilities under NHS England (NHSE) contracts, particularly environmental concerns, ○ A review of Traumatic Stress Wales (TSW) services is underway; the JCC hosts this service which is funded by the Welsh Government, ○ An internal audit assessment on the Quality Aspects of the National Frameworks which received a 'Reasonable Assurance' assessment rating; and ○ A fire at a low-secure unit commissioned by the JCC led to patient transfers to medium-secure facilities. Further discussions would take place related to the future strategy of the Mental Health portfolio at a future JCC Strategy Session. • Update from the Director of Commissioning for Ambulance and 111 provided updates on: ○ Pressures on emergency ambulance services, ○ The ongoing judicial review of the JCC decision to develop the Emergency Medical Retrieval and Transfer Services (EMRTS), ○ Ongoing work by WAST responding to the recommendations of the Manchester Arena Inquiry, ○ Recommendation 4 - the bespoke road based service. Due to financial and operational implications and performance disparities across Wales, further discussions are needed, and these will continue through the Collaborative Commissioning Leadership Group (CCLG), ○ Welsh Government has established a group to consider revised performance metrics in relation to emergency ambulances and the outputs will be presented to the Cabinet Secretary for Health & Social Care in the near future, ○ The draft long-term vision for Non-Emergency Patient Transport Services (NEPTS) 'The Future Vision' would be finalised by March 2025; and ○ Key risks to the ambulance service in Wales. • The update from the Director of Commissioning for Specialised Services included: ○ Concerns over delays in plastic surgery with the target of no patients waiting longer than 104 weeks,

Status	Update
	○ Capacity gaps in outreach plastic surgery services in north Wales (now in escalation), ○ Obesity surgery waiting times; and ○ Neonatal and Paediatric Intensive Care services remain at an escalated risk level.
Assure	• **Governance & Risk Management**: • Updated financial delegated limits approved for the Interim Chief Commissioner, • Concerns raised over funding for new medicines for very rare diseases, with JCC proposed as the preferred planning body (National Institute of Clinical Excellence (NICE), • National approach to Continuing Healthcare (CHC) commissioning endorsed with workstreams planned, • Risk register received, with further work needed to assess risk appetite, • Assurance reports presented on governance, including the approval of the sub-committee terms of reference, finance and audit matters relating to WHSSC.
Inform	• **Patient Story**: A patient attended the meeting to reflect on personal experience and highlight the benefits of a microprocessor knee in improving mobility and quality of life. • **Strategic Planning (IMTP 2025-28)**: ○ NHS Wales Planning guidance highlights a 1.77% budget uplift with a 2% efficiency savings target, ○ Highlighted the importance of collaboration and prioritisation of resources, ○ Key priorities include urgent care and planned care recovery, ○ Early estimates suggest JCC will require between 5.5%-6.4% financial growth requirement, ○ The substantial cost drivers such as inflationary pressures, increased demand and NICE technology approvals were highlighted, ○ A further strategy workshop would be arranged to support the ongoing work to develop the JCC IMTP. • The Committee received the following assurance reports: ▪ CTMUHB Audit and Risk Committee Assurance Report ▪ Legacy WHSSC Management Group Briefings for November and December 2024

Status	Update
	▪ Individual Patient Funding Request (IPFR) Panel Chairs report ▪ Welsh Kidney Network (WKN) Chairs report.
Appendices	None

Note that an "in committee" meeting was also held. A formal update will be given to the next public JCC meeting on 18 March 2025 under the Corporate Governance report.

4. ASSESSMENT

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC Link to JCC Strategic Objectives(s)	Maximise Value
	Ensure Quality Reduce Duplication Improve Equality and Population Health Facilitate Integration
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	A Healthier Wales
	If more than one applies please list below: A More Equal Wales
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Enablers of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Data to Knowledge
	If more than one applies please list below: Learning, improvement and research Whole systems perspective Leadership
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /*	Efficient All of the domains of quality apply
	If more than one applies please list below: Effective; equitable; person centred; timely and safe

Link to Domains of Quality *(Duty of Quality Statutory Guidance (gov.wales))*	
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable If more than one applies please list below:

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: This is a summary of the latest meeting of the JCC
Cydraddoldeb *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /* **Equality** *Have you undertaken an Equality Impact Assessment Screening?*	Yes: ☒	No: ☒
	Outcome for Equality (delete as appropriate): ~~POSITIVE~~/NEUTRAL/~~NEGATIVE~~ Outcome for Welsh Language (delete as appropriate): ~~POSITIVE~~/NEUTRAL/~~NEGATIVE~~	If no, please include rationale below: This is a summary of the latest meeting of the JCC
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Joint Committee as a result of the activity outlined in this report.	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	Yes (Include further detail below)	
	The performance of the services will be used to develop the IMTP and identify the areas where resources may be required.	

5. RECOMMENDATIONS

Members are asked to:

- **Note** the highlights outlined in Section 3 of this report.

ACRONYMS BUSTER

ABBREVIATION	TERM
AAA	Alert, Assure, Advise Report
ACA1/2	Ambulance Care Assistant
ADLT	Assistant Directors' Leadership Team
AfC	Agenda for Change
AGM	Annual General Meeting
AMR	Antimicrobial Resistance
APC	Academic Partnership Committee
APPs	Advanced Paramedic Practitioners
AQIs	Ambulance Quality Indicators
ARAC	Audit, Risk and Assurance Committee
BAF	Board Assurance Framework
CAS	Clinical Assessment System
CASC	Chief Ambulance Services Commissioner
CC	Charity Committee
CCC	Clinical Contact Centres
CFRs	Community First Responders
CHARU	Cymru High Acuity Response Unit
CIAT	Clinical Intelligence and Assurance Team
COPI	Control of Patient Information Regulations
COSHH	Control of Substances Hazardous to Health
CPD	Continual Professional Development
CPR	Cardiopulmonary Resuscitation
CRR	Corporate Risk Register
CQGG	Clinical Quality Governance Group
CSD	Clinical Support Desk
DAP	Decarbonisation Action Plan
CTP	Clinical Transformation Programme
EAP	Emergency Ambulance Practitioner
EASC	Emergency Ambulance Services Committee
EDs	Emergency Departments
EMS	Emergency Medical Service
EMT	Emergency Medical Technician

ACRONYMS BUSTER

ABBREVIATION	TERM
ELT	Executive Leadership Team
ePCR	Electronic Patient Care Record
EPRR	Emergency Preparedness Resilience and Response
ESR	Electronic Staff Record
HART	Hazardous Area Response Team
HIW	Health Inspectorate Wales
FPC	Finance and Performance Committee
FReM	Government Financial Reporting Manual
FTE	Full-time Equivalent
HSE	Health and Safety Executive
ICAP	Integrated Commissioning Action Plan
ICO	Information Commissioner's Office
IMTP	Integrated Medium-Term Plan
IPC	Infection Prevention Control
IRP	Incident Response Plan
JCC	Joint Commissioning Committee
JESIP	Joint Emergency Services Interoperability Principles
JIF	Joint Investigations Framework
JOL	Joint Organisational Learning
LCFS	Local Counter Fraud Service
LRF	Local Resilience Forum/Fora
MACA	Military Aid to Civil Authorities
MAI	Manchester Arena Inquiry
MDS	Minimum Data Set
MIQPR	Monthly Integrated Quality and Performance Report
NEPTS	Non-Emergency Patient Transport Service
NHSDW	NHS Direct Wales
NQP	Newly Qualified Paramedic
NRIs	National Reportable Incidents
NWSSP	NHS Wales Shared Services Partnership
PADRs	Performance and Development Reviews
PCC	People and Culture Committee

ACRONYMS BUSTER

ABBREVIATION	TERM
PECI	Patient Experience and Community Involvement
PPE	Personal Protective Equipment
PSOW	Public Service Ombudsman for Wales
QIA	Quality Impact Assessment
QMG	Quality Management Group
QuEST	Quality, Patient Experience and Safety Committee
Q1, Q2, Q3, Q4	Quarter (of the financial year)
RC	Remuneration Committee
REAP	Resource Escalation Action Plan
RRB	Regional Partnership Boards
RIF	Regional Integration Fund
ROSC	Return of spontaneous circulation from cardiac arrest
SDECs	Same Day Emergency Care Centres
SI	Statutory Instrument
SORT	Specialist Operational Response Team
STB	Strategic Transformation Board
STEMI	ST segment elevation myocardial infarction
The Trust	Welsh Ambulance Services NHS Trust
TRiM	Trauma and Risk Management
UCS	Urgent Care Service
UTS	University Trust Status
WASPT	Welsh Ambulance Services Partnership Team
WHSCC	Welsh Health Specialised Services Committee
WTEs	Whole-time equivalents